



Administration Department

DATE: January 9, 2024

FROM: Whitnie Olsen, Senior Administrative Assistant

ITEM: Public hearing on a request for a new Class C-2: Hotel or Motel Liquor license for NHS, LLC. (dba) Wingate by Wyndham Bismarck at 1421 Skyline Blvd.

REQUEST:

Public hearing on a request for a new Class C-2: Hotel or Motel Liquor license for NHS, LLC. (dba) Wingate by Wyndham Bismarck at 1421 Skyline Blvd.

BACKGROUND INFORMATION:

NHS, LLC. (dba) Wingate by Wyndham Bismarck is requesting the issuance of a new Class C-2: Hotel or Motel Liquor license at 1421 Skyline Blvd.

Class C-2. To a hotel or motel that provides at least forty-five rooms for transient guests, to provide on-sale or complementary alcoholic beverages to registered customers and their guests in their rooms or in a common room designated for that purpose. The value of the alcoholic beverages sold shall not exceed the value of the alcoholic beverages given to or otherwise provided to registered customers and their guests. Any alcoholic beverage sold or provided under this license shall not be mixed or dispensed in the direct view of a minor.

RECOMMENDED CITY COMMISSION ACTION:

Hold a public hearing on the request from NHS, LLC. (dba) Wingate by Wyndham Bismarck for a new Class C-2: Hotel or Motel Liquor license at 1421 Skyline Blvd, and approve issuing of the license.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. R) ADMIