



City Administration

DATE: May 17, 2022

FROM: Jason Tomanek, Assistant City Administrator

ITEM: Liquor License Renewals from August 1, 2022, through July 31, 2023

REQUEST:

Consider renewing the following licensed businesses for liquor licenses beginning August 1, 2022, and expiring July 31, 2023.

Please place this item on the May 24, 2022, City Commission meeting agenda.

BACKGROUND INFORMATION:

Alcohol licenses are renewed annually and expire each year on July 31. The City of Bismarck Administration Department and the Police Department work collectively to administer the annual alcohol license renewals.

RECOMMENDED CITY COMMISSION ACTION:

Consider the approval of the following liquor license renewals:

- Beer Cave – 1020 South Washington Street
- Bismarck-Mandan Elks Lodge No. 1199 BPOE – 900 South Washington Street
- Bismarck Hotel and Conference Center – 800 South 3rd Street
- Borrowed Bucks Roadhouse – 118 3rd Street South
- Charras and Tequila – 4503 Skyline Crossings
- Chinatown Buffett – 330 Riverwood Drive
- Expressway Suites – 180 East Bismarck Expressway
- Famous Daves – 401 East Bismarck Expressway
- Holiday Inn Bismarck – 3903 State Street
- Horizon Market – 125 Durango Drive
- JL Beers – 217 North 3rd Street
- Johnny Carino's – 1601 West Century Avenue
- Lucky's 13 Pub – 915 South 3rd Street

- Main Bar and Package Store – 804 East Main Avenue
- Marlin’s Family Restaurant – 3938 Miriam Avenue
- Nara Ramen and Izakaya Inc. – 309 North 3rd Street
- Pancheros – 1485 East Lasalle Drive
- Petro Serve USA #077 – 1120 East Divide Avenue
- Polar Package Place/Lucky’s Bar – 2150 East Thayer Avenue
- Shogun Japanese Steakhouse – 2700 State Street H1
- Sickies Garage – 3130 North 14th Street
- Space Aliens Grill and Bar – 1304 East Century Avenue
- Stadium Sports Bar & The Lodge – 1247 West Divide Avenue
- Stonehome Brewing Company – 1601 North 12th Street
- The Junction – 2301 University Drive Building 17 Space 223BCD
- Vintner’s Cellar Winery – 3250 Rock Island Place

STAFF CONTACT INFORMATION:

Jason Tomanek | Assistant City Administrator | 701-355-1300 | jtomanek@bismarcknd.gov

Print

Retail Alcohol Beverage License - Submission #15445

Date Submitted: 5/5/2022



License Information:

Application Type*

Renewal

License Type*

E-Sale at Retail of Beer Only - \$800.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Capsco Entertainment Inc.

Name of business for which license is requested (DBA):*

Beer Cave

Date of Incorporation:*

5/1/08

State of ND Liquor License No.:

ND

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1020 S. Washington St.

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-220-2277

Owner of Building or Premises:

Don Hastings

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Eric Moritz

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Mandan

State:*

ND

Zip:*

58554

Phone No.:*

[REDACTED]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Eric Moritz

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

43

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

MANDAN

State:*

ND

Zip:*

58554

Phone No.:*

[REDACTED]

Occupation:*

Sales

Title:*

Owner

Email Address:*

[REDACTED]

Name:*

Timothy Moritz

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

27

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

MALE

Race:

WHITE

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

Sales

Title:*

Owner

Email Address:

[REDACTED]

Name:

David Moritz

Date of Birth:

[REDACTED]

Percentage of Ownership:

15

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[REDACTED]

Occupation:

Retired

Title:

N/A

Email Address:

[Redacted]

Name:

Judy Moritz

Date of Birth:

[Redacted]

Percentage of Ownership:

15

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Occupation:

Retired

Title:

N/A

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Bismarck Event Center

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Bismarck Event Center

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Beer Cave Diagram.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Eric Moritz

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/5/2022

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

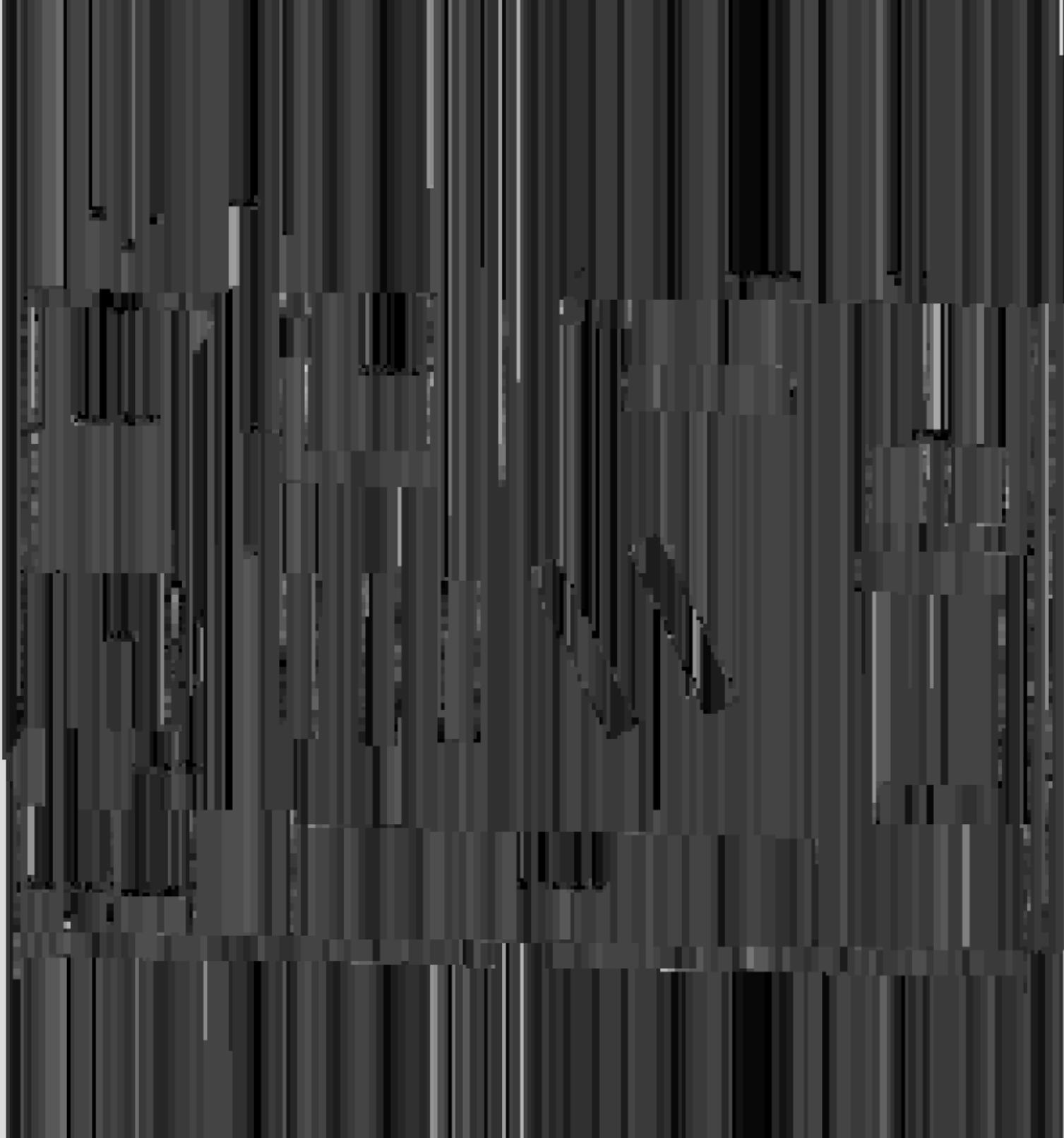
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Credit card for liquor lic.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

(Fee does not apply to renewal applications)

LAST REVISED: 2/23/2022

License Type:		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club \$3,700.00 <input checked="" type="checkbox"/>	B-Airport Terminal Building \$650.00 <input type="checkbox"/>	C-Hotel or Motel Full Service \$3,800.00 <input type="checkbox"/>	C2-Hotel or Motel \$1,000.00 <input type="checkbox"/>	D-Sale at Retail of Alcoholic Beverages \$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only \$800.00 <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split \$3,600.00 <input type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split \$1,500.00 <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split \$900.00 <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club \$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River \$725.00 <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split \$3,450.00 <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split \$1,450.00 <input type="checkbox"/>	I3-Restaurant - Beer Only - 70/30 Split \$800.00 <input type="checkbox"/>	J-Non-profit Organization Club or Establishment \$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center \$650.00 <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations \$350.00 <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor \$650.00 <input type="checkbox"/>	N-Domestic Winery \$800.00 <input type="checkbox"/>	O-Microbrewery \$800.00 <input type="checkbox"/>
P-Event Site \$650.00 <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine \$3,800.00 <input type="checkbox"/>	R-Commercial Airline \$75.00 <input type="checkbox"/>	S-Beer Arcade \$850.00 <input type="checkbox"/>	T-Senior Living Community \$350.00 <input type="checkbox"/>
U-Domestic Distillery \$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation: Bismarck Mandan Elks Lodge 1199 BPOE		Date of Incorporation: 01/01/2018	State Business ID Number: 82-3431185	
Name of business for which license is requested (DBA): Bismarck Mandan Elks Lodge 1199 BPOE		If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>n/a</i>		
Location Address: 900 s. Washington	City: Bismarck	State: North Dakota	Zip: 58502	Phone Number: (701) 255-1199
Owner of Building or Premises: Same				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: Arlan Scholl		Phone Number: (701) 255-1199	Email Address: lodge.secretary@midconetwork.com
Mailing Address: P.O. Box 1596		City: Bismarck	State: North Dakota
		Zip: 58502	

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Arlan Scholl		Date of Birth: [REDACTED]	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Male	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501
Occupation: Manager	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]

Name: Justin Disterhaupt		Date of Birth: [REDACTED]	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Male	Race: White
Home Address: [REDACTED]	City: Mandan	State: ND	Zip: 58554
Occupation: self employed	Phone Number: [REDACTED]	Title: Exalted Ruler	Email Address: [REDACTED]

Name: Brian Peterson		Date of Birth: [REDACTED]	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Male	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58502
Occupation: self employed	Phone Number: [REDACTED]	Title: Owner	Email Address: [REDACTED]

Name: Mark Webster		Date of Birth: [REDACTED]	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Male	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58502
Occupation: King Koin	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]

Bismarck – Mandan Elks Lodge 1199 officers April 1st, 2022 – March 31st, 2023

Justin Disterhaupt – Exalted Ruler



Tammy Ibach – Leading Knight



Craig Boehm – Loyal Knight



Karen Rohr



Arlan Scholl – Secretary – Full and Final Discretionary Authority



Darrel Eberle – Treasurer



Brant Boeckel– Esquire



Josette Severson – Chaplin



Mike LaLonde – Tiler



Bismarck – Mandan Elks 1199 – Trustees

Jack Gabriel – 1-year



Tom Kelsch – 2 year



Brian Peterson – 3 year



Charles Webster – 4 year



Nelson Benson – 5 year



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2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

N/A

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

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11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

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North Dakota

State of

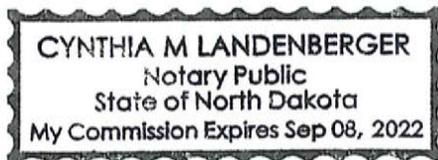
Burleigh

County of

License transfers require signatures from both parties.

The Class A license owned by me is transferred to Applicant upon successful application.

Signature of Current Owner of Liquor License



Note: Each application needs to be signed and notarized.

Arlan Scholl
Signature of Applicant

Arlan Scholl

Print Name

Arlan Scholl
Signature of Applicant

Subscribed and sworn to before me this 5

day of May 2022

Cynthia M Landenberger
Notary Public

Restaurant Requirements:

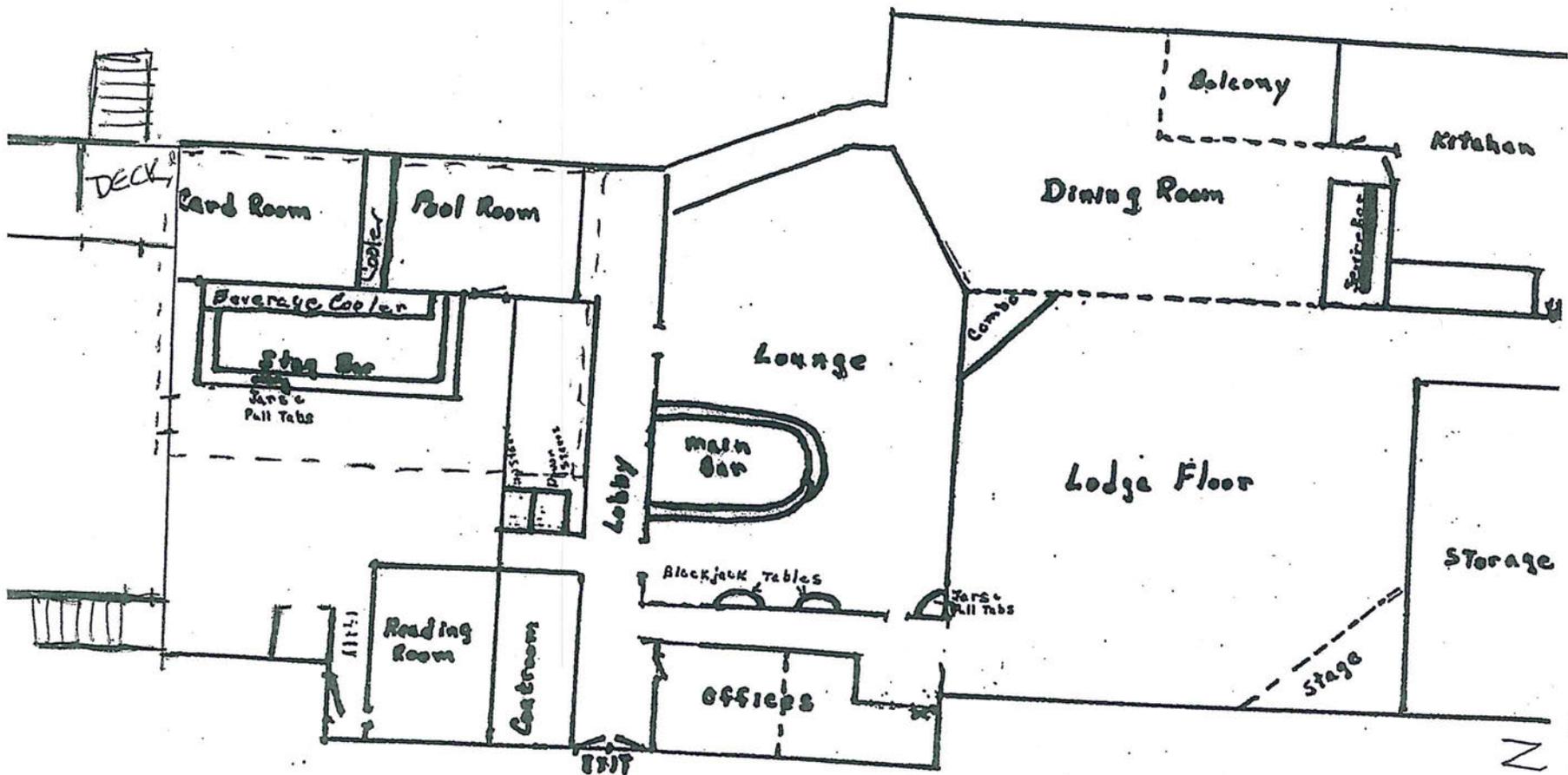
All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

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- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

W

BISMARCK LIRS HOME RESTAURANT
900 S. Washington
Bismarck, ND 58502



□ lower level

□ Drink service area

f

Print

Retail Alcohol Beverage License - Submission #14811

Date Submitted: 3/28/2022



License Information:

Application Type*

New License Application ▼

License Type*

C2-Hotel or Motel - \$1,000.00 ▼

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Amkota LLC

Name of business for which license is requested (DBA):*

Amkota Hotel & Conference Center

Date of Incorporation:*

03/23/2022

State of ND Liquor License No.:

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

800 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

(701) 258-7700

Owner of Building or Premises:

Weishan Jin

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Charlie Lang

Email Address:*

clang@ramkotabismarck.com

Mailing Address:*

800 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

(701) 391-6756

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Weishan Jin

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

100

Driver's License No.:*

[REDACTED]

State Issued:*

UT

Gender:

Male

Race:

Asian

Home Address:*

[REDACTED]

City:*

Salt Lake

State:*

UT

Zip:*

84103

Phone No.:*

[REDACTED]

Occupation:*

Hotel Owner

Title:*

Owner

Email Address:*

[REDACTED]

.....

Name:*

Charlie Lang

Date of Birth:*

[Redacted]

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Occupation:*

Manager

Title:*

Rooms Director

Email Address:

clang@ramkotabismarck.com

Name:

Charlie Lang

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

**Percentage of
Ownership:**

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

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- Yes
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- Yes
- No

If yes please, give details:

Selling hotel rooms, restaurant food and conference meeting space.

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

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Upload Gross Food Sales Report:

No file chosen

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Upload Site Diagram:*

Building Layout.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

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I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Weishan Jin

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

3/28/2022

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

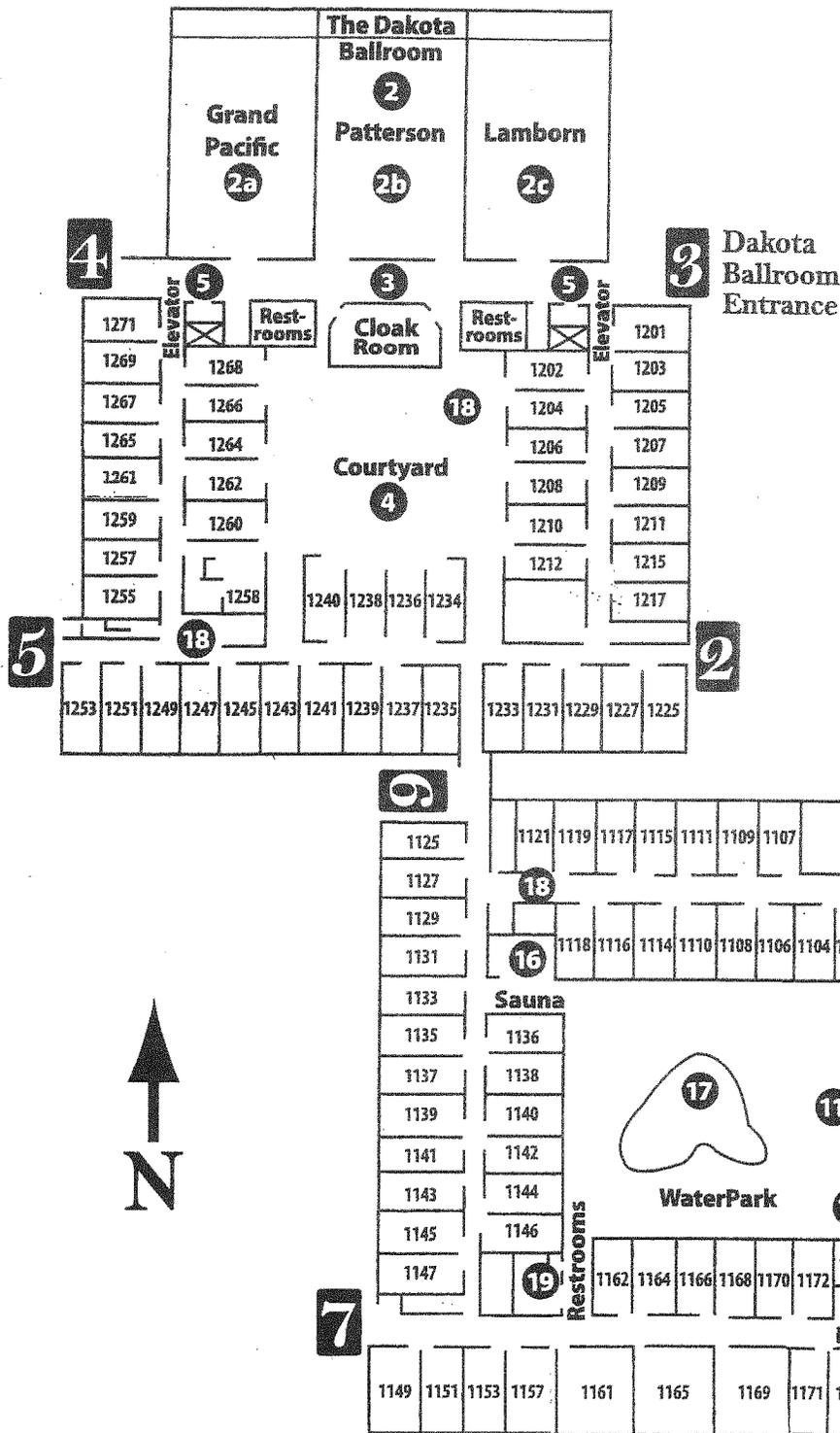
Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

1ST FLOOR VIEW



GUEST SERVICE MAP

1. The Missouri Room
 - 1a. Heart
 - 1b. Sheyenne
 - 1c. Cannonball
2. The Dakota Ballroom
 - 2a. Grand Pacific
 - 2b. Patterson
 - 2c. Lamborn
3. Cloak Room
4. Courtyard
5. Elevators
6. Business Center
7. Front Desk (Room Registration)
8. Governor's Room
9. Lobby
10. Game Room
11. Exercise Room
12. Nickels Lounge & Casino
13. Seasons Cafe & Restaurant
14. Administrative Offices
15. Sales & Catering Office
16. Sauna
17. Waterpark
18. Pop/Ice
19. Restrooms



AMKOTA HOTEL
& CONFERENCE CENTER

800 S Third Street
Bismarck, ND
701-258-7700
Fax: (701) 224-8212

Print

Retail Alcohol Beverage License - Submission #15557

Date Submitted: 5/17/2022



License Information:

Application Type*

Renewal

License Type*

D-Sale at Retail of Alcoholic Beverages - \$4,100.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

BBS, Inc.

Name of business for which license is requested (DBA):*

Borrowed Bucks Roadhouse

Date of Incorporation:*

11/28/2003

State of ND Liquor License No.:

171903

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

118 3rd Street South

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-224-1545

Owner of Building or Premises:

Capital Entertainment Corporation

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

vonnie@jlbeers.com

Mailing Address:*

P.O. Box 2043

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

701-237-5151

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Brad Erickson

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

10%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

General Manager

Title:*

General Manager

Email Address:*

[REDACTED]

.....

Name:*

Randy Thorson

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

60%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

[REDACTED]

Occupation:*

Business Owner

Title:*

President/Treasurer

Email Address:

[REDACTED]

Name:

Warren Ackley

Date of Birth:

[REDACTED]

Percentage of Ownership:

30%

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Fargo

State:

ND

Zip:

58103

Phone No.:

[REDACTED]

Occupation:

Business Owner

Title:

Vice President/Secretary

Email Address:

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Old Broadway - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Borrowed Bucks - Bismarck
Randy Thorson - 60%
Warren Ackley - 30%
Brad Erickson - 10%

Borrowed Bucks - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Vinyl Taco - Sioux Falls
Randy Thorson - 45%
Warren Ackley - 45%
Kirk Keupp - 10%

Vinyl Taco - Grand Forks
Randy Thorson - 31%
Warren Ackley - 31%
Lance Thorson - 15.5%
Shawn Thorson - 15.5%
Travis Haar - 7%

Vinyl Taco - Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

Famous Dave's - Bismarck
Randy Thorson - 100%

Famous Dave's - Grand Forks
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 11.11%
Shawn Thorson - 11.11%
Angelica Thorson - 11.11%

JL Beers - Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - West Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Grand Forks
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Moorhead
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Bismarck
Randy Thorson - 33.33%

Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Sioux Falls
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Samantha Wright - 33.33%

JL Beers - South Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Sioux Falls Western
Randy Thorson - 25%
Warren Ackley - 25%
Lance Thorson - 12.5%
Shawn Thorson - 12.5%
Samantha Wright, Trustee - 8.4%
Michael S. Wright, Trustee - 8.3%
Camden Wright, Trustee - 8.3%

NoBull Smokehouse
Randy Thorson - 5%
Warren Ackley - 5%
Julie Thorson - 45%
Rosemary Ackley - 45%

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan for City License.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Randy Thorson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2022

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

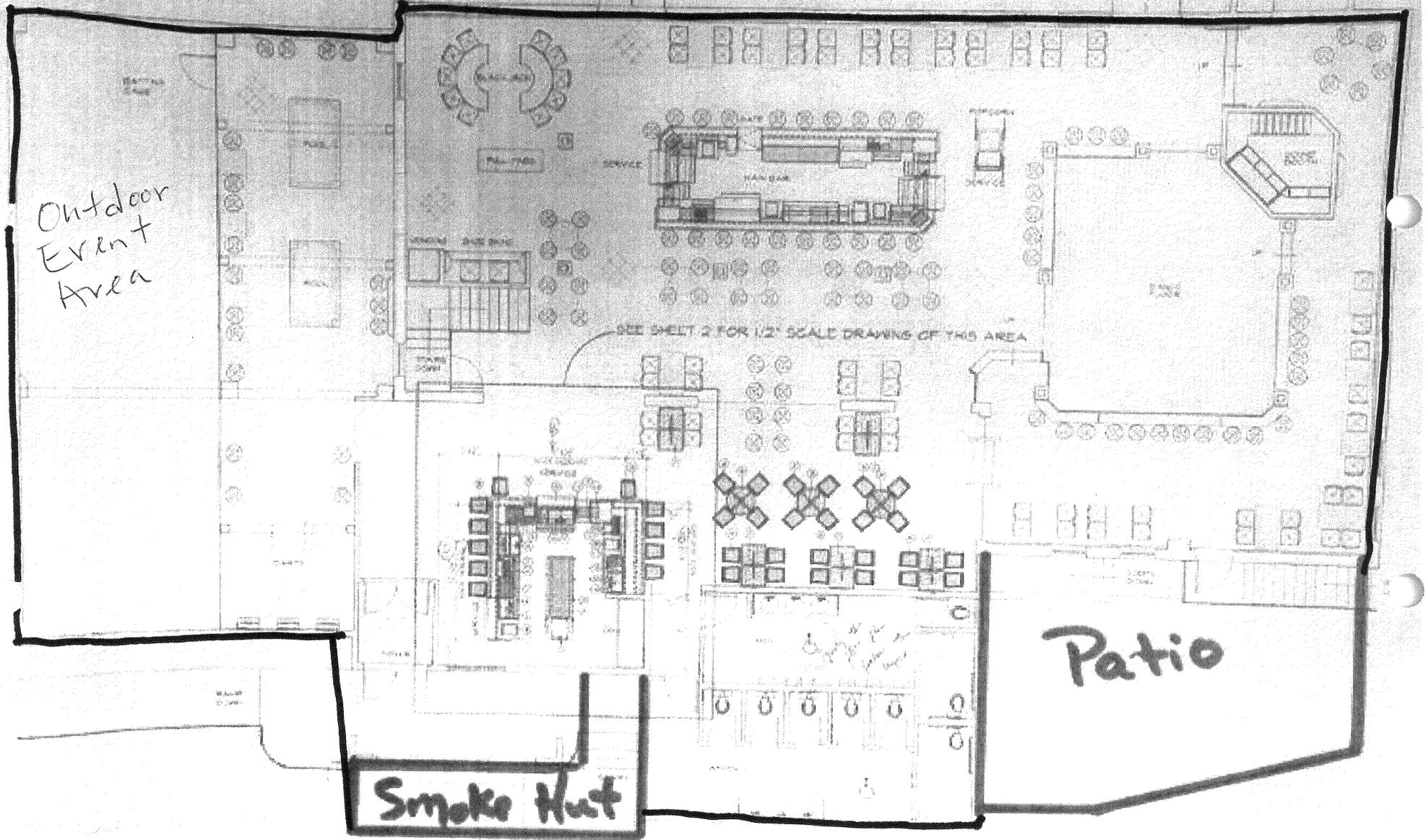
No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Borrowed Bucks

N



Patio

Smoke Hut

LYLE'S

RESTAURANT FLOOR PLAN

Print

Retail Alcohol Beverage License - Submission #15416

Date Submitted: 5/3/2022



License Information:

Application Type*

Renewal

License Type*

11-Restaurant - Alcoholic Beverages - 70/30 Split - \$3,4

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Charras B Inc

Name of business for which license is requested (DBA):*

Charras and Tequila

Date of Incorporation:*

8-24-17

State of ND Liquor License No.:

aa-02579

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

4503 skyline crossings

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

8509100184

Owner of Building or Premises:

David Mendoza

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

David Mendoza

Email Address:*

charrasbnd@gmail.com

Mailing Address:*

4503 Skyline Crossings

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

515-554-5191

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

David Gonzalez

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

MN

Gender:

M

Race:

H

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Manager

Title:*

Manager

Email Address:*

[REDACTED]

Name:*

David Mendoza

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

100

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Race:

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Owner

Title:*

Owner

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

174112 - Restaurant Renovation Code Plan (1).pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

David Mendoza

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/3/2022

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

LAST REVISED: 2/23/2022

(Fee does not apply to renewal applications)

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club \$3,700.00	B-Airport Terminal Building \$650.00	C-Hotel or Motel Full Service \$3,800.00	C2-Hotel or Motel \$1,000.00	D-Sale at Retail of Alcoholic Beverages \$4,100.00
E-Sale at Retail of Beer Only \$800.00	F1-Restaurant - Alcoholic Beverages - 55/45 Split \$3,600.00	F2-Restaurant - Beer/Wine Only - 55/45 Split \$1,500.00	F3-Restaurant - Beer Only - 55/45 Split \$900.00	G-Concession Bismarck Municipal Country Club \$725.00
H-Commercial vessels on the Missouri River \$725.00	I1-Restaurant - Alcoholic Beverages - 70/30 Split \$3,450.00	I2-Restaurant - Beer and Wine Only - 70/30 Split \$1,450.00	I3-Restaurant - Beer Only - 70/30 Split \$800.00	J-Non-profit Organization Club or Establishment \$100.00
K-Beer and Wine at the Bismarck Event Center \$650.00	L-Beer & Wine at Parks & Recreation Locations \$350.00	M-Catered Retail Beer, Wine, & Liquor \$650.00	N-Domestic Winery \$800.00	O-Microbrewery \$800.00
P-Event Site \$650.00	Q-Restaurant On-Sale and Off-Sale Wine \$3,800.00	R-Commercial Airline \$75.00	S-Beer Arcade \$850.00	T-Senior Living Community \$350.00
U-Domestic Distillery \$800.00				

Location Information:				
Name of Partnership or Corporation: <i>Chinatown Buffet</i>			Date of Incorporation: <i>June 1, 2015</i>	State Business ID Number: <i>39120300</i>
Name of business for which license is requested (DBA): <i>China town Buffet Inc.</i>			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location Address: <i>330 Riverwood Dr</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58504</i>	Phone Number:
Owner of Building or Premises: <i>ARC CAFEUSA 001, LLC.</i>				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: <i>Zeng Jin Ke</i>	Phone Number: <i>917 838 1175</i>	Email Address: <i>jiming.ni@icloud.com</i>	
Mailing Address: <i>4720 Fairfax Loop</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Jimmy Ni		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:
manager		manager	

Name: Zeng Jin ke		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:
chef		president	N/A

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

State of North Dakota

Signature of Applicant [Signature]

County of Burleigh

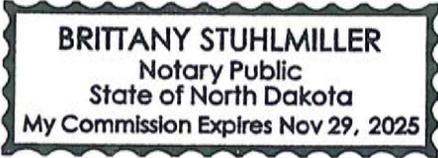
Print Name Jimmy Ni Zeng Jin ke

License transfers require signatures from both parties.

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current Owner of Liquor License [Signature]

Signature of Applicant Zeng Jin ke



Subscribed and sworn to before me this 13th

day of May, 2022

Notary Public [Signature]

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

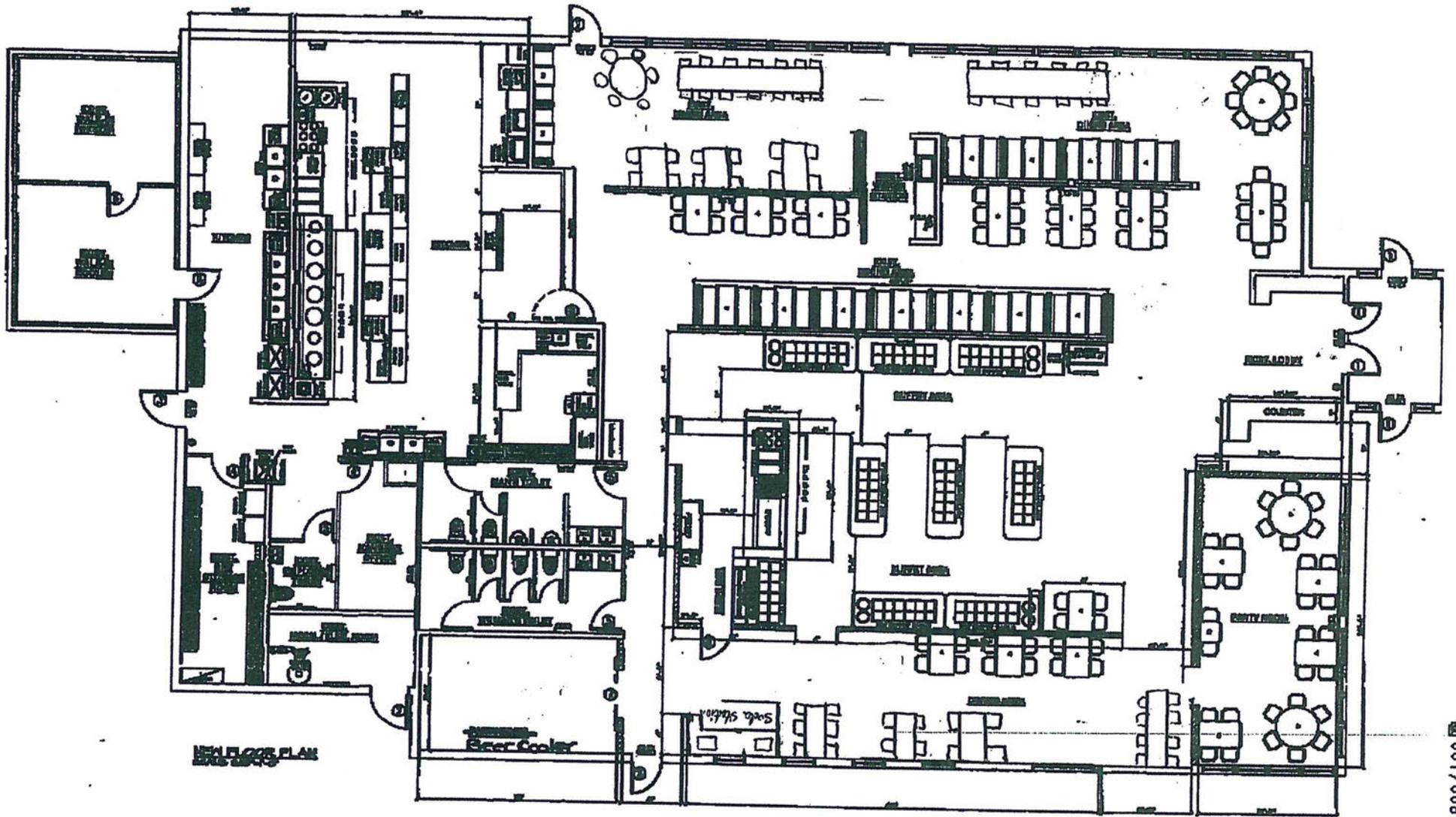
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No If not, please explain:



1st FLOOR PLAN

007/008

Print

Retail Alcohol Beverage License - Submission #15439

Date Submitted: 5/5/2022



License Information:

Application Type*

Renewal

License Type*

C2-Hotel or Motel - \$1,000.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Dosch Hospitality Inc

Name of business for which license is requested (DBA):*

Expressway Suites

Date of Incorporation:*

1-1-15

State of ND Liquor License No.:

AA-02540

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

180 E Bismarck Expy

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-222-3311

Owner of Building or Premises:

Mark & Deb Dosch

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Joe Dosch

Email Address:*

joe@expresswaysuiites.com

Mailing Address:*

180 E Bismarck Expy

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-222-3311

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Joe Dosch

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

21%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Race:

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Manager

Title:*

CFO

Email Address:*

[REDACTED]



Name:*

Mark Dosch

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

30%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Race:

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

Hotel Owner

Title:*

President

Email Address:

[REDACTED]

Name:

Debra Dosch

Date of Birth:

[REDACTED]

Percentage of Ownership:

24%

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Race:

Home Address:

[REDACTED]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[REDACTED]

Occupation:

Hotel Owner

Title:

Vice President

Email Address:

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

N/A

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

N/A

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

N/A

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

N/A

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

N/A

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

N/A

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

N/A

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

N/A

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

N/A

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Site Diagram.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Joe Dosch

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/5/2022

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Credit-Card-Authorization-Form-PDF.pdf

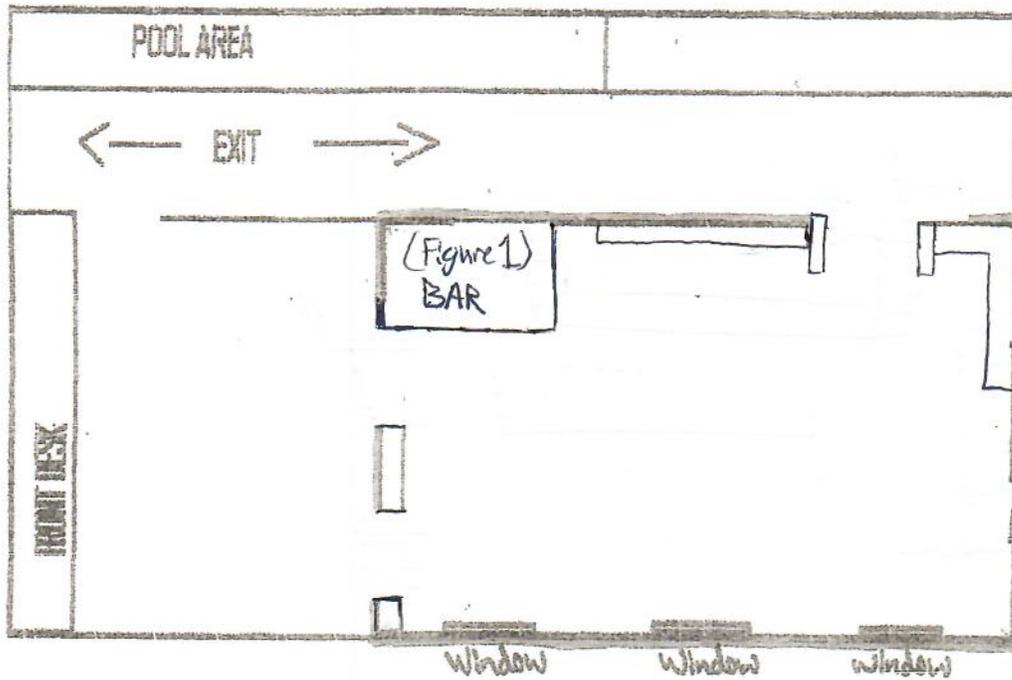
Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Site Diagram

Dosch Hospitality Inc.
Expressway Suites

"North"



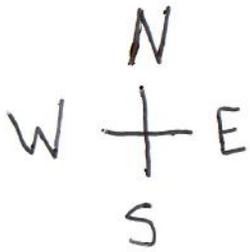
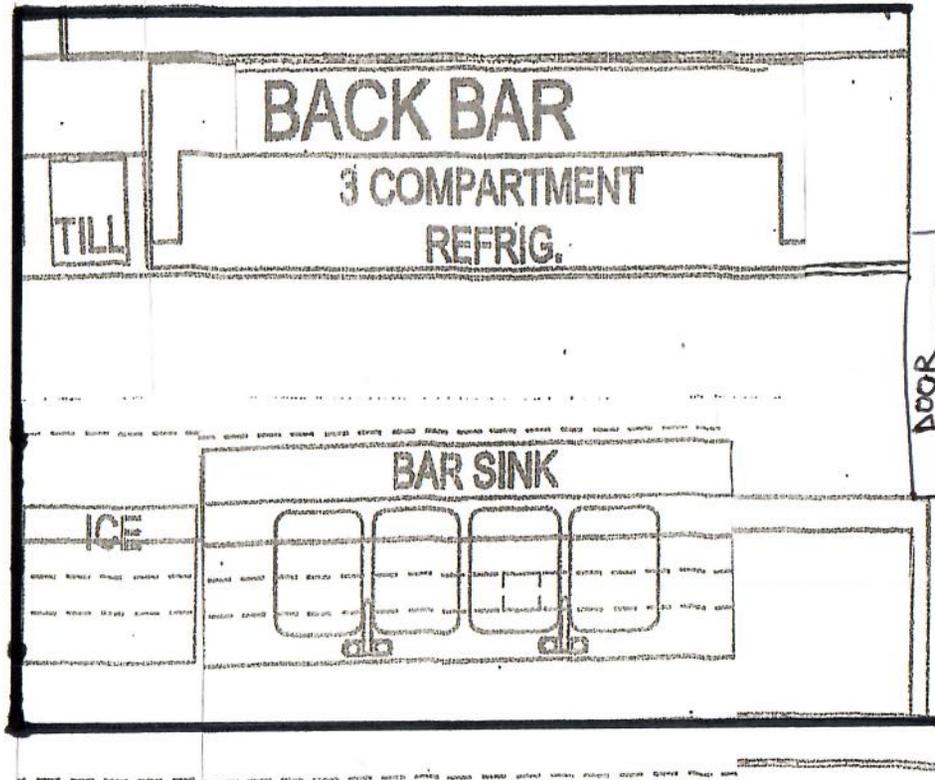


Figure 1

Dosch Hospitality Inc
Expressway Suites



Print

Retail Alcohol Beverage License - Submission #15550

Date Submitted: 5/16/2022



License Information:

Application Type*

Renewal

License Type*

F1-Restaurant - Alcoholic Beverages - 55/45 Split - \$3

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

DTSG Bismarck, Inc.

Name of business for which license is requested (DBA):*

Famous Dave's

Date of Incorporation:*

1/29/2004

State of ND Liquor License No.:

17280100

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

401 East Bismarck Expressway

City:*

Bismarck

State:*

ND

Zip:*

58401

Phone No.:*

701-530-9800

Owner of Building or Premises:

RLT, Inc.

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

vonnie@jlbeers.com

Mailing Address:*

P.O. Box 2043

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

701-237-5151

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Dan Gangl

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

General Manager

Title:*

General Manager

Email Address:*

[REDACTED]



Name:*

Randy Thorson

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

100%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

[REDACTED]

Occupation:*

Business Owner

Title:*

President/Sec/Treas

Email Address:

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

**Percentage of
Ownership:**

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
 No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
 No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Old Broadway - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Borrowed Bucks - Bismarck
Randy Thorson - 60%
Warren Ackley - 30%
Brad Erickson - 10%

Borrowed Bucks - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Vinyl Taco - Sioux Falls
Randy Thorson - 45%
Warren Ackley - 45%
Kirk Keupp - 10%

Vinyl Taco - Grand Forks
Randy Thorson - 31%
Warren Ackley - 31%
Lance Thorson - 15.5%
Shawn Thorson - 15.5%
Travis Haar - 7%

Vinyl Taco - Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

Famous Dave's - Bismarck
Randy Thorson - 100%

Famous Dave's - Grand Forks
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 11.11%
Shawn Thorson - 11.11%
Angelica Thorson - 11.11%

JL Beers - Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - West Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Grand Forks
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Moorhead
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Bismarck
Randy Thorson - 33.33%

Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Sioux Falls
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Samantha Wright - 33.33%

JL Beers - South Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Sioux Falls Western
Randy Thorson - 25%
Warren Ackley - 25%
Lance Thorson - 12.5%
Shawn Thorson - 12.5%
Samantha Wright, Trustee - 8.4%
Michael W. Wright, Trustee - 8.3%
Camden Wright, Trustee - 8.3%

NoBull Smokehouse - Fargo
Randy Thorson - 5%
Warren Ackley - 5%
Julie Thorson - 45%
Rosemary Ackley - 45%

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Certification of Food.Liquor.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Randy Thorson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/16/2022

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



16 Broadway, Suite 208
PO Box 2043
Fargo, ND 58107-2043
Phone: 701-237-5151 • Fax 701-237-3189

May 16, 2022

City of Bismarck
221 North 5th Street
Bismarck, ND 58506-5503

ATTN: Jason Tomanek

RE: Liquor License Renewal
Certification of Food/Liquor Sales

Dear Mr. Tomanek:

Please accept this letter as a statement of the percentage of alcoholic beverage sales versus food sales for the year ending December 31, 2021, for DTSG Bismarck, Inc., dba Famous Dave's Restaurant.

For the calendar year January 1, 2021, through December 31, 2021, sales were:

Food Sales	\$ 2,059,675.42	94.33%
Alcoholic Beverage Sales	\$ <u>150,712.93</u>	<u>5.67%</u>
Total	\$ 2,210,388.35	100.00%

If you have any questions or need further information, please feel free to contact me at (701) 237-5151, extension 14.

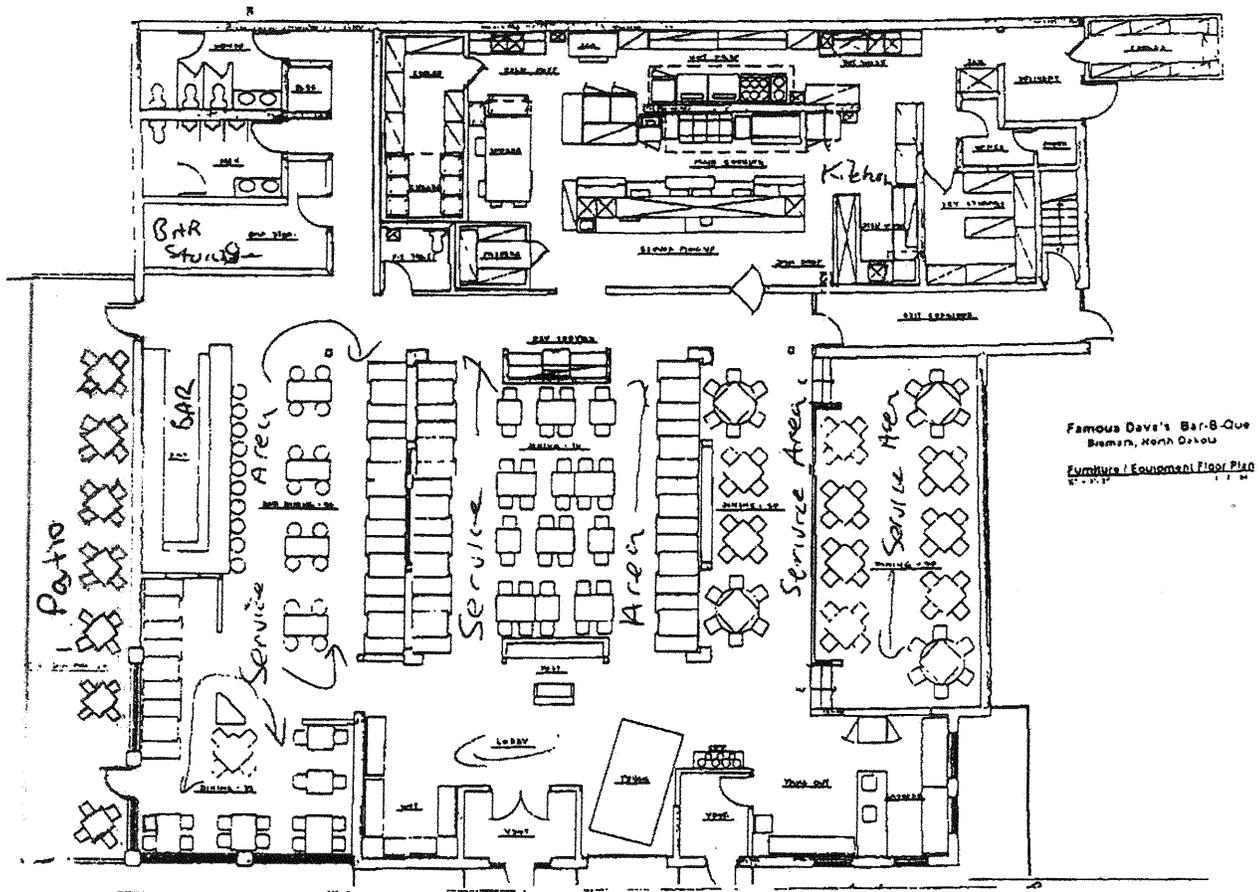
JL BEERS OF AMERICA, INC.

Sincerely,

A handwritten signature in blue ink that reads "Pat Knoll".

Pat Knoll
CONTROLLER

Famous Dave's - Bismarck, ND



Famous Dave's Bar-B-Que
Bismarck, North Dakota
Furniture / Equipment Floor Plan
1 1 88



Print

Retail Alcohol Beverage License - Submission #15424

Date Submitted: 5/4/2022



License Information:

Application Type*

Renewal

License Type*

C-Hotel or Motel Full Service - \$3,800.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

BHI Hospitality LLC

Name of business for which license is requested (DBA):*

Holiday Inn Bismarck

Date of Incorporation:*

11/14/2011

State of ND Liquor License No.:

AA-02774

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

3903 State Street

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-8240

Owner of Building or Premises:

BHI Hospitality LLC

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

NHS

Email Address:*

invoices@nhshotels.com

Mailing Address:*

1635 43rd St S Suite 305

City:*

Fargo

State:*

ND

Zip:*

58103

Phone No.:*

701-532-2834

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Bernie Eckroth

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0%

Driver's License No.:*

[REDACTED]

State Issued:*

North Dakota

Gender:

[REDACTED]

Race:

[REDACTED]

Home Address:*

[REDACTED]

City:*

Mandan

State:*

North Dakota

Zip:*

58554

Phone No.:*

[REDACTED]

Occupation:*

Hospitality Industry

Title:*

General Manager

Email Address:*

[REDACTED]



Name:*

Daniel F. Schmaltz

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

19.174%

Driver's License No.:*

[REDACTED]

State Issued:*

North Dakota

Gender:

Race:

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Real Estate Developer

Title:*

President

Email Address:

[REDACTED]

Name:

SEE ATTACHED

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Officers.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

Partners:	Occupation	Title	% of Ownership	Gender	Driver's License #	Issued	DOB	Race	Address:
Class Members:									
Buffalo Jump Properties, LLC (Michael Schmalz)	Developer	Member	7.3735%	Male		WI		Caucasian	
Creek Properties, LLC (Dan Schmalz)	Real Estate Development	President/Managing Member	19.174%	Male		ND		Caucasian	
MJJ Bismarck, LLC- Vince Dora	President	President/Managing Member	12.684%	Male		IN		Caucasian	
Ridgeline ND, LLC- Vince Dora	President	President/Managing Member	10.33%	Male		IN		Caucasian	
Dimo Kuzmanovski	Self Employed	President	9.587%	Male		ND		Caucasian	
Dennis Kemmestat	Executive	President/CEO	10.33%	Male		ND		Caucasian	
Dr. Troy Pierce	Physician	Governor	10.33%	Male		ND		Caucasian	
RHI Hospitality, Inc (Ken Walter)	Business Manager	Business Manager	9.882%	Male		ND		Caucasian	
IT Consulting, Inc. (Vlad Dillas)	Direct Marketing	Marketing Exec.	10.33%	Male		ND		Caucasian	
Total Class:			100.0%						

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Choose File No file chosen

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- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Diagram.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Sheila Olson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/4/2022

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Print

Retail Alcohol Beverage License - Submission #15499

Date Submitted: 5/11/2022



License Information:

Application Type*

Renewal

License Type*

E-Sale at Retail of Beer Only - \$800.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Horizon Market, LLC

Name of business for which license is requested (DBA):*

Horizon Market

Date of Incorporation:*

05/02/2013

State of ND Liquor License No.:

ND

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

125 Durango Drive

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

7014250615

Owner of Building or Premises:

Wilment Properties, LLC

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Casey Clement

Email Address:*

casey@creekoil.com

Mailing Address:*

3250 Rock Island Place Suite 4

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

7014250615

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Patrick Shannon

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

Manager

Title:*

General Manager

Email Address:*

[REDACTED]

.....

Name:*

Casey Clement

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Manager

Title:*

President

Email Address:

[REDACTED]

Name:

Don Clement

Date of Birth:

[REDACTED]

Percentage of Ownership:

0

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[REDACTED]

Occupation:

Administrative

Title:

Secretary/Treasurer

Email Address:

[Redacted]

Name:

Spencer Wilkinson Jr.

Date of Birth:

[Redacted]

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

Native American

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Occupation:

Manager

Title:

Vice President

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
 No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
 No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

convenience store, land development

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Diagram for State Liquor License Renewal - Horizon Market.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Casey Clement

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/11/2022

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Print

Retail Alcohol Beverage License - Submission #15559

Date Submitted: 5/17/2022



License Information:

Application Type*

Renewal

License Type*

E-Sale at Retail of Beer Only - \$800.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

JLB-BIS, Inc.

Name of business for which license is requested (DBA):*

JL Beers

Date of Incorporation:*

06/29/2011

State of ND Liquor License No.:

28107300

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

217 North 3rd Street

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-751-4855

Owner of Building or Premises:

JLB-BIS, Inc.

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

vonnie@jlbeers.com

Mailing Address:*

P.O. Box 2043

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

701-237-5151

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Jon Rings

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

General Manager

Title:*

General Manager

Email Address:*

[REDACTED]



Name:*

Randy Thorson

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

33.33%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

[REDACTED]

Occupation:*

Business Owner

Title:*

Treasurer

Email Address:

[REDACTED]

Name:

Warren Ackley

Date of Birth:

[REDACTED]

Percentage of Ownership:

33.33%

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Fargo

State:

ND

Zip:

58103

Phone No.:

[REDACTED]

Occupation:

Business Owner

Title:

Vice President/Secretary

Email Address:

[Redacted]

Name:

Lance Thorson

Date of Birth:

[Redacted]

Percentage of Ownership:

16.67%

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

West Fargo

State:

ND

Zip:

58078

Phone No.:

[Redacted]

Occupation:

Business Owner

Title:

President

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Additional Stockholder Information.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Old Broadway - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Borrowed Bucks - Bismarck
Randy Thorson - 60%
Warren Ackley - 30%
Brad Erickson - 10%

Borrowed Bucks - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Vinyl Taco - Sioux Falls
Randy Thorson - 45%
Warren Ackley - 45%
Kirk Keupp - 10%

Vinyl Taco - Grand Forks
Randy Thorson - 31%
Warren Ackley - 31%
Lance Thorson - 15.5%
Shawn Thorson - 15.5%
Travis Haar - 7%

Vinyl Taco - Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

Famous Dave's - Bismarck
Randy Thorson - 100%

Famous Dave's - Grand Forks
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 11.11%
Shawn Thorson - 11.11%
Angelica Thorson - 11.11%

JL Beers - Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - West Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Grand Forks
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Moorhead
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Bismarck
Randy Thorson - 33.33%

Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Sioux Falls
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Samantha Wright - 33.33%

JL Beers - South Fargo
Randy Thorson - 33.33%
Warren Ackley - 33.33%
Lance Thorson - 16.67%
Shawn Thorson - 16.67%

JL Beers - Sioux Falls Western
Randy Thorson - 25%
Warren Ackley - 25%
Lance Thorson - 12.5%
Shawn Thorson - 12.5%
Samantha Wright, Trustee - 8.4%
Michael S. Wright, Trustee - 8.3%
Camden Wright, Trustee - 8.3%

NoBull Smokehouse
Randy Thorson - 5%
Warren Ackley - 5%
Julie Thorson - 45%
Rosemary Ackley - 45%

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

Additional Stockholder Information:

Shawn Thorson

[REDACTED]

16.67% Ownership

[REDACTED]

Male/White

[REDACTED]

[REDACTED]

Business Owner

Director

[REDACTED]

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Lance Thorson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2022

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Print

Retail Alcohol Beverage License - Submission #15565

Date Submitted: 5/17/2022



License Information:

Application Type*

Renewal

License Type*

F2-Restaurant - Beer/Wine Only - 55/45 Split - \$1,500.

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

JLB-BIS, Inc.

Name of business for which license is requested (DBA):*

JL Beers

Date of Incorporation:*

06/29/2011

State of ND Liquor License No.:

28107300

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

217 North 3rd Street

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-751-4855

Owner of Building or Premises:

JLB-BIS, Inc.

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

vonnie@jlbeers.com

Mailing Address:*

P.O. Box 2043

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

701-237-5151

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Jon Rings

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

General Manager

Title:*

General Manager

Email Address:*

[REDACTED]

.....

Name:*

Randy Thorson

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

33.33%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

[REDACTED]

Occupation:*

Business Owner

Title:*

Treasurer

Email Address:

[REDACTED]

Name:

Warren Ackley

Date of Birth:

[REDACTED]

Percentage of Ownership:

33.33%

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Fargo

State:

ND

Zip:

58103

Phone No.:

[REDACTED]

Occupation:

Business Owner

Title:

Vice President/Secretary

Email Address:

[Redacted]

Name:

Lance Thorson

Date of Birth:

[Redacted]

Percentage of Ownership:

16.67%

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

West Fargo

State:

ND

Zip:

58078

Phone No.:

[Redacted]

Occupation:

Business Owner

Title:

President

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Additional Stockholder Information.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

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- Yes
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- No

If yes please, give details:

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- Yes
- No

If yes please, give details:

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- Yes
- No

If yes please, give details:

Old Broadway - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Borrowed Bucks - Bismarck
Randy Thorson - 60%
Warren Ackley - 30%
Brad Erickson - 10%

Borrowed Bucks - Fargo
Randy Thorson - 50%
Warren Ackley - 50%

Vinyl Taco - Sioux Falls
Randy Thorson - 45%
Warren Ackley - 45%
Kirk Keupp - 10%

Vinyl Taco - Grand Forks
Randy Thorson - 31%
Warren Ackley - 31%
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Shawn Thorson - 15.5%
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Randy Thorson - 100%

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Randy Thorson - 33.33%
Warren Ackley - 33.33%
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Shawn Thorson - 11.11%
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Shawn Thorson - 16.67%

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Warren Ackley - 25%
Lance Thorson - 12.5%
Shawn Thorson - 12.5%
Samantha Wright, Trustee - 8.4%
Michael S. Wright, Trustee - 8.3%
Camden Wright, Trustee - 8.3%

NoBull Smokhouse
Randy Thorson - 5%
Warren Ackley - 5%
Julie Thorson - 45%
Rosemary Ackley - 45%

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

Additional Stockholder Information:

Shawn Thorson

[REDACTED]

16.67% Ownership

[REDACTED]

Male/White

[REDACTED]

[REDACTED]

Business Owner

Director

[REDACTED]

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Certification of Food.Liquor.pdf

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- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
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Upload Site Diagram:*

Floor Plan.pdf

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I agree

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I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Lance Thorson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2022

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



16 Broadway, Suite 208
PO Box 2043
Fargo, ND 58107-2043
Phone: 701-237-5151 • Fax 701-237-3189

May 17, 2022

City of Bismarck
221 North 5th Street
Bismarck, ND 58506-5503

ATTN: Jason Tomanek

RE: Liquor License Renewal
Certification of Food/Liquor Sales

Dear Mr. Tomanek:

Please accept this letter as a statement of the percentage of alcoholic beverage sales versus food sales for the year ending December 31, 2021, for JLB – BIS, Inc., dba JL Beers.

For the calendar year January 1, 2021, through December 31, 2021, sales were:

Food Sales	\$ 981,892.00	69.78%
Alcoholic Beverage Sales	\$ <u>425,141.62</u>	<u>30.22%</u>
Total	\$1,407,033.62	100.00%

If you have any questions or need further information, please feel free to contact me at (701) 237-5151, extension 14.

JL BEERS OF AMERICA, INC.

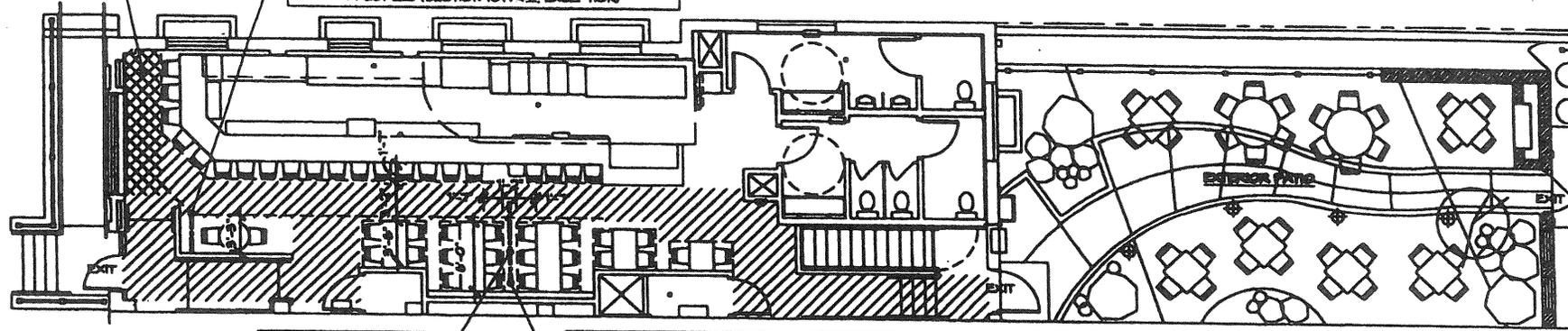
Sincerely,

A handwritten signature in blue ink that reads "Pat Knoll".

Pat Knoll
CONTROLLER

ROOM ONLY
(35 SF)

NO MINIMUM SEATING ACCESSWAY WIDTH REQUIRED WHEN PORTIONS OF AN AISLE ACCESSWAY DOES NOT EXCEED 6'-0" IN LENGTH & USED BY A TOTAL OF NOT MORE THAN 4 PEOPLES (SECTION 1011.4.2, EXCEPTION)



AISLE ACCESS TRAVEL LENGTH AT SEATING: 7'-0"

12" MINIMUM SEATING ACCESSWAY WIDTH REQUIRED PLUS 1/2" FOR EVERY FOOT BEYOND 12'-0" IN LENGTH WHEN PORTIONS OF AN AISLE ACCESSWAY SERVES MORE THAN 4 PEOPLES (SECTION 1011.4.2)

ACTUAL SEATS:	
BAR	46
PATIO	36
TOTAL SEATS	82

3
6002

Seating Plan - First Floor & Patio

SCALE 1/8" = 1'-0"



CC TL Beers

Print

Retail Alcohol Beverage License - Submission #15426

Date Submitted: 5/4/2022



License Information:

Application Type*

Renewal

License Type*

F1-Restaurant - Alcoholic Beverages - 55/45 Split - \$3

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Prairie Pasta Inc

Name of business for which license is requested (DBA):*

Johnny Carino's

Date of Incorporation:*

01/23/2003

State of ND Liquor License No.:

AA-00745

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1601 W Century Ave

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-258-5655

Owner of Building or Premises:

Todd Porter

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Jan Dilley

Email Address:*

janisd@porterapple.com

Mailing Address:*

4101 Carnegie Place

City:*

Sioux Falls

State:*

SD

Zip:*

57106

Phone No.:*

605-361-5301

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Tricia Lippert

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Fe

Race:

W

Home Address:*

1122 Santa Fe Ave

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

Manager

Title:*

G

Email Address:*

[REDACTED]

.....

Name:*

Todd Porter

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

65

Driver's License No.:*

[REDACTED]

State Issued:*

SD

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Sioux Falls

State:*

SD

Zip:*

57106

Phone No.:*

[REDACTED]

Occupation:*

Owner

Title:*

Owner

Email Address:

[REDACTED]

Name:

William Nadon

Date of Birth:

[REDACTED]

Percentage of Ownership:

35

Driver's License No.:

[REDACTED]

State Issued:

SD

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Sioux Falls

State:

SD

Zip:

57108

Phone No.:

[REDACTED]

Occupation:

Owner

Title:

Owner

Email Address:

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Site Diagram.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Site Diagram.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Todd Porter

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/4/2022

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

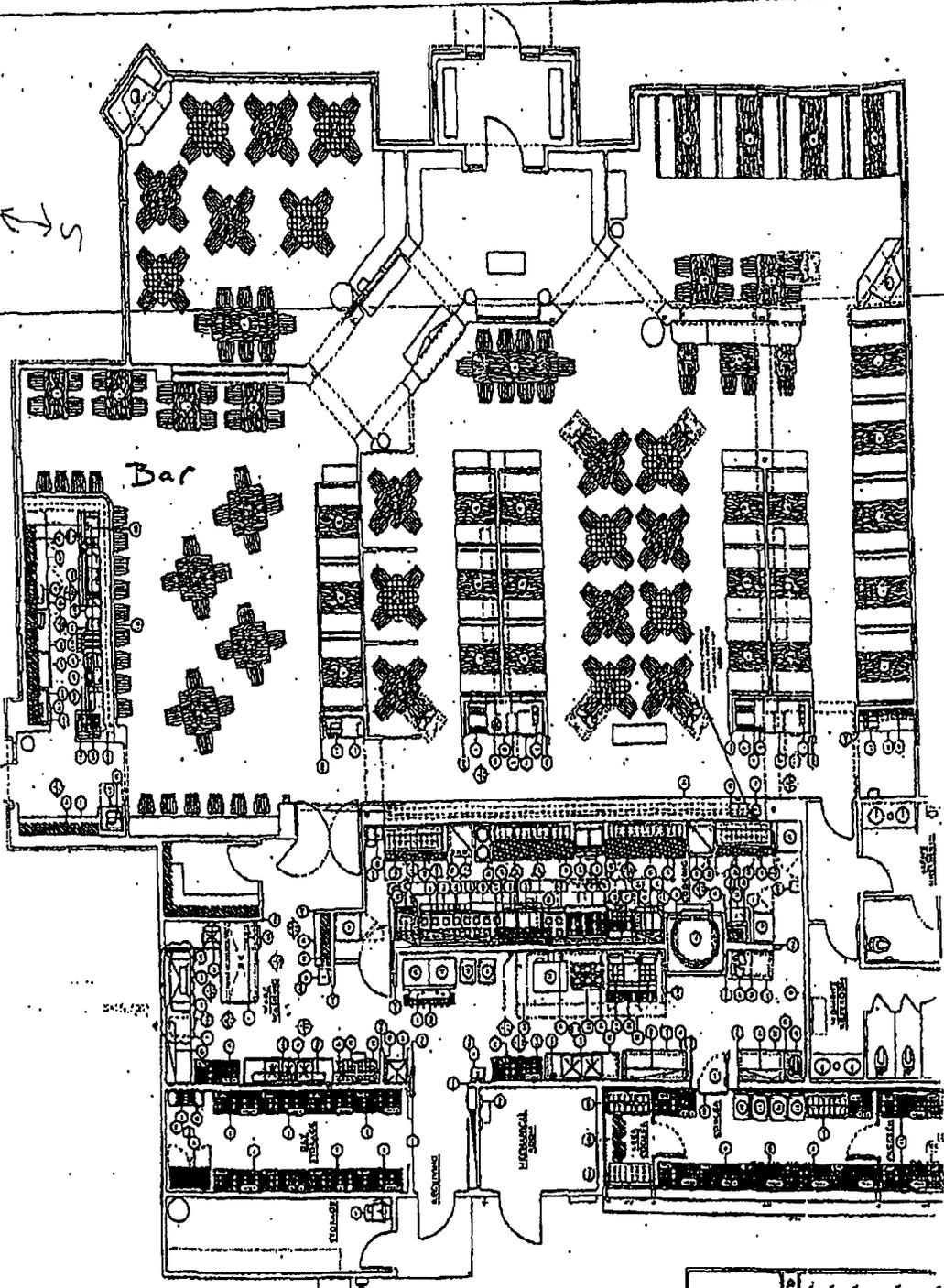
Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

N
↙ ↘



Carino's Italian

TABLE TOP SIZE LEGEND	
12" x 12"	12" x 12" TABLE TOP
12" x 14"	12" x 14" TABLE TOP
12" x 16"	12" x 16" TABLE TOP
12" x 18"	12" x 18" TABLE TOP
12" x 20"	12" x 20" TABLE TOP
12" x 24"	12" x 24" TABLE TOP
12" x 30"	12" x 30" TABLE TOP
12" x 36"	12" x 36" TABLE TOP
12" x 42"	12" x 42" TABLE TOP
12" x 48"	12" x 48" TABLE TOP
12" x 54"	12" x 54" TABLE TOP
12" x 60"	12" x 60" TABLE TOP
12" x 66"	12" x 66" TABLE TOP
12" x 72"	12" x 72" TABLE TOP
12" x 78"	12" x 78" TABLE TOP
12" x 84"	12" x 84" TABLE TOP
12" x 90"	12" x 90" TABLE TOP
12" x 96"	12" x 96" TABLE TOP
12" x 102"	12" x 102" TABLE TOP
12" x 108"	12" x 108" TABLE TOP
12" x 114"	12" x 114" TABLE TOP
12" x 120"	12" x 120" TABLE TOP
12" x 126"	12" x 126" TABLE TOP
12" x 132"	12" x 132" TABLE TOP
12" x 138"	12" x 138" TABLE TOP
12" x 144"	12" x 144" TABLE TOP
12" x 150"	12" x 150" TABLE TOP
12" x 156"	12" x 156" TABLE TOP
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12" x 168"	12" x 168" TABLE TOP
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12" x 246"	12" x 246" TABLE TOP
12" x 252"	12" x 252" TABLE TOP
12" x 258"	12" x 258" TABLE TOP
12" x 264"	12" x 264" TABLE TOP
12" x 270"	12" x 270" TABLE TOP
12" x 276"	12" x 276" TABLE TOP
12" x 282"	12" x 282" TABLE TOP
12" x 288"	12" x 288" TABLE TOP
12" x 294"	12" x 294" TABLE TOP
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12" x 324"	12" x 324" TABLE TOP
12" x 330"	12" x 330" TABLE TOP
12" x 336"	12" x 336" TABLE TOP
12" x 342"	12" x 342" TABLE TOP
12" x 348"	12" x 348" TABLE TOP
12" x 354"	12" x 354" TABLE TOP
12" x 360"	12" x 360" TABLE TOP
12" x 366"	12" x 366" TABLE TOP
12" x 372"	12" x 372" TABLE TOP
12" x 378"	12" x 378" TABLE TOP
12" x 384"	12" x 384" TABLE TOP
12" x 390"	12" x 390" TABLE TOP
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12" x 402"	12" x 402" TABLE TOP
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12" x 420"	12" x 420" TABLE TOP
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12" x 444"	12" x 444" TABLE TOP
12" x 450"	12" x 450" TABLE TOP
12" x 456"	12" x 456" TABLE TOP
12" x 462"	12" x 462" TABLE TOP
12" x 468"	12" x 468" TABLE TOP
12" x 474"	12" x 474" TABLE TOP
12" x 480"	12" x 480" TABLE TOP
12" x 486"	12" x 486" TABLE TOP
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12" x 534"	12" x 534" TABLE TOP
12" x 540"	12" x 540" TABLE TOP
12" x 546"	12" x 546" TABLE TOP
12" x 552"	12" x 552" TABLE TOP
12" x 558"	12" x 558" TABLE TOP
12" x 564"	12" x 564" TABLE TOP
12" x 570"	12" x 570" TABLE TOP
12" x 576"	12" x 576" TABLE TOP
12" x 582"	12" x 582" TABLE TOP
12" x 588"	12" x 588" TABLE TOP
12" x 594"	12" x 594" TABLE TOP
12" x 600"	12" x 600" TABLE TOP
12" x 606"	12" x 606" TABLE TOP
12" x 612"	12" x 612" TABLE TOP
12" x 618"	12" x 618" TABLE TOP
12" x 624"	12" x 624" TABLE TOP
12" x 630"	12" x 630" TABLE TOP
12" x 636"	12" x 636" TABLE TOP
12" x 642"	12" x 642" TABLE TOP
12" x 648"	12" x 648" TABLE TOP
12" x 654"	12" x 654" TABLE TOP
12" x 660"	12" x 660" TABLE TOP
12" x 666"	12" x 666" TABLE TOP
12" x 672"	12" x 672" TABLE TOP
12" x 678"	12" x 678" TABLE TOP
12" x 684"	12" x 684" TABLE TOP
12" x 690"	12" x 690" TABLE TOP
12" x 696"	12" x 696" TABLE TOP
12" x 702"	12" x 702" TABLE TOP
12" x 708"	12" x 708" TABLE TOP
12" x 714"	12" x 714" TABLE TOP
12" x 720"	12" x 720" TABLE TOP
12" x 726"	12" x 726" TABLE TOP
12" x 732"	12" x 732" TABLE TOP
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12" x 762"	12" x 762" TABLE TOP
12" x 768"	12" x 768" TABLE TOP
12" x 774"	12" x 774" TABLE TOP
12" x 780"	12" x 780" TABLE TOP
12" x 786"	12" x 786" TABLE TOP
12" x 792"	12" x 792" TABLE TOP
12" x 798"	12" x 798" TABLE TOP
12" x 804"	12" x 804" TABLE TOP
12" x 810"	12" x 810" TABLE TOP
12" x 816"	12" x 816" TABLE TOP
12" x 822"	12" x 822" TABLE TOP
12" x 828"	12" x 828" TABLE TOP
12" x 834"	12" x 834" TABLE TOP
12" x 840"	12" x 840" TABLE TOP
12" x 846"	12" x 846" TABLE TOP
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12" x 858"	12" x 858" TABLE TOP
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12" x 870"	12" x 870" TABLE TOP
12" x 876"	12" x 876" TABLE TOP
12" x 882"	12" x 882" TABLE TOP
12" x 888"	12" x 888" TABLE TOP
12" x 894"	12" x 894" TABLE TOP
12" x 900"	12" x 900" TABLE TOP
12" x 906"	12" x 906" TABLE TOP
12" x 912"	12" x 912" TABLE TOP
12" x 918"	12" x 918" TABLE TOP
12" x 924"	12" x 924" TABLE TOP
12" x 930"	12" x 930" TABLE TOP
12" x 936"	12" x 936" TABLE TOP
12" x 942"	12" x 942" TABLE TOP
12" x 948"	12" x 948" TABLE TOP
12" x 954"	12" x 954" TABLE TOP
12" x 960"	12" x 960" TABLE TOP
12" x 966"	12" x 966" TABLE TOP
12" x 972"	12" x 972" TABLE TOP
12" x 978"	12" x 978" TABLE TOP
12" x 984"	12" x 984" TABLE TOP
12" x 990"	12" x 990" TABLE TOP
12" x 996"	12" x 996" TABLE TOP
12" x 1002"	12" x 1002" TABLE TOP

Print

Retail Alcohol Beverage License - Submission #15561

Date Submitted: 5/17/2022



License Information:

Application Type*

Renewal

License Type*

11-Restaurant - Alcoholic Beverages - 70/30 Split - \$3,4

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Eclectic Culinary Concepts, Inc.

Name of business for which license is requested (DBA):*

Luckys 13 Pub

Date of Incorporation:*

07/19/2016

State of ND Liquor License No.:

LIO2021-078

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

915 South 3rd Street

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-751-7913

Owner of Building or Premises:

Kirkwood Mall Acquisitions, LLC

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Dee-Dee Sanford

Email Address:*

dsanford@Eculianryinc.com

Mailing Address:*

PO Box 50794

City:*

Mendota

State:*

MN

Zip:*

55150

Phone No.:*

612-327-5850

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Alicia Boeckel

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Female

Race:

Caucasion

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Occupation:*

General Manager

Title:*

General Manager

Email Address:*

[REDACTED]

.....

Name:*

Charles A Burrows

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

40

Driver's License No.:*

[REDACTED]

State Issued:*

MN

Gender:

Male

Race:

Caucasion

Home Address:*

[REDACTED]

City:*

Inver Grove Heights

State:*

MN

Zip:*

55077

Phone No.:*

[REDACTED]

Occupation:*

Owner

Title:*

Owner - VP

Email Address:

[REDACTED]

Name:

Steve J Hesse

Date of Birth:

[REDACTED]

Percentage of Ownership:

33

Driver's License No.:

[REDACTED]

State Issued:

MN

Gender:

Male

Race:

Caucasion

Home Address:

[REDACTED]

City:

Cottage Grove

State:

MN

Zip:

55016

Phone No.:

[REDACTED]

Occupation:

Owner

Title:

Owner - Pres

Email Address:

[Redacted]

Name:

Tyge B Nelson

Date of Birth:

[Redacted]

Percentage of Ownership:

32

Driver's License No.:

[Redacted]

State Issued:

MN

Gender:

Male

Race:

Caucasion

Home Address:

808 William Street North

City:

Stillwater

State:

MN

Zip:

55082

Phone No.:

[Redacted]

Occupation:

Owner

Title:

Owner - VP

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

Own other restaurants in Minnesota and in North Dakota

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Serveral other restaurant locations. Luckys 13 Pub in Fargo and JoJo's in West Fargo and Luckys 13 Pub locations in the state of Minnesota

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Bismarck Gross Food sales report.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Floor plan.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Charles A Burrows

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2022

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Eclectic Culinary Concepts, Inc.
PO Box 50794
Mendota, MN 55150

2021 Sales from Jan. - May

Eclectic Culinary Concepts, Inc. dba

Luckys 13 Pub - Bismarck Kirkwood Mall Location

	Liquor	Food	Total	% Liq	% Food
May	64523	206337	270860	0.238215	0.761785
April	58534	183743	242277	0.241599	0.758401
March	59999	187028	247027	0.242884	0.757116
Feb.	48527	140882	189409	0.256202	0.743798
Jan.	51820	148254	200074	0.259004	0.740996
Total	<u>283403</u>	<u>866244</u>	<u>1149647</u>	<u>0.246513</u>	<u>0.753487</u>

To: City of Bismarck

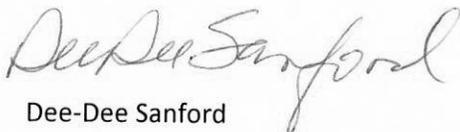
From: Eclectic Culinary Concepts, Inc. dba Luckys 13 Pub

Re: Liquor Sales % vs Food Sales %

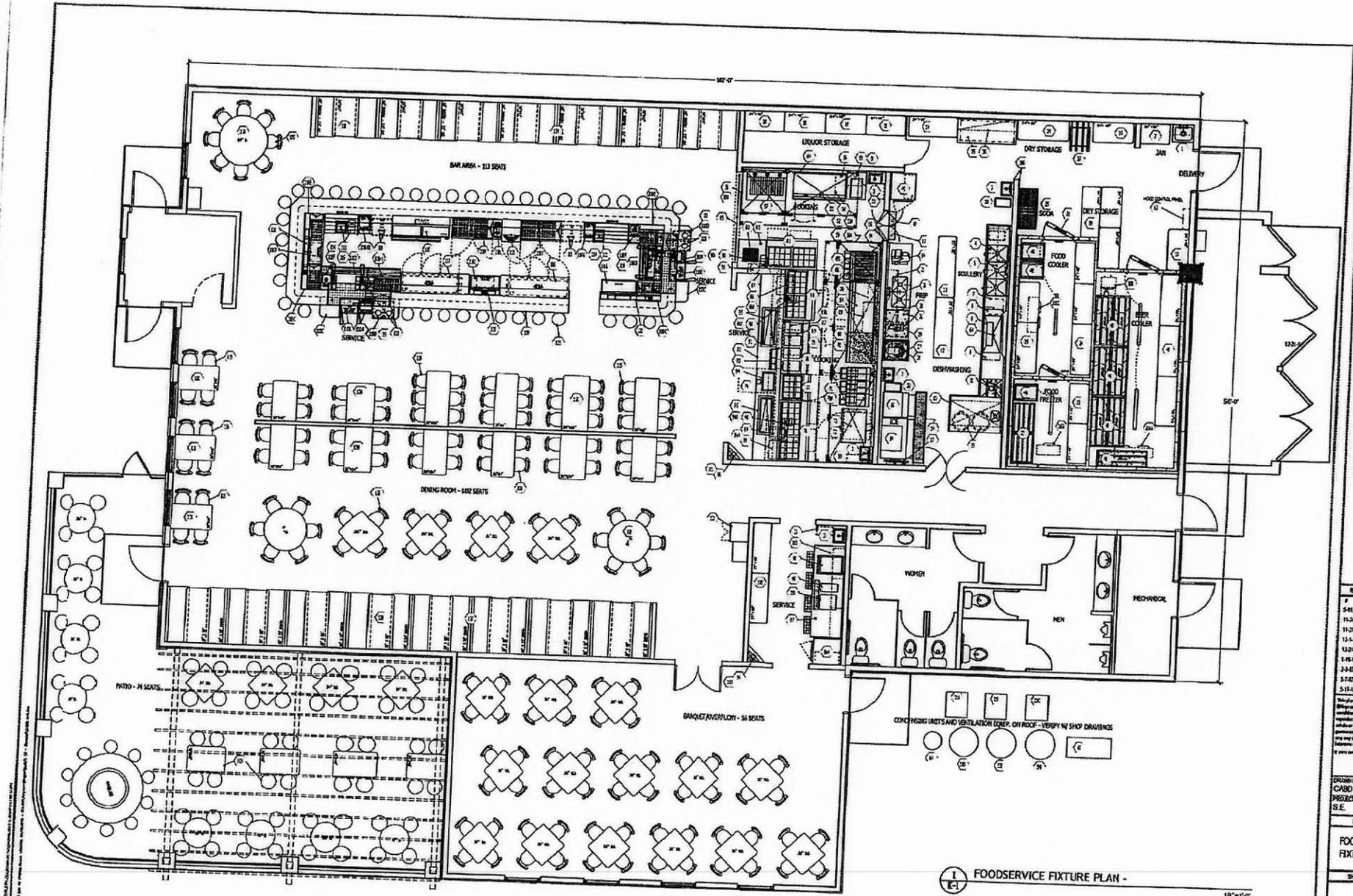
Eclectic Culinary Concepts Inc. took over this restaurant at the end of December 2020. The full months sales for the month that we have owned this location are listed above. This does fall in line with the previous owners reported sales as the last years amounts turned in were at 24.87% in Liquor and 75.13% in Food sales.

We are reporting that Liquor is at 24.65% of total sales and that Food is at 75.35% of total sales.

Sincerely,



Dee-Dee Sanford
Acct/Admin



BARGREEN JELINGSON
 ARCHITECTS & INTERIORS
 601 1st Ave. S.
 Bismarck, ND 58103
 Phone: (701) 224-4466
 Fax: (701) 224-4466

**LUCKY'S 13
 BISMARCK, NORTH DAKOTA
 FOODSERVICE FIXTURE PLAN**

REVISION INFORMATION

#	DATE
1	5-9-20 8:21-10
2	11-28-16
3	11-21-16 BRK
4	12-5-16 ADV BRK
5	12-21-16 BRK & Approved 12-21-16
6	1-16-17 11:55 AM REC SET
7	2-3-17 bar tables & bar stools
8	2-3-17 POS & chairs over
9	5-11-17 Final schedule

This plan is the property of Bargreen Jelingson Architects & Interiors. It is to be used only for the project specified. It is not to be used for any other project without written permission. All dimensions are in feet and inches unless otherwise specified. All work is to be done in accordance with the latest editions of all applicable codes.

DESIGNED BY
 CASH
PROJECT MANAGER
 S.E.
SHEET TITLE
 FOODSERVICE
 FIXTURE PLAN
SHEET NUMBER
 K-1

FOODSERVICE FIXTURE PLAN -
 1/8" = 1'-0"

PROJECT NUMBER
 131818



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/23/2022

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club	B-Airport Terminal Building	C-Hotel or Motel Full Service	C2-Hotel or Motel	D-Sale at Retail of Alcoholic Beverages
\$3,700.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$1,000.00 <input type="checkbox"/>	\$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only	F1-Restaurant - Alcoholic Beverages - 55/45 Split	F2-Restaurant - Beer/Wine Only - 55/45 Split	F3-Restaurant - Beer Only - 55/45 Split	G-Concession Bismarck Municipal Country Club
\$800.00 <input type="checkbox"/>	\$3,600.00 <input type="checkbox"/>	\$1,500.00 <input type="checkbox"/>	\$900.00 <input type="checkbox"/>	\$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River	I1-Restaurant - Alcoholic Beverages - 70/30 Split	I2-Restaurant - Beer and Wine Only - 70/30 Split	I3-Restaurant - Beer Only - 70/30 Split	J-Non-profit Organization Club or Establishment
\$725.00 <input type="checkbox"/>	\$3,450.00 <input type="checkbox"/>	\$1,450.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center	L-Beer & Wine at Parks & Recreation Locations	M-Catered Retail Beer, Wine, & Liquor	N-Domestic Winery	O-Microbrewery
\$650.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>
P-Event Site	Q-Restaurant On-Sale and Off-Sale Wine	R-Commercial Airline	S-Beer Arcade	T-Senior Living Community
\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	\$850.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>
U-Domestic Distillery				
\$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:	State Business ID Number:	
TBM Group LLC		03/17/2020	312896	
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Main Bar and Package Store				
Location Address:	City:	State:	Zip:	Phone Number:
804 E Main Ave	Bismarck	ND	58501	(701) 223-2284
Owner of Building or Premises:				
Jerry Johnson				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Mark Fetch		(701) 223-2284	markfetch@yahoo.com
Mailing Address:		City:	State: Zip:
2130 E Thayer Ave		Bismarck	ND 58501

List all officers, directors, and stockholders of corporation and percentage of ownership:			
Manager's Name: Mark Fetch		Date of Birth: [REDACTED]	Percentage of Ownership: 50
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: W
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501
Occupation: owner 50/50	Phone Number: [REDACTED]	Title: owner/manager	Email Address: [REDACTED]

Name: Jeff Jonson		Date of Birth: [REDACTED]	Percentage of Ownership: 50
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: W
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: owner 50/50	Phone Number: [REDACTED]	Title: owner	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of

Burleigh

County of



Signature of Applicant

Mark Fetch

Print Name

License transfers require signatures from both parties.

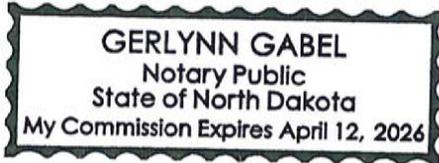
The Class _____ license owned by me is transferred to Applicant upon successful application.



Signature of Current Owner of Liquor License

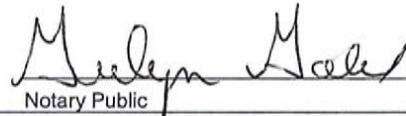


Signature of Applicant



Subscribed and sworn to before me this 6

day of May 2022



Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

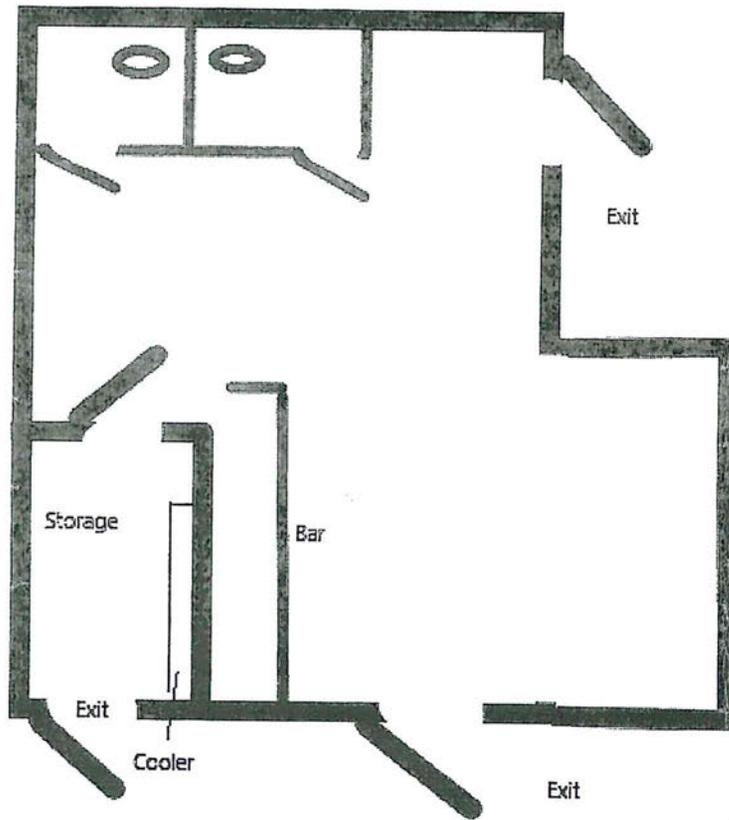
All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

North

Main Bar





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

LAST REVISED: 2/23/2022

(Fee does not apply to renewal applications)

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club \$3,700.00 <input type="checkbox"/>	B-Airport Terminal Building \$650.00 <input type="checkbox"/>	C-Hotel or Motel Full Service \$3,800.00 <input type="checkbox"/>	C2-Hotel or Motel \$1,000.00 <input type="checkbox"/>	D-Sale at Retail of Alcoholic Beverages \$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only \$800.00 <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split \$3,600.00 <input checked="" type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split \$1,500.00 <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split \$900.00 <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club \$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River \$725.00 <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split \$3,450.00 <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split \$1,450.00 <input type="checkbox"/>	I3-Restaurant - Beer Only - 70/30 Split \$800.00 <input type="checkbox"/>	J-Non-profit Organization Club or Establishment \$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center \$650.00 <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations \$350.00 <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor \$650.00 <input type="checkbox"/>	N-Domestic Winery \$800.00 <input type="checkbox"/>	O-Microbrewery \$800.00 <input type="checkbox"/>
P-Event Site \$650.00 <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine \$3,800.00 <input type="checkbox"/>	R-Commercial Airline \$75.00 <input type="checkbox"/>	S-Beer Arcade \$850.00 <input type="checkbox"/>	T-Senior Living Community \$350.00 <input type="checkbox"/>
U-Domestic Distillery \$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation: Sky Dine Inc.			Date of Incorporation: 03/15/2004	State Business ID Number: 26566733
Name of business for which license is requested (DBA): Marlins Family Restaurant			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location Address: 3938 Miriam Ave.	City: Sioux Falls	State: SD	Zip: 57104	Phone Number: 222-1568
Owner of Building or Premises: Pilot Flying J				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: Sharon Feser		Phone Number: 222-1568	Email Address: Sharon@Skydine.com
Mailing Address: 901 West 10th Street, Suite #200		City: Sioux Falls	State: SD
		Zip: 57104	

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Marlin C. Sejnoha		Date of Birth: [REDACTED]	Percentage of Ownership: 33.34
Driver's License Number: [REDACTED]	State Issued: South Dakota	Gender: Male	Race: White
Home Address: [REDACTED]		City: Brandon	State: South Dakota
		Zip: 57005	
Occupation: Food Service	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Shane V. Sejnoha		Date of Birth: [REDACTED]	Percentage of Ownership: 33.34
Driver's License Number: [REDACTED]	State Issued: South Dakota	Gender: Male	Race: White
Home Address: [REDACTED]		City: Sioux Falls	State: South Dakota
		Zip: 57105	
Occupation: Food Service	Phone Number: [REDACTED]	Title: Vice President	Email Address: [REDACTED]

Name: Dustin L. Sejnoha		Date of Birth: [REDACTED]	Percentage of Ownership: 33.34
Driver's License Number: [REDACTED]	State Issued: South Dakota	Gender: Male	Race: White
Home Address: [REDACTED]		City: Sioux Falls	State: South Dakota
		Zip: 57108	
Occupation: Restaurant	Phone Number: [REDACTED]	Title: Vice Present	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:		City:	State:
		Zip:	
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

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11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of

Signature of Applicant

Burleigh

Dustin Sejnoha

County of

Print Name

License transfers require signatures from both parties.

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current Owner of Liquor License

Signature of Applicant

Subscribed and sworn to before me this _____

day of _____

Note: Each application needs to be signed and notarized.

Notary Public

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

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- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

12-May-2022

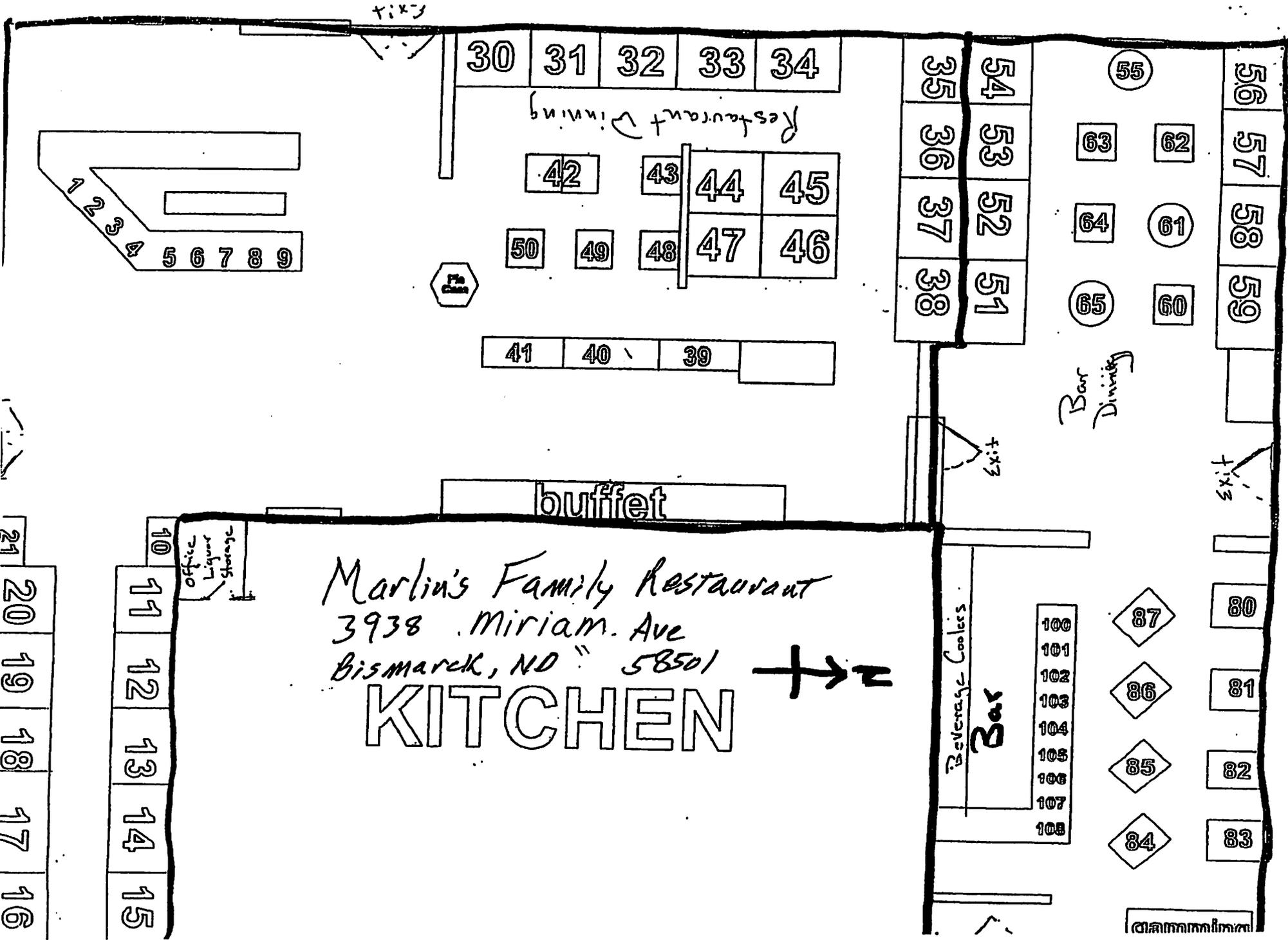
Return Summary

Account ID: 265667 00
Taxpayer: MARLIN'S FAMILY RESTAURANT-BISMARCK
Beginning Period: 01-Apr-2021
Ending Period: 31-Mar-2022

	Column A ALCOHOL	Column B SALES	Total
Line 1 Total Sales	\$350,188.00	\$1,594,435.00	\$1,944,623.00
Line 2 Total Exempt Sales	\$0.00	\$45,017.00	\$45,017.00
Line 3 Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4 Amount Taxable	\$350,188.00	\$1,549,418.00	\$1,899,606.00
Line 5 State Tax	\$24,513.16	\$77,470.90	\$101,984.06
Line 6 Total State Tax			\$101,984.06
Line 7 Compensation Discount			\$1,208.43
Line 8 Net State Tax			\$100,775.63
Line 12 Net Local Option Tax			\$36,219.48

TAXPAYER COPY

Chris Miller 5-12-2022



Marlin's Family Restaurant
 3938 Miriam Ave
 Bismarck, ND 58501

KITCHEN



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APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/23/2022

License Type:		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club \$3,700.00 <input type="checkbox"/>	B-Airport Terminal Building \$650.00 <input type="checkbox"/>	C-Hotel or Motel Full Service \$3,800.00 <input type="checkbox"/>	C2-Hotel or Motel \$1,000.00 <input type="checkbox"/>	D-Sale at Retail of Alcoholic Beverages \$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only \$800.00 <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split \$3,600.00 <input type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split \$1,500.00 <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split \$900.00 <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club \$725.00 <input type="checkbox"/>
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K-Beer and Wine at the Bismarck Event Center \$650.00 <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations \$350.00 <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor \$650.00 <input type="checkbox"/>	N-Domestic Winery \$800.00 <input type="checkbox"/>	O-Microbrewery \$800.00 <input type="checkbox"/>
P-Event Site \$650.00 <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine \$3,800.00 <input type="checkbox"/>	R-Commercial Airline \$75.00 <input type="checkbox"/>	S-Beer Arcade \$850.00 <input type="checkbox"/>	T-Senior Living Community \$350.00 <input type="checkbox"/>
U-Domestic Distillery \$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation: <i>Nara Ramen And Izakaya Inc.</i>		Date of Incorporation: <i>09/17/2021</i>	State Business ID Number: <i>365/4500</i>	
Name of business for which license is requested (DBA): <i>Nara Ramen And Izakaya Inc.</i>		If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Location Address: <i>309 N 3rd ST.</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>	Phone Number: <i>701-751-1006</i>
Owner of Building or Premises: <i>Weizhong Xu</i>				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: <i>Amy</i>		Phone Number: <i>646-808-4694</i>	Email Address: <i>narabismarck@gmail.com</i>
Mailing Address: <i>309 N 3rd ST</i>		City: <i>Bismarck</i>	State: <i>ND</i>
		Zip: <i>58501</i>	

List all officers, directors, and stockholders of corporation and percentage of ownership:			
Manager's Name: Jinshu Zheng		Date of Birth: [REDACTED]	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: Asian
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58103
Occupation: Food Server Manager	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]

Name: Weizhong Xu		Date of Birth: [REDACTED]	Percentage of Ownership: 80
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: Asian
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58103
Occupation: Food Server	Phone Number: [REDACTED]	Title: Owner/Manager	Email Address: [REDACTED]

Name: Baoyin Deng		Date of Birth: [REDACTED]	Percentage of Ownership: 20
Driver's License Number: [REDACTED]	State Issued: OR	Gender: M	Race: Asian
Home Address: [REDACTED]	City: Great Falls	State: MT	Zip: 59404
Occupation: Food Server	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

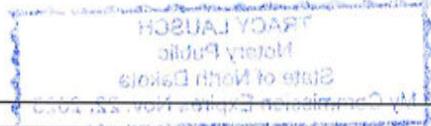
2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:



7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

ND
State of

Burleigh
County of

Weizhong Xu
Signature of Applicant

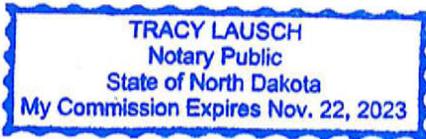
Weizhong Xu
Print Name

License transfers require signatures from both parties.

The Class L2 license owned by me is transferred to Applicant upon successful application.

[Signature]
Signature of Current Owner of Liquor License

[Signature]
Signature of Applicant



Subscribed and sworn to before me this 11
day of May, 2022

[Signature]
Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a **certified public accountant** retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

* 12/20/2021 ~ 05/10/2022

38240-SalesBySalesCategory-2021-11-10-2022-05-10

Sales Category	VOIDS	Gross Sales	Discounts	Net Sales	Menu Item Costs	Menu Item Quantity	Tax 1	Tax 2	Tax 3
Alcoholic Drink	\$364.85	\$22,885.70	\$17.07	\$22,868.63	\$0.00	3056.00	\$0.00	\$2,286.86	\$0.00
Rice and Bun Plates	\$240.95	\$31,699.52	\$74.15	\$31,625.37	\$0.00	4007.00	\$2,530.00	\$0.00	\$0.00
Gift Card	\$10.00	\$3,612.68	\$0.00	\$3,612.68	\$0.00	64.00	\$0.00	\$0.00	\$0.00
Appetizer	\$890.35	\$86,249.22	\$391.64	\$85,857.58	\$0.00	13695.00	\$6,868.33	\$0.00	\$0.00
Dessert	\$129.00	\$5,121.01	\$21.84	\$5,099.17	\$0.00	708.00	\$407.93	\$0.00	\$0.00
Boba Tea	\$709.00	\$75,071.48	\$58.01	\$75,013.47	\$0.00	11676.00	\$6,001.04	\$0.00	\$0.00
Ramen	\$1,384.25	\$312,750.92	\$410.02	\$312,340.90	\$0.00	23383.00	\$24,987.07	\$0.00	\$0.00
Soft Drink	\$65.30	\$7,783.53	\$16.07	\$7,767.46	\$0.00	3007.00	\$621.40	\$0.00	\$0.00
REPORT SUMMARY (8 entries)	\$3,793.70	\$545,174.06	\$988.80	\$544,185.26	\$0.00	59596.00	\$41,415.77	\$2,286.86	\$0.00

4.20%

Print

Retail Alcohol Beverage License - Submission #15420

Date Submitted: 5/4/2022



License Information:

Application Type*

Renewal

License Type*

F3-Restaurant - Beer Only - 55/45 Split - \$900.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

It's All Good Inc

Name of business for which license is requested (DBA):*

Pancheros

Date of Incorporation:*

06/12/2007

State of ND Liquor License No.:

LIQ2021-00031

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1485 E Lasalle Dr

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-3255

Owner of Building or Premises:

Woodmont

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Mary Kukowski

Email Address:*

itsallgoodnd@gmail.com

Mailing Address:*

1485 E Lasalle Dr

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

507-779-4408

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Jason Kukowski

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

25

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Owner

Title:*

General Manager

Email Address:*

[REDACTED]



Name:*

Mary Kukowski

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

25

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Female

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Office Manager

Title:*

Secretary

Email Address:

[REDACTED]

Name:

Clay Booth

Date of Birth:

[REDACTED]

Percentage of Ownership:

25

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[REDACTED]

City:

Dickinson

State:

ND

Zip:

58602

Phone No.:

[REDACTED]

Occupation:

Oilfield

Title:

Treasurer

Email Address:

[Redacted]

Name:

Tara Booth

Date of Birth:

[Redacted]

Percentage of Ownership:

25

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Femail

Race:

White

Home Address:

[Redacted]

City:

Dickinson

State:

ND

Zip:

58601

Phone No.:

[Redacted]

Occupation:

Housewife

Title:

VP

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Jason Kukowski - Wagon Wheel Bar & Grill - owned 15 years ago

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

sales report.pdf

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- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
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- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

layout.jpg

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

mary kukowski

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/4/2022

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Sales Summary**3403 Bismarck**

5/4/2022 8:48:06 AM (UTC-06:00) Central Time (US & Canada)

6/12/2020 - 6/11/2021

Gross Sales	\$1,072,232.45	Order Count:	67,814
Net Sales	\$1,045,446.22	Guest Count:	67814
Total No Sales Count	487	Order Average:	\$15.42
Total Item Sales	\$1,082,806.20	Taxable Item Sales:	\$1,044,243.12
+ Cash Tips Received	\$0.00	Non-Taxable Item Sales:	\$1,203.10
+ Tax	\$83,602.94	Deposits Accepted Amount:	\$0.00
+ Surcharges	\$0.00	Deposits Redeemed Amount:	\$0.00
+ Cash Deposits Accepted	\$0.00	Labor Cost:	\$219,100.20
- Deposits Redeemed	\$0.00	Labor Hours:	20,535.82
+ Paid In	\$0.00	Labor Percent:	20.96%
- Paid Out	\$0.00	Sales Per Labor Hour:	\$52.21
- Discounts	\$26,569.83	Gift Card Issue Count:	403
- Promotions	\$216.40	Gift Card Issue Amount:	\$7,450.00
- Gift Card Promotions	\$0.00	Gift Card Reload Count:	0
- Refunds	\$1,927.70	Gift Card Reload Amount:	\$0.00
- Voids	\$1,196.05	Gift Card Cash Out Count:	0
- Non-Cash Payments	\$955,940.81	Gift Card Cash Out Amount:	\$0.00
+ Non Revenue Items	\$8,264.00	Donation Count:	0
- Cash Back	\$0.00	Donation Total:	\$0.00
= Total Cash	\$188,822.35		

Sales Summary

3403 Bismarck

5/4/2022 8:48:06 AM (UTC-06:00) Central Time (US & Canada)

6/12/2020 - 6/11/2021

Revenue Centers

Name	Quantity	Total	Percent
Catering	2,365	\$20,660.80	1.98%
Food	229,470	\$851,647.92	81.46%
Online Ordering	29,872	\$173,137.50	16.56%
Total	261,707	\$1,045,446.22	

Tenders

Name	Quantity	Payments	Tips	Total	Percent
American Express	1,285	\$23,873.09	\$0.00	\$23,873.09	2.09%
Brink Corrections	4	\$29.65	\$0.00	\$29.65	0.00%
Cash	13,591	\$188,822.35	\$0.00	\$188,822.35	16.49%
Discover	1,736	\$29,166.27	\$0.00	\$29,166.27	2.55%
Doordash	1,950	\$39,666.61	\$0.00	\$39,666.61	3.47%
Gift Card	544	\$5,502.56	\$0.00	\$5,502.56	0.48%
MasterCard	14,734	\$243,220.04	\$0.00	\$243,220.04	21.25%
Online Ordering	6,601	\$141,089.33	\$0.00	\$141,089.33	12.32%
Ubereats	689	\$14,498.96	\$0.00	\$14,498.96	1.27%
Visa	26,884	\$458,894.30	\$0.00	\$458,894.30	40.09%
Total	68,018	\$1,144,763.16	\$0.00	\$1,144,763.16	

Discounts

Name	Quantity	Total	Percent
Catering Donation	22	\$829.45	3.12%
Employee Discount	353	\$1,882.59	7.09%
Free Burrito Card	114	\$801.95	3.02%
Free Chips and ----	44	\$141.97	0.53%
Free Drink	1,033	\$2,123.96	7.99%
Free Queso	1	\$1.35	0.01%
Manager Discount	11	\$177.55	0.67%
Public Service Discount	794	\$1,841.35	6.93%
Punchh Discount	2,048	\$12,759.36	48.02%
Punchh Online	1,003	\$6,010.30	22.62%
Total	5,423	\$26,569.83	

Promotions

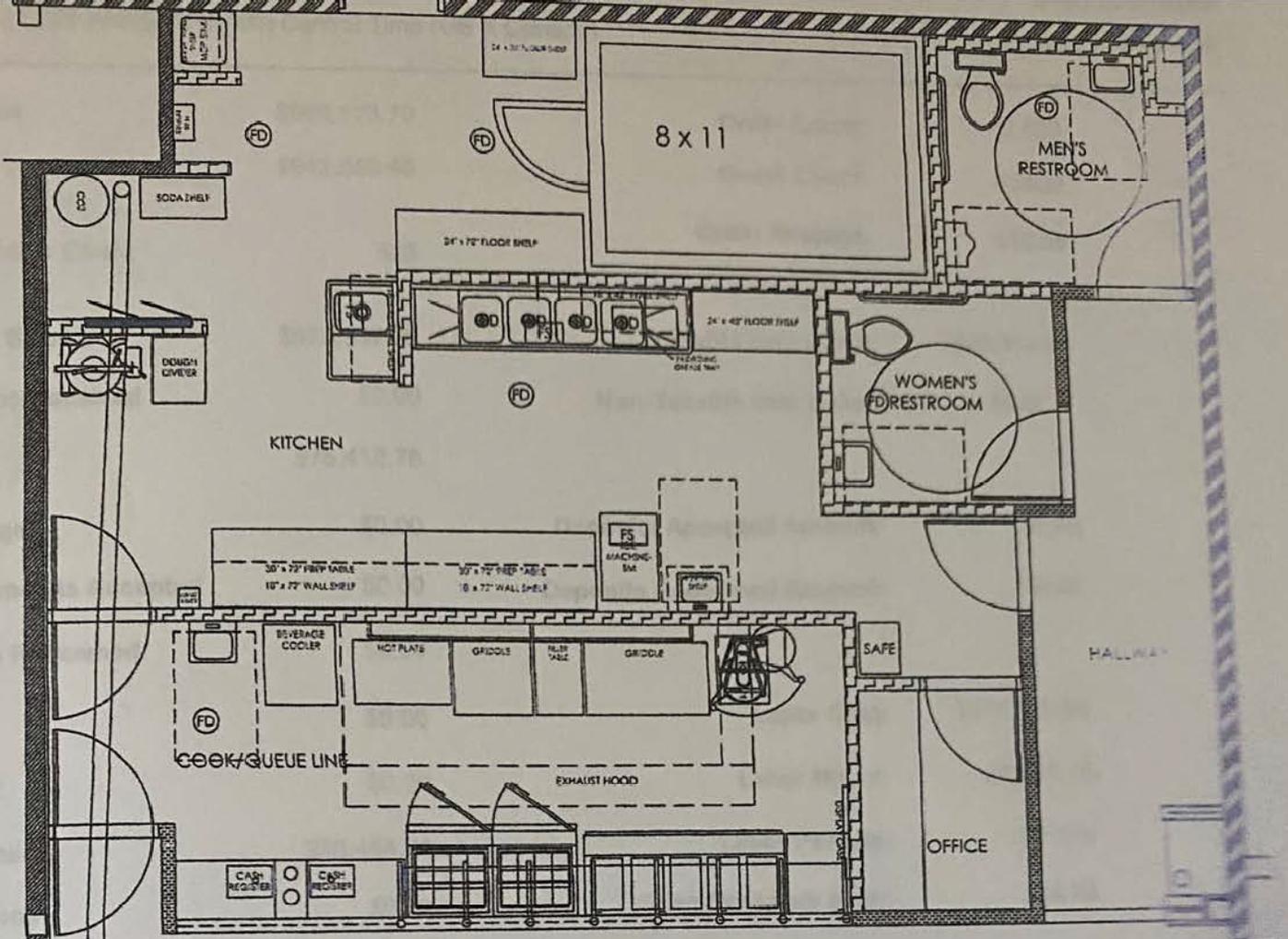
Name	Quantity	Total	Percent
Unknown	30	\$216.40	100.00%

Sales Summary**3403 Bismarck**

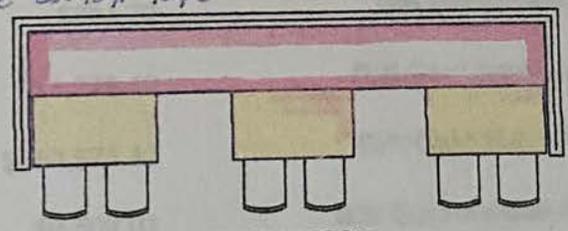
5/4/2022 8:48:06 AM (UTC-06:00) Central Time (US & Canada)

6/12/2020 - 6/11/2021

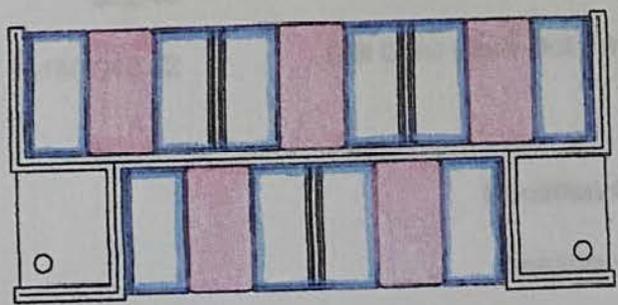
Total	30	\$216.40	
Taxes			
Name	Quantity	Total	Percent
Sales Tax	256,871	\$83,568.23	99.96%
Tax 2	502	\$34.71	0.04%
Total			
Destinations			
Name	Quantity	Total	Percent
EAT IN	18,909	\$273,683.52	26.18%
Take Out	39,532	\$576,670.20	55.16%
Catering	99	\$21,952.50	2.10%
Online Ordering	5,548	\$99,124.15	9.48%
Dispatch Delivery	1,087	\$23,861.45	2.28%
DoorDash	1,950	\$36,729.25	3.51%
UberEats	689	\$13,425.15	1.28%
Total	67,814	\$1,045,446.22	



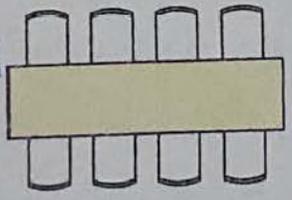
*Tempo Baltic Fabric w/
Theodore Stonex tops*



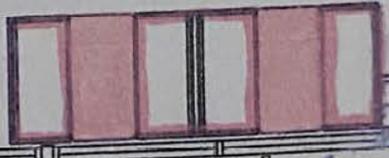
DINING ROOM



*Tempo Midnight Fabric w/
Cookies & Cream tops*

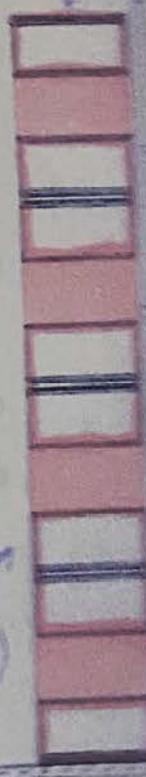


*Volley Curry Fabric w/
Cornflower Milkpaint tops*



Bolt Down

Bolt Down



Print

Retail Alcohol Beverage License - Submission #15446

Date Submitted: 5/5/2022



License Information:

Application Type*

Renewal

License Type*

E-Sale at Retail of Beer Only - \$800.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

FARMERS UNION OIL COMPANY OF MOORHEAD, MN

Name of business for which license is requested (DBA):*

PETRO SERVE USA #077

Date of Incorporation:*

1934

State of ND Liquor License No.:

AB-01374

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1120 EAST DIVIDE AVE

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

701-223-1949

Owner of Building or Premises:

FARMERS UNION OIL COMPANY OF MOORHEAD, MN

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

JENNI CHADDUCK

Email Address:*

JCHADDUCK@PETROSERVEUSA.COM

Mailing Address:*

1772 MAIN AVE WEST

City:*

WEST FARGO

State:*

ND

Zip:*

58078

Phone No.:*

701-282-3201

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

GRACE AAKER

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

FEMALE

Race:

CAUCASIAN

Home Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Occupation:*

STORE MANAGER

Title:*

STORE MANAGER

Email Address:*

[REDACTED]

.....

Name:*

DALE FISCHER

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0%

Driver's License No.:*

[REDACTED]

State Issued:*

MN

Gender:

MALE

Race:

CAUCASIAN

Home Address:*

[REDACTED]

City:*

GLYNDON

State:*

MN

Zip:*

56547

Phone No.:*

[REDACTED]

Occupation:*

FARMER

Title:*

FARMER

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

[DIR W LICENSE INFO.pdf](#)

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

CITY OF MANDAN - PETRO SERVE USA #078 & #079

CITY OF BEMIDJI - PETRO SERVE USA #057 - WE NO LONGER SELL BEER AT THIS LOCATION, LICENSE IS NO LONGER ACTIVE

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

CONVENIENCE STORE - SELL GAS/DIESEL, POP, CANDY, SNACK, TOBACCO AND MANY OTHER MISC. ITEMS

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
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- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
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- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

77 OFFSALE DIAGRAM.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

CLARK ERICKSON

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/5/2022

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

77 CC AUTH.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

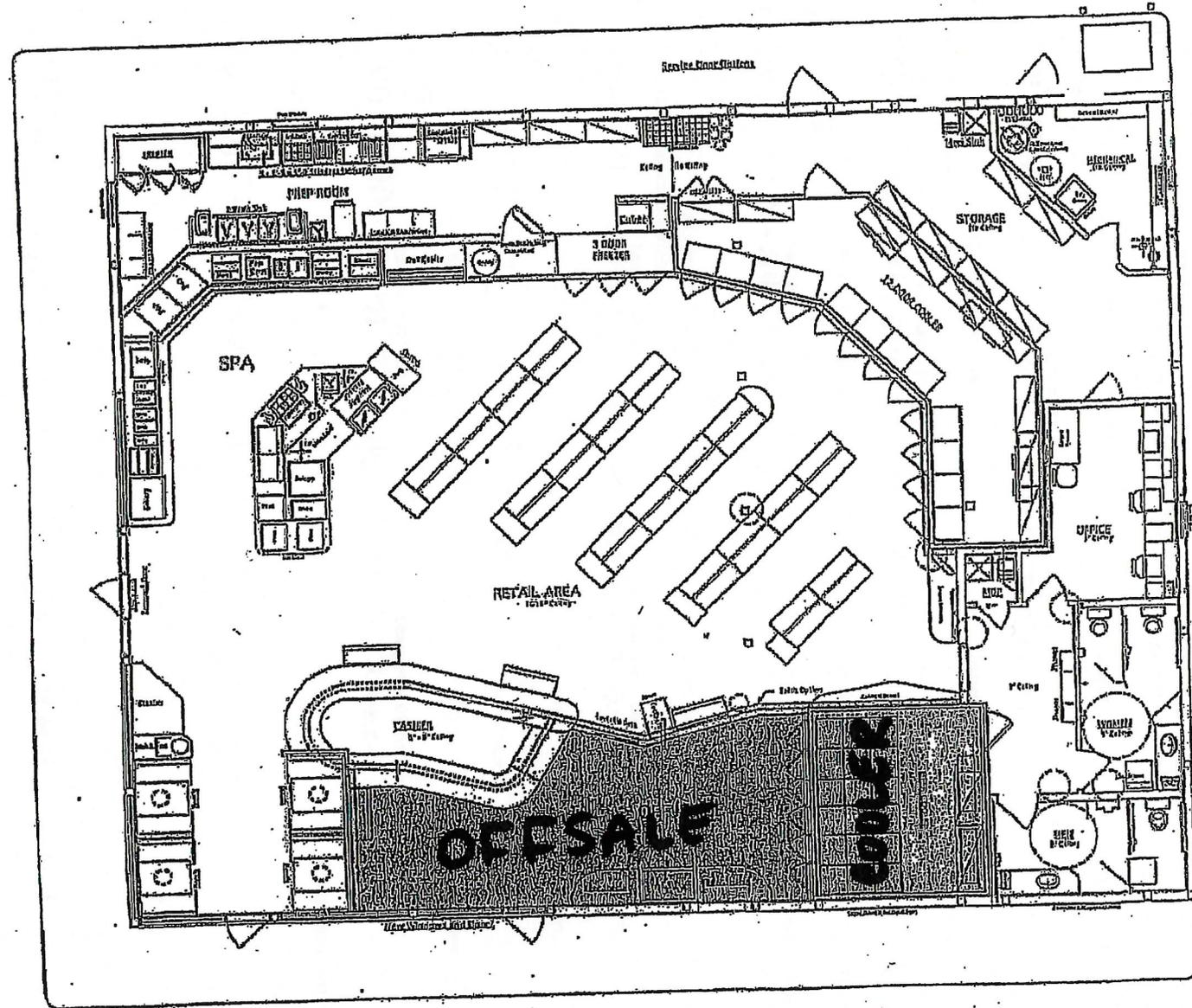
Farmers Union Oil Company
Customer Address List

Customer Ref.	Name	Address 1	Address 2	City	ST	Zip Code	Phone #
0260099	FISCHER, DALE L	[REDACTED]		GLYNDON	MN	56547-0036	218-498-2533
	Phone #:	[REDACTED]	Fax #: 18 2009				
	Birth:	[REDACTED]					Contact: Director - President - 2021
							<i>white-male-farmer</i>
0654501	NELSON, JAMES C	4567 70TH AVE S		MOORHEAD	MN	56560-7607	701-866-0597
	Email:	[REDACTED]					
	Phone #:	[REDACTED]					
	Birth:	[REDACTED]					Contact: Director - 2021 - Vice President
							<i>white-male-farmer</i>
0717050	SCHROEDER, DAVID A	[REDACTED]		SABIN	MN	56580-9515	218-789-7654
	Email:	[REDACTED]					
	Phone #:	[REDACTED]	Fax #: 218 200 0000 Cell				
	Birth:	[REDACTED]					Contact: DIRECTOR - 2020
							<i>white-male-farmer</i>
0884221	SUNDE, TIM J	[REDACTED]		DILWORTH	MN	56529	701-261-6673
	Email:	[REDACTED]					
	Phone #:	[REDACTED]	Fax #: CARDS 0001,0002,0003				
	Birth:	[REDACTED]					Contact: Director - 2022
							<i>white-male-farmer</i>
0896470	TANG, WAYNE K	[REDACTED]		DETROIT LAKES	MN	56501	218-847-2180
	Email:	[REDACTED]					
	Phone #:	[REDACTED]	Fax #: cell				
	Birth:	[REDACTED]					Contact: Director - 2020
							<i>white-male-farmer</i>
State: ND							
0230470	ERICKSON, CLARK	[REDACTED]	ERICKSON, SHERRI	WEST FARGO	ND	58078	701-238-2338
	Email:	[REDACTED]	[REDACTED]				
	Phone #:	[REDACTED]	Fax #: CELL				
	Birth:	[REDACTED]					Contact: COO
							<i>white-male-C.O.O.</i>
1410837	HEJL, JOHN A	15560 28TH STREET		AMENIA	ND	58044-9746	USE HEJL FARM
	Phone #:	[REDACTED]	Fax #: 1410640				
	Birth:	[REDACTED]					Contact: 1410640
							<i>white-male-farmer</i>
							<i>Secretary</i>
1588174	MADSEN, DALE R	[REDACTED]		CASSELTON	ND	58012-0384	701-347-5615
	Email:	[REDACTED]					
	Phone #:	[REDACTED]					
	Birth:	[REDACTED]					Contact: Director - 2020
							<i>white-male-farmer</i>
0801500	SATRANG, KENT G	[REDACTED]		FARGO	ND	58104	701-790-5075
	Email:	[REDACTED]					
	Phone #:	[REDACTED]	Fax #: CELL				
	Birth:	[REDACTED]					Contact: CEO/GM
							<i>white-male-CEO</i>

All are 0% ownership- company is a customer-owned coop.

PETRO SEARCH 077
USA

~~STAMART #16~~
1120 E. Divide Ave.
Bismarck, ND 58501
4,727 S.F. 11/21/05



South

North



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

LAST REVISED: 2/23/2022

(Fee does not apply to renewal applications)

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club	B-Airport Terminal Building	C-Hotel or Motel Full Service	C2-Hotel or Motel	D-Sale at Retail of Alcoholic Beverages
\$3,700.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$1,000.00 <input type="checkbox"/>	\$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only	F1-Restaurant - Alcoholic Beverages - 55/45 Split	F2-Restaurant - Beer/Wine Only - 55/45 Split	F3-Restaurant - Beer Only - 55/45 Split	G-Concession Bismarck Municipal Country Club
\$800.00 <input type="checkbox"/>	\$3,600.00 <input type="checkbox"/>	\$1,500.00 <input type="checkbox"/>	\$900.00 <input type="checkbox"/>	\$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River	I1-Restaurant - Alcoholic Beverages - 70/30 Split	I2-Restaurant - Beer and Wine Only - 70/30 Split	I3-Restaurant - Beer Only - 70/30 Split	J-Non-profit Organization Club or Establishment
\$725.00 <input type="checkbox"/>	\$3,450.00 <input type="checkbox"/>	\$1,450.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center	L-Beer & Wine at Parks & Recreation Locations	M-Catered Retail Beer, Wine, & Liquor	N-Domestic Winery	O-Microbrewery
\$650.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>
P-Event Site	Q-Restaurant On-Sale and Off-Sale Wine	R-Commercial Airline	S-Beer Arcade	T-Senior Living Community
\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	\$850.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>
U-Domestic Distillery				
\$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:		State Business ID Number:
TBM Group LLC		03/17/2020		312896
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Polar Package Place / Lucky's Bar				
Location Address:	City:	State:	Zip:	Phone Number:
2150 E Tayer Ave	Bismarck	ND	58501	(701) 258-8770
Owner of Building or Premises:				
TBM Leasing				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Mark Fetch		(701) 258-8770	markfetch@yahoo.com
Mailing Address:		City:	State: Zip:
2130 E Thayer Ave		Bismarck	ND 58501

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Mark Fetch		Date of Birth: [REDACTED]	Percentage of Ownership: 50
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: W
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501
Occupation: owner 50/50	Phone Number: [REDACTED]	Title: owner/manager	Email Address: [REDACTED]

Name: Jeff Jonson		Date of Birth: [REDACTED]	Percentage of Ownership: 50
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: W
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: owner 50/50	Phone Number: [REDACTED]	Title: owner	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

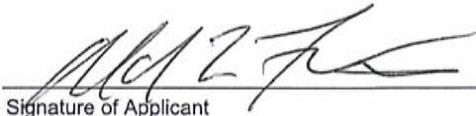
I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of


Signature of Applicant

Burleigh

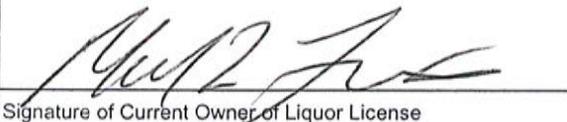
Mark Fetch

County of

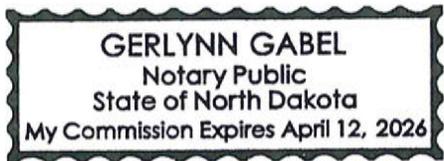
Print Name

License transfers require signatures from both parties.

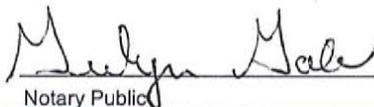
The Class _____ license owned by me is transferred to Applicant upon successful application.


Signature of Current Owner of Liquor License


Signature of Applicant



Subscribed and sworn to before me this 6
day of May 2022


Notary Public

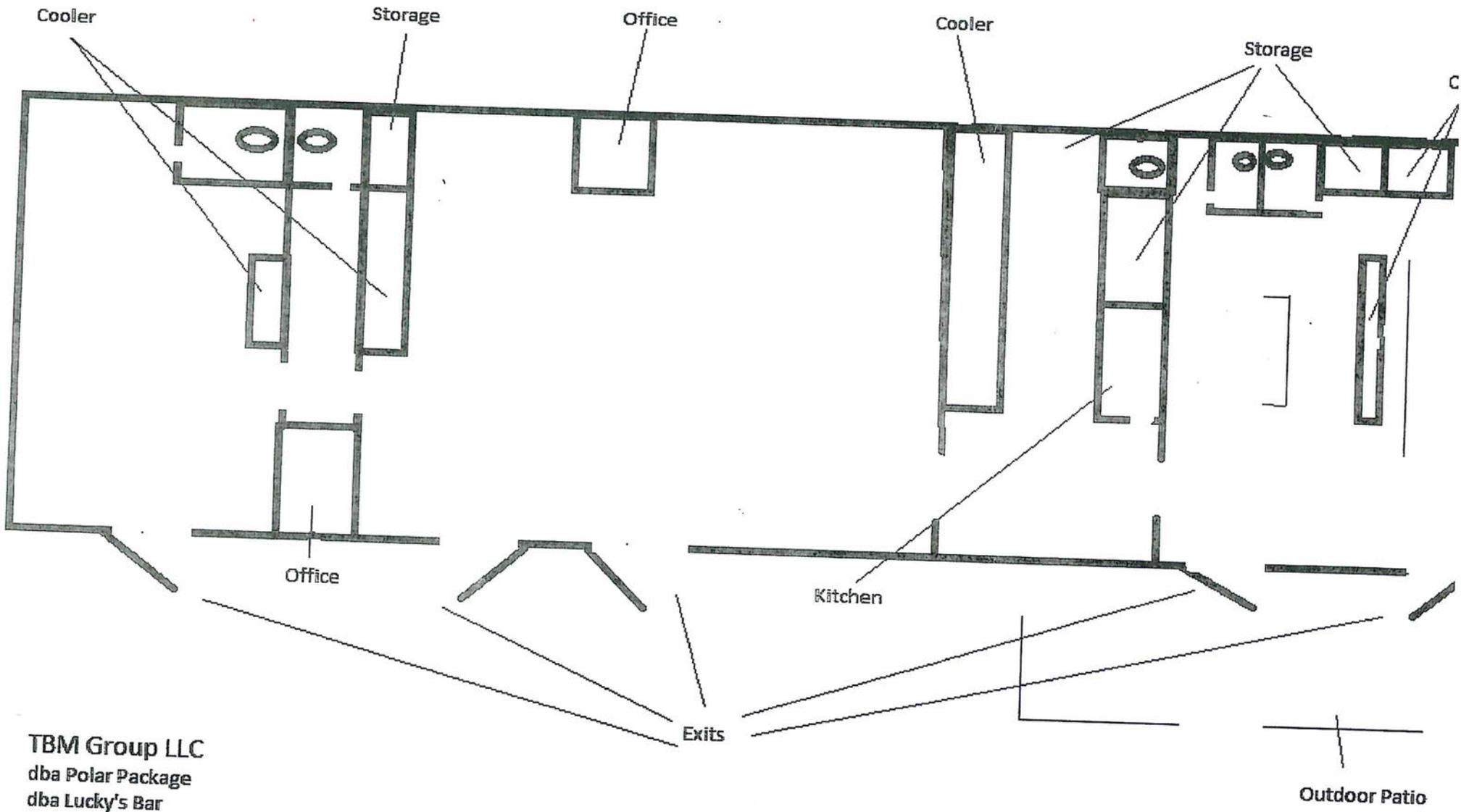
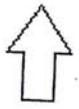
Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.



TBM Group LLC
dba Polar Package
dba Lucky's Bar



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

(Fee does not apply to renewal applications)

LAST REVISED: 2/23/2022

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club \$3,700.00 <input type="checkbox"/>	B-Airport Terminal Building \$650.00 <input type="checkbox"/>	C-Hotel or Motel Full Service \$3,800.00 <input type="checkbox"/>	C2-Hotel or Motel \$1,000.00 <input type="checkbox"/>	D-Sale at Retail of Alcoholic Beverages \$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only \$800.00 <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split \$3,600.00 <input checked="" type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split \$1,500.00 <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split \$900.00 <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club \$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River \$725.00 <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split \$3,450.00 <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split \$1,450.00 <input type="checkbox"/>	I3-Restaurant - Beer Only - 70/30 Split \$800.00 <input type="checkbox"/>	J-Non-profit Organization Club or Establishment \$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center \$650.00 <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations \$350.00 <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor \$650.00 <input type="checkbox"/>	N-Domestic Winery \$800.00 <input type="checkbox"/>	O-Microbrewery \$800.00 <input type="checkbox"/>
P-Event Site \$650.00 <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine \$3,800.00 <input type="checkbox"/>	R-Commercial Airline \$75.00 <input type="checkbox"/>	S-Beer Arcade \$850.00 <input type="checkbox"/>	T-Senior Living Community \$350.00 <input type="checkbox"/>
U-Domestic Distillery \$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation: RUNTO ASIAN CUISINE, INC		Date of Incorporation: 9/22/2017	State Business ID Number: 43,894,300 33387200	
Name of business for which license is requested (DBA): SHOGUN JAPANESE STEAKHOUSE		If out of state corporation, is corporation registered in North Dakota? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Location Address: 2700 STATE ST, STE. H1 BISMARCK ND	City: BISMARCK	State: ND	Zip: 58503	Phone Number: 701-250-9888
Owner of Building or Premises:				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:	Phone Number:	Email Address:	
Mailing Address:	City:	State:	Zip:

List all officers, directors, and stockholders of corporation and percentage of ownership:			
Manager's Name: QIANG WANG		Date of Birth: [REDACTED]	Percentage of Ownership: 100%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: Asian
Home Address: [REDACTED]	City: BISMARCK	State: ND	Zip: 58503
Occupation: MANAGER	Phone Number: [REDACTED]	Title: PRESIDENT	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota
State of

Diang Wang
Signature of Applicant

Burleigh
County of

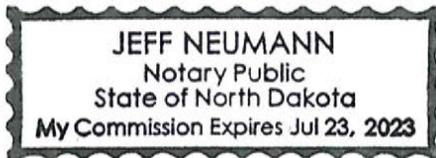
Diang Wang
Print Name

License transfers require signatures from both parties.

The Class f1 license owned by me is transferred to Applicant upon successful application.

Diang Wang
Signature of Current Owner of Liquor License

Diang Wang
Signature of Applicant



Subscribed and sworn to before me this 13th

day of May, 2022

Jeff Neumann
Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

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- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

2021	FOOD SALES	ALCOHOL SALES	TOTAL
JAN	116785	13092	129877
FEB	113397	12418	125815
MAR	135760	14481	150241
APR	130866	13578	144444
MAY	135159	13599	148758
JUNE	106533	9467	116000
JULY	93929	11670	105599
AUG	94649	9974	104623
SEPT	85383	9306	94689
OCT	117078	13311	130389
NOV	87348	10519	97867
DEC	113882	11442	125324
TOTALS	1330769	142857	1473626

(Exit)

H12 H11

H10 H9

Party Room

H7

H8

H5

H6

H3

H4

H1

H2

Women's Restroom

Men's Restroom

Sushi Bar

BT12

Server Station

BT11

Kitchen

Decoration

Main Dining Room

Server Station

A16

A7

A8

A9

A10

Bar

A5

C4

C3

A11

A12

A4

C2

C1

A13

Side Dining Room

BT10

BT5

BT9

BT4

BT8

BT3

BT7

BT2

BT6

BT1

Side Door (Exit)

A2

A1

Cashier Stand

Front Door

Print

Retail Alcohol Beverage License - Submission #15477

Date Submitted: 5/9/2022



License Information:

Application Type*

Renewal

License Type*

F1-Restaurant - Alcoholic Beverages - 55/45 Split - \$3

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

SICKIES ND, INC

Name of business for which license is requested (DBA):*

Sickies Garage

Date of Incorporation:*

03/11/2014

State of ND Liquor License No.:

AA-01349

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

3130 N 14th St

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-751-2575

Owner of Building or Premises:

Plaza Four Ten, Inc.

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Kerry Fernholz

Email Address:*

kerry@starmarkhospitality.com

Mailing Address:*

4612 Amber Valley Pkwy

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

701-478-2040

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Shane Frank

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[REDACTED]

City:*

Mandan

State:*

ND

Zip:*

58554

Phone No.:*

[REDACTED]

Occupation:*

Manager

Title:*

GM

Email Address:*

[REDACTED]

Name:*

Kerry Fernholz

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

15

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

Male

Race:

WHITE

Home Address:*

[REDACTED]

City:*

FARGO

State:*

ND

Zip:*

58104

Phone No.:*

[REDACTED]

Occupation:*

BUSINESSMAN

Title:*

PRESIDENT

Email Address:

[REDACTED]

Name:

SCOTT UPTON

Date of Birth:

[REDACTED]

Percentage of Ownership:

15

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

MALE

Race:

WHITE

Home Address:

[REDACTED]

City:

West Fargo

State:

ND

Zip:

58078

Phone No.:

[REDACTED]

Occupation:

BUSINESSMAN

Title:

VP

Email Address:

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

OWNER INFO.xlsx

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

DOC050922-05092022133303.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

layout.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

KERRY FERNHOLZ

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/9/2022

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Credit-Card-Authorization-Form-PDF.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



May 3, 2022

Sickies Garage
Attn: Shane Frank
4612 Amber Valley Pkwy
Fargo, ND 58501

Dear Liquor License Holder,

Please be advised that your **Class F-1 – Restaurant Full Alcohol** liquor license, **LIQ2021-00053** with the City of Bismarck, will expire on July 31, 2022. You are welcome to electronically submit the Liquor License Renewal Application, including payment of **\$3,600.00**, to Whitney Olsen at wolsen@bismarcknd.gov. The fillable electronic applications are available on the City of Bismarck's website: <https://bismarcknd.gov/744/Liquor-Permits-Licenses>.

You may also submit the updated Liquor License Renewal Application by sending the updated paper application and payment to the City of Bismarck Administration Office. Please use the updated application forms when submitting your renewal to the Administration office. A valid email address is required as we will be sending correspondence electronically.

Renewal applications for liquor licenses need to be in the City Administration Office on or before July 1, 2022, for the year beginning August 1, 2022, through July 31, 2023. Applications received after July 1, 2022, will be deemed late. Late applications will have a \$50 late fee applied to the renewal cost. The required annual license fee must accompany all applications. If an application is not filed and approved by August 1, 2022, the business must cease the sale of alcoholic beverages.

All applications **must** be accompanied by a diagram or blueprint showing the licensed premises, defined as "all areas where alcoholic beverages are routinely stored, displayed, opened or mixed, and all lounges, bars, and restaurants where alcoholic beverages are dispensed." Any physical changes to your establishment or additional seating areas over the past year must be reflected on your diagram or blueprint.

All applications for Class "C-2" (hotel/motel), Class "F" (restaurants), Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses must be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jason Tomanek", is written over a blue horizontal line.

Jason Tomanek
City of Bismarck, Assistant Administrator

JT/wlo

Profit & Loss - Period and YTD

Period Ending 12/26/2021

Location: 200 - Bismarck

	Period		YTD	
Sales				
Gross Sales				
Alcohol Sales				
Beer Sales				
Beer Sales - Bottled				
Beer Sales - Bottled	1,078	0.42%	29,330	0.77%
Total Beer Sales - Bottled	1,078	0.42%	29,330	0.77%
Draft Beer Sales	33,528	13.05%	482,739	12.66%
Total Beer Sales	34,606	13.47%	512,069	13.43%
Liquor Sales				
Liquor Sales	9,846	3.83%	152,354	4.00%
Total Liquor Sales	9,846	3.83%	152,354	4.00%
Wine Sales				
Wine Sales	834	0.32%	11,173	0.29%
Total Wine Sales	834	0.32%	11,173	0.29%
Total Alcohol Sales	45,286	17.63%	675,595	17.72%
Food Sales				
Misc Beverage Sales	8,803	3.43%	147,383	3.87%
Food Sales	181,369	70.59%	2,692,231	70.63%
Delivery Food Sales	37,154	14.46%	504,102	13.22%
Catering Food Sales			1,349	0.04%
Total Food Sales	227,326	88.48%	3,345,065	87.75%
Merchandise Sales	215	0.08%	10,499	0.28%
Total Gross Sales	272,827	106.18%	4,031,159	105.75%
Sales Discounts				
Sales Discount - Beer	-380	-0.15%	-6,267	-0.16%
100% Comp Beer	-158	-0.06%	-768	-0.02%
Sales Discount - Liquor	-186	-0.07%	-2,132	-0.06%
100% Comp Liquor			-84	0.00%
Sales Discounts - Wine	-23	-0.01%	-290	-0.01%
Sales Discounts - Food	-9,910	-3.86%	-139,803	-3.67%
Sales Discounts - Food Waste			-1,396	-0.04%
Comp'd Food - 100%	-2,063	-0.80%	-32,264	-0.85%
Sales Discounts - Merchandise	-57	-0.02%	-2,221	-0.06%
Sales Discounts - Employee	-2,883	-1.12%	-29,921	-0.79%
Coupons	-229	-0.09%	-4,088	-0.11%
Total Sales Discounts	-15,888	-6.18%	-219,233	-5.75%
Total Sales	256,939	100.00%	3,811,926	100.00%
Prime Cost				
Total Cost of Goods Sold				
Cost of Goods Sold - Alcohol				
Cost of Goods Sold - Bottled Beer	285	26.41%	7,802	26.60%
Cost of Good Sold - Draft Beer	7,806	23.28%	113,276	23.47%
Cost of Goods Sold - Liquor	2,362	23.99%	30,415	19.96%
Cost of Goods Sold - Wine				
Cost of Goods Sold - Wine	243	29.14%	3,148	28.17%
Total Cost of Goods Sold - Wine	243	29.14%	3,148	28.17%

Kerry Ferrelholz
Alley

Print

Retail Alcohol Beverage License - Submission #15472

Date Submitted: 5/9/2022



License Information:

Application Type*

Renewal

License Type*

F1-Restaurant - Alcoholic Beverages - 55/45 Split - \$3

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Galaxy Investors, Inc.

Name of business for which license is requested (DBA):*

Space Aliens Grill & Bar

Date of Incorporation:*

7/16/1996

State of ND Liquor License No.:

AA-00371

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1304 E Century Ave.

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-223-6220

Owner of Building or Premises:

GHB Investors, LLC

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

David Glaser

Email Address:*

dave@spacealiens.com

Mailing Address:*

3320 Hamilton Street, Unit 2

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-223-2412

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Mort Bank

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

50

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

M

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Restaurant Owner

Title:*

President

Email Address:*

[REDACTED]

Name:*

David Glaser

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

25

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

M

Race:

White

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Restaurant Owner

Title:*

VP/CFO

Email Address:

[REDACTED]

Name:

Sheila Glaser

Date of Birth:

[REDACTED]

Percentage of Ownership:

25

Driver's License No.:

[REDACTED]

State Issued:

ND

Gender:

F

Race:

White

Home Address:

[REDACTED]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[REDACTED]

Occupation:

Restaurant Owner

Title:

VP/COO

Email Address:

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

Not new application. Renewal.

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

We have liquor licenses for Space Aliens Fargo and Blaze Pizza Fargo.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Statement renewal of Class F License Bismarck 2022.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Space Aliens Site Diagram.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

David Glaser

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/4/2022

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Space Aliens CC Payment.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



May 9, 2022

City of Bismarck
Bismarck City Administrator
PO Box 5503
Bismarck, ND 58506-5503

Subject: Statement required for renewal of Class F License

I have reviewed the books and records of the licensee, Galaxy Investors, Inc. d/b/a Space Aliens Grill & Bar-Bismarck and can therefore state that for the calendar year 2021, its gross revenue from the sale of alcoholic beverages did not exceed 45% of its total gross sales of food and alcoholic beverages.

I hereby swear that to the best of my ability and belief, the above statement is true, correct, and complete.

Sincerely,

Maxine J. Bondeson

Maxine J. Bondeson, CPA, PHR, SHRM-CP

CC: Dave Glaser
Galaxy Investors, Inc.

Print

Retail Alcohol Beverage License - Submission #15535

Date Submitted: 5/14/2022



License Information:

Application Type*

Renewal

License Type*

D-Sale at Retail of Alcoholic Beverages - \$4,100.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

E N T Sports, Inc

Name of business for which license is requested (DBA):*

Stadium Sports Bar & The Lodge

Date of Incorporation:*

9/2011

State of ND Liquor License No.:

AA-00655

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1247 W Divide Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012584677

Owner of Building or Premises:

BHSSSW, LLp

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Jody Olney

Email Address:*

jodyolney@yahoo.com

Mailing Address:*

1247 W Divide Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012269151

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Danielle Borman

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

2

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

F

Race:

W

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Occupation:*

Bar Manager

Title:*

Manager

Email Address:*

[REDACTED]

.....

Name:*

Jody Olney

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

17.3

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Occupation:*

Financial Advisor

Title:*

Treasurer

Email Address:

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

**Percentage of
Ownership:**

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Shareholder Roster - City Liq Lic Renewal.xlsx

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
 No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
 No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

This question says "if new application" which this is not, but it's a required field. So I could go on without answering it. And since this is a renewal application. Obviously, we've engaged in the sale of alcoholic beverages.

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
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- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Building Diagram.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Jody Olney

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/14/2022

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

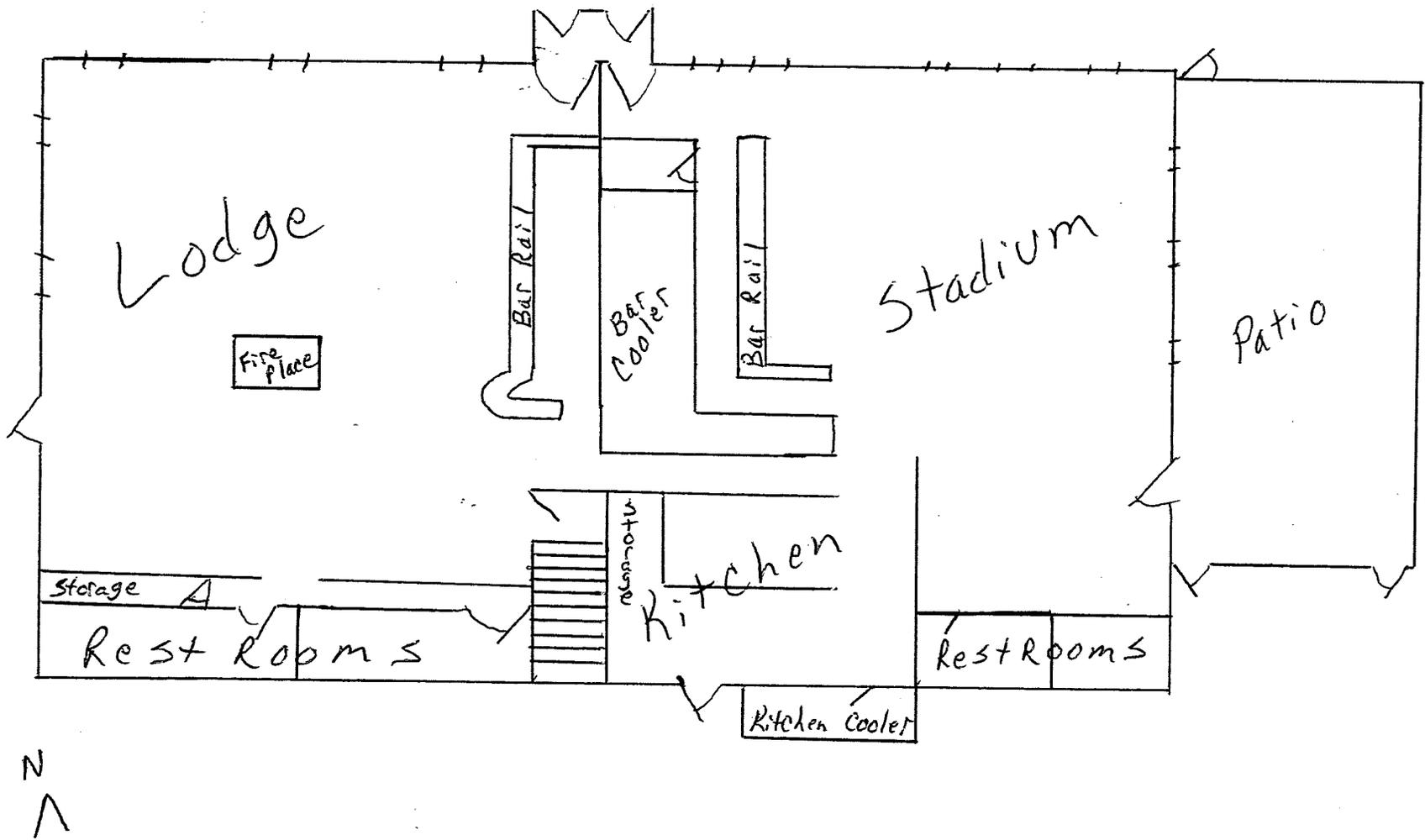
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Stadium CC Auth Form.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



ENT Sports, Inc.
 Stadium Sports Bar and the Lodge
 1247 W. Divide Ave., Bismarck ND 58501



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

LAST REVISED: 2/23/2022

(Fee does not apply to renewal applications)

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club	B-Airport Terminal Building	C-Hotel or Motel Full Service	C2-Hotel or Motel	D-Sale at Retail of Alcoholic Beverages
\$3,700.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$1,000.00 <input type="checkbox"/>	\$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only	F1-Restaurant - Alcoholic Beverages - 55/45 Split	F2-Restaurant - Beer/Wine Only - 55/45 Split	F3-Restaurant - Beer Only - 55/45 Split	G-Concession Bismarck Municipal Country Club
\$800.00 <input type="checkbox"/>	\$3,600.00 <input checked="" type="checkbox"/>	\$1,500.00 <input type="checkbox"/>	\$900.00 <input type="checkbox"/>	\$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River	I1-Restaurant - Alcoholic Beverages - 70/30 Split	I2-Restaurant - Beer and Wine Only - 70/30 Split	I3-Restaurant - Beer Only - 70/30 Split	J-Non-profit Organization Club or Establishment
\$725.00 <input type="checkbox"/>	\$3,450.00 <input type="checkbox"/>	\$1,450.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center	L-Beer & Wine at Parks & Recreation Locations	M-Catered Retail Beer, Wine, & Liquor	N-Domestic Winery	O-Microbrewery
\$650.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$800.00 <input checked="" type="checkbox"/>
P-Event Site	Q-Restaurant On-Sale and Off-Sale Wine	R-Commercial Airline	S-Beer Arcade	T-Senior Living Community
\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	\$850.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>
U-Domestic Distillery				
\$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:		State Business ID Number:
Stonehome LLC		07/17/2015		
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stonehome Brewing Company				
Location Address:	City:	State:	Zip:	Phone Number:
1601 N 12th St; #10	Bismarck	ND	58501	(701) 751-1445
Owner of Building or Premises:				
First International Bank & Trust				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Kimberly Bahm		(701) 751-1445	kbahm@stonehomebismarck.com
Mailing Address:		City:	State: Zip:
1601 North 12th Street; STE 102		Bismarck	ND 58501

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Kimberly Bahm		Date of Birth: [REDACTED]	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: C
Home Address: [REDACTED]	City: Mandan	State: ND	Zip: 58554
Occupation: Restaurant Manager	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

Name: See Attached Listing		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partner's legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

Renewal

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

Outlaw Bar: Grill; Watford City; Williston | JL Beers; Watford City | Stonehome Brewing Company; Watford City | Slowride; Watford City | Fox Hole; Watford City

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

Restaurant License

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of


Signature of Applicant

McKenzie

County of

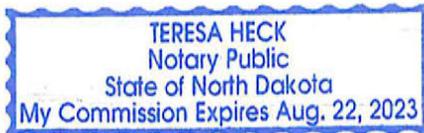
Stephen L Stenehjem
Print Name

License transfers require signatures from both parties.

The Class _____ license owned by me is transferred to Applicant upon successful application.

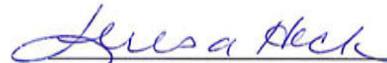
Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 5th

day of May 2022



Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses **MUST** be accompanied by a sworn statement executed by the licensee and a **certified public accountant** retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Stephen L. Stenehjem – President

[REDACTED]
[REDACTED]
NDDL: [REDACTED]

Ownership: 10%

Occupation: CEO/ First International Bank & Trust

Gretchen Stenehjem – Vice President

[REDACTED]
[REDACTED]
NDDL: [REDACTED]

Ownership: 10%

Occupation: Marketing PR/ First International Bank & Trust

S. Peter Stenehjem – Vice President

[REDACTED]
[REDACTED]
NDDL: [REDACTED]

Ownership: 20%

Occupation: President / First International Bank & Trust

Erik Stenehjem – Secretary/ Treasurer

[REDACTED]
[REDACTED]
AZDL: [REDACTED]

Ownership: 20%

Occupation: Market President / First International Bank & Trust

Kira Stenehjem Noll - Governor

[REDACTED]
[REDACTED]
NDDL: [REDACTED]

Ownership: 20%

Occupation: Community Banker / First International Bank & Trust

Kristen Stenehjem - Governor

[REDACTED]
[REDACTED]
NDDL: [REDACTED]

Ownership: 20%

Occupation: Medical Doctor – Resident

Credit Card Authorization:



Card Holder Name:	Visa:	Master Card:	Discover:
Account Number:	Exp Date:	3 Digit Security Number:	Billing Zip Code:
Amount Authorized:	Phone Number:		
Signature:	Date:		

Mail to: City of Bismarck
Administration Department
221 N 5th St
Bismarck, ND 58501

Email to: Whitnie Olsen - wolsen@bismarcknd.gov

Note: Payment information is used for a one time payment only. After payment has been completed the information provided will not be kept on file and will be disposed of.

Liquor License:	
New Application	200.00
Late Submissions	50.00
Class A - Nationally Organized Fraternal Order or Club	3,700.00
Class A-2 - Nationally Organized Fraternal Order or Club	425.00
Class B - Operator of the Beverage Concession at the Airport Terminal Building	650.00
Class C - Hotel or Motel Full Service	3,800.00
Class C-2 - Hotel or Motel	1,000.00
Class D - Sale at Retail of Alcoholic Beverages	4,100.00
Class E - Sale at Retail of Beer Only	800.00
Class F-1 - Restaurant - Alcoholic Beverages - 55/45 Food Split	3,600.00
Class F-2 - Restaurant - Beer and Wine Only - 55/45 Food Split	1,500.00
Class F-3 - Restaurant - Beer Only - 55/45 Food Split	900.00
Class G - Concession at the Bismarck Municipal Country Club	725.00
Class H - Commercial passenger vessels on the Missouri River	725.00
Class I-1 - Restaurant - Alcoholic Beverages - 70/30 Food Split	3,450.00
Class I-2 - Restaurant - Beer and Wine Only - 70/30 Food Split	1,450.00
Class I-3 - Restaurant - Beer Only - 70/30 Food Split	800.00
Class J - Non-profit Organization Operating a Club or Establishment - National Guard	100.00
Class K - Sale of Beer and Wine at the Bismarck Event Center	650.00
Class L - Sale of Beer and Wine at Bismarck Parks and Recreation Locations	350.00
Class M - Catered Retail Beer, Wine, & Liquor	650.00
Class N - Domestic Winery	800.00
Class O - Microbrewery	800.00
Class P - Event Site	650.00
Class Q - Restaurant On-Sale and Off-Sale Wine	3,800.00
Class R - Commercial Airline	75.00
Class S - Beer Arcade	850.00
Class T - Senior Living Community	350.00
Class U - Domestic Distillery	800.00
Special Events:	
Special Event - 14 days reoccurring event at one location	25.00
Late Fee for Special Event Permit	25.00
Gaming:	
Site Authorization	100.00
Raffle Ticket Permit	25.00
Pawnbroker:	
	75.00
Junk Dealer:	
	50.00
Second Hand Dealer:	
	25.00
Door-to-Door Sales:	
Application Fee	200.00
Salesperson	40.00
Taxi company license:	
Application	100.00
New & Renewal Vehicles	25.00

Area of Building to be covered by Alcohol License

We wish to hold a retail alcohol license for the entirety of 1601 North 12th Street Bismarck, ND. This is to include Stonehome Brewing Company, the patios and terraces and parking lot in the case a special event is held.

The plans included in this packet highlight the areas where normal business will be held (Restaurant/Bar and patio in appropriate weather).

May 4, 2022

Bismarck Administration
221 N 5th Street
Bismarck, ND 58501

RE: Stonehome LLC Liquor License Renewal

To Whom it may Concern:

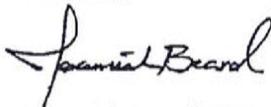
Based on the company's 2021 profit and loss report I obtained from Stonehome LLC, the total food sales and alcoholic beverage sales are as follows:

- Total Food Sales = \$1,436,689
- Total Liquor/Beer/ Wine Sales = \$586,442
 - Percentage of Alcoholic Beverage Sales to Food Sales = 40.8%

The standards of the profession provide that I cannot provide attestation of financial records without being independent or performing additional procedures. However, I can provide you the total sales as presented in the company's official financial records which I believe will give you useful information. This information was neither audited nor verified by me, and I make no representation, nor do I provide any assurance regarding the accuracy of this information.

Please contact me for any further information or questions.

Sincerely,



Jeremiah Beard, CPA
701-842-7326
jbeard@FIBT.com

Print

Retail Alcohol Beverage License - Submission #15423

Date Submitted: 5/4/2022



License Information:

Application Type*

Renewal

License Type*

B-Airport Terminal Building - \$650.00

Please select the type of license you are applying for.

Location Information:

Name of Partnership or Corporation:*

Faber Coe & Gregg of Florida, Inc

Name of business for which license is requested (DBA):*

The Junction - Bismarck

Date of Incorporation:*

01/04/1961

State of ND Liquor License No.:

LIQ2019-00006

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

2301 University Drive Bldg 17 Space 223BCD

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-319-0215

Owner of Building or Premises:

City of Bismarck

Correspondence Information (Where correspondence is to be sent):

Primary Contact:*

Jenny Dimas

Email Address:*

jdimas@faber-intl.com

Mailing Address:*

550 Meadowlands Parkway

City:*

Secaucus

State:*

NJ

Zip:*

07094

Phone No.:*

201-330-1515

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:*

Nicole Marjorie Lias

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

FEMALE

Race:

WHITE

Home Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Occupation:*

MANAGER

Title:*

MANAGER

Email Address:*

[REDACTED]

Name:*

Burton I Friedman

Date of Birth:*

[REDACTED]

Percentage of Ownership:*

0

Driver's License No.:*

[REDACTED]

State Issued:*

FL

Gender:

MALE

Race:

WHITE

Home Address:*

[REDACTED]

City:*

Delray Beach

State:*

FL

Zip:*

33446

Phone No.:*

[REDACTED]

Occupation:*

ACCOUNTANT

Title:*

CFO

Email Address:

[REDACTED]

Name:

Jeffrey Garfinkle

Date of Birth:

[REDACTED]

Percentage of Ownership:

0

Driver's License No.:

[REDACTED]

State Issued:

NJ

Gender:

MALE

Race:

WHITE

Home Address:

[REDACTED]

City:

Montclair

State:

NJ

Zip:

07042

Phone No.:

[REDACTED]

Occupation:

ACCOUNTANT

Title:

CONTROLLER-SECRETARY

Email Address:

[Redacted]

Name:

[Empty]

Date of Birth:

[Empty]

Percentage of Ownership:

[Empty]

Driver's License No.:

[Empty]

State Issued:

[Empty]

Gender:

[Empty]

Race:

[Empty]

Home Address:

[Empty]

City:

[Empty]

State:

[Empty]

Zip:

[Empty]

Phone No.:

[Empty]

Occupation:

[Empty]

Title:

[Empty]

Email address:

[Empty]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No

If yes please, give details:

n/a

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Restaurant Requirements:

All applications for Class “F”, Class “I” (restaurants), Class “M” (caterer), Class “P” (event site) and Class “Q” (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction “North” shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

FloorPlans-Bismarck.pdf

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Jeffrey Garfinkle

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/4/2022

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

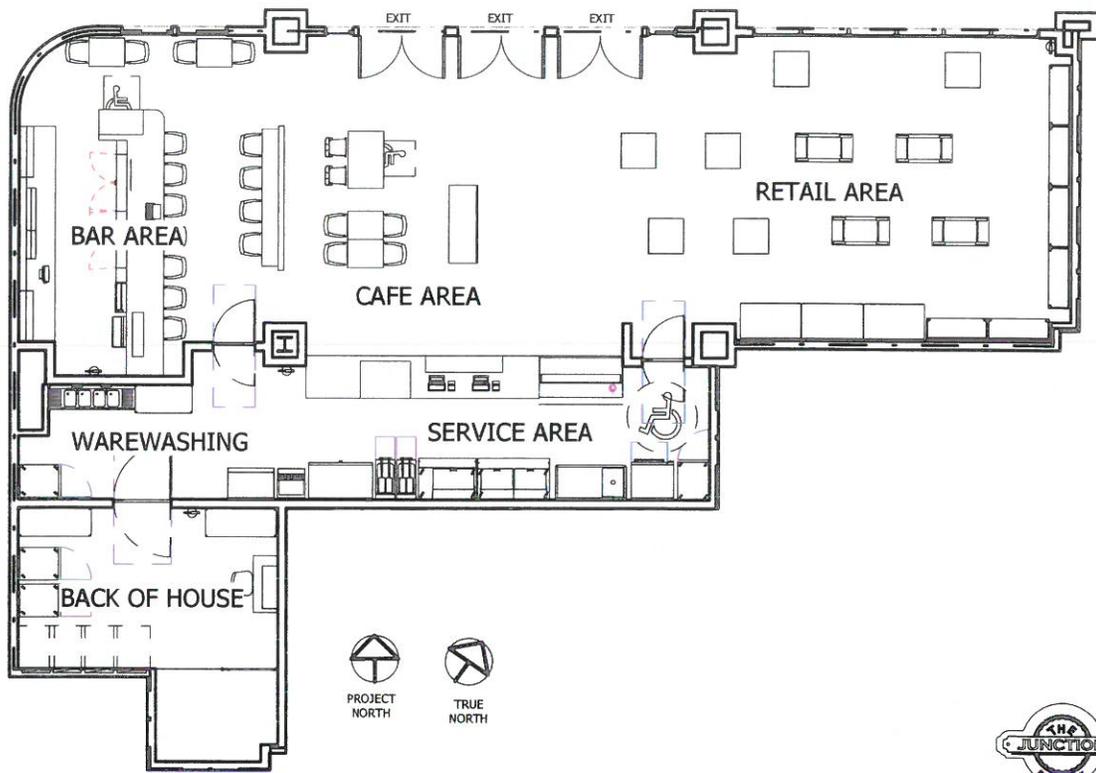
Upload Credit Card Authorization Form

Bismarck CC Authorization.pdf

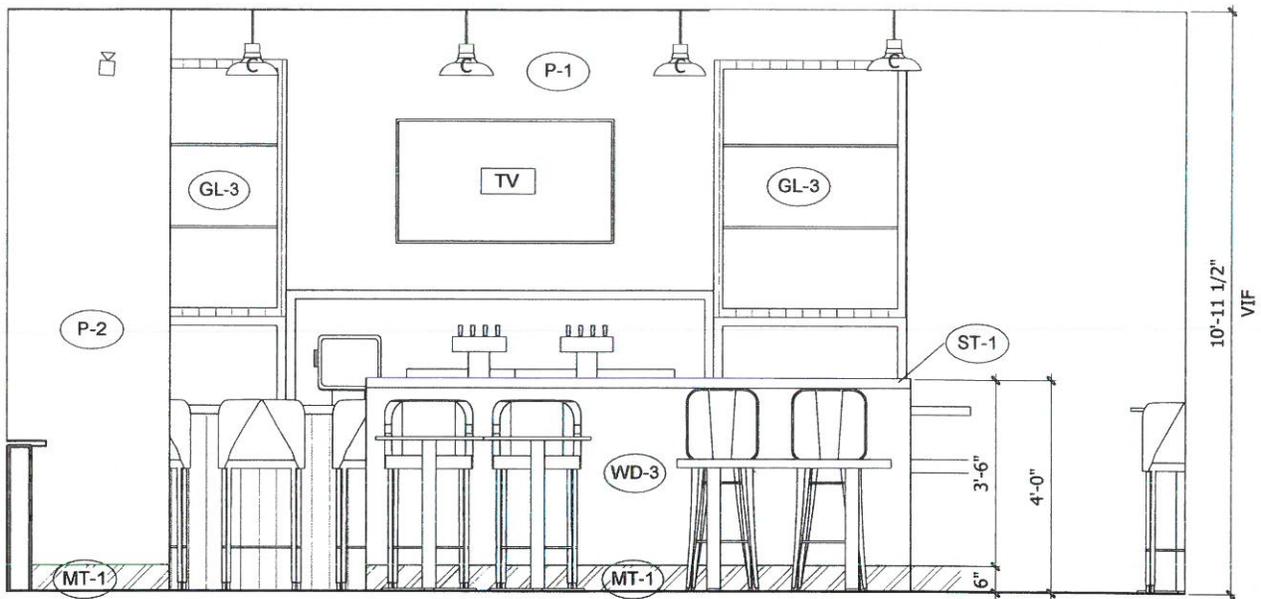
Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

CONCOURSE



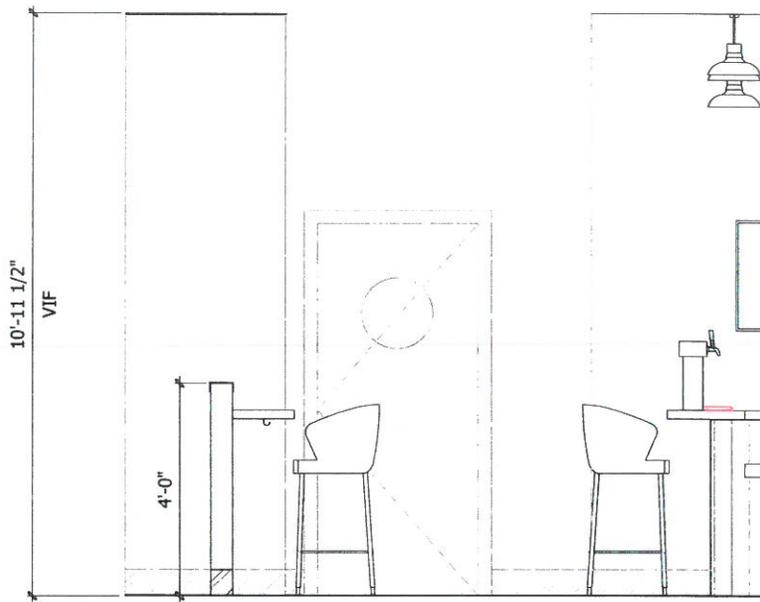
2301 University Dr.
Bismarck, ND, 58504



① WING WALL - ELEVATION
 3/8" = 1'-0"

SILHOUETTE
 DESIGN ARCHITECTURE

566 W. Adams Street Suite 500
 Chicago, Illinois 60661
 312.258.0025
www.silhouettedesignarchitecture.com



① WING WALL - SIDE ELEVATION
3/8" = 1'-0"

SILHOUETTE
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Chicago, Illinois 60661
312.258.0025
www.silhouettedesignarchitecture.com



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

*City
CMT*

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.

(Fee does not apply to renewal applications)

LAST REVISED: 2/23/2022

License Type:		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation	
A-Nationally Organized Fraternal Order or Club	B-Airport Terminal Building	C-Hotel or Motel Full Service	C2-Hotel or Motel	D-Sale at Retail of Alcoholic Beverages
\$3,700.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$1,000.00 <input type="checkbox"/>	\$4,100.00 <input type="checkbox"/>
E-Sale at Retail of Beer Only	F1-Restaurant - Alcoholic Beverages - 55/45 Split	F2-Restaurant - Beer/Wine Only - 55/45 Split	F3-Restaurant - Beer Only - 55/45 Split	G-Concession Bismarck Municipal Country Club
\$800.00 <input type="checkbox"/>	\$3,600.00 <input type="checkbox"/>	\$1,500.00 <input type="checkbox"/>	\$900.00 <input type="checkbox"/>	\$725.00 <input type="checkbox"/>
H-Commercial vessels on the Missouri River	I1-Restaurant - Alcoholic Beverages - 70/30 Split	I2-Restaurant - Beer and Wine Only - 70/30 Split	I3-Restaurant - Beer Only - 70/30 Split	J-Non-profit Organization Club or Establishment
\$725.00 <input type="checkbox"/>	\$3,450.00 <input type="checkbox"/>	\$1,450.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center	L-Beer & Wine at Parks & Recreation Locations	M-Catered Retail Beer, Wine, & Liquor	N-Domestic Winery	O-Microbrewery
\$650.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	\$800.00 <input checked="" type="checkbox"/>	\$800.00 <input type="checkbox"/>
P-Event Site	Q-Restaurant On-Sale and Off-Sale Wine	R-Commercial Airline	S-Beer Arcade	T-Senior Living Community
\$650.00 <input type="checkbox"/>	\$3,800.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	\$850.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>
U-Domestic Distillery				
\$800.00 <input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation: A & I Enterprises Inc.			Date of Incorporation: 07/19/2005	State Business ID Number: 21,286300
Name of business for which license is requested (DBA): Vintner's Cellar Winery			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location Address: 3250 Rock Island P	City: Bismarck	State: ND.	Zip: 58503	Phone Number: (701) 226-9410
Owner of Building or Premises: ARF Enterprises, LLC				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: Allan R. Fuller		Phone Number: (701) 226-9410	Email Address: vintnerscellarbismarck@msn.com
Mailing Address: 6724 Dakota Drive		City: Bismarck	State: ND.
		Zip: 58503	

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Allan R. Fuller		Date of Birth: [REDACTED]	Percentage of Ownership: 50
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: C
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: Owner	Phone Number: [REDACTED]	Title: Pres	Email Address: [REDACTED]

Name: Iris C. Fuller		Date of Birth: [REDACTED]	Percentage of Ownership: 50
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: C
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: Administrative	Phone Number: [REDACTED]	Title: Vice Pres	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
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North Dakota

State of

Allan Fuller

Signature of Applicant

Burleigh County

County of

Allan Fuller

Print Name

License transfers require signatures from both parties.

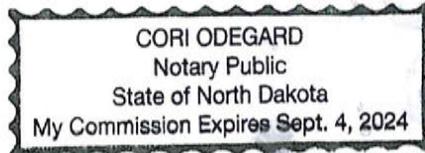
The Class N license owned by me is transferred to Applicant upon successful application.

Allan Fuller

Signature of Current Owner of Liquor License

Allan Fuller

Signature of Applicant



Subscribed and sworn to before me this 5/9/2022

day of 2022

Cori Odegard

Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses **MUST** be accompanied by a sworn statement executed by the licensee and a **certified public accountant** retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

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- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

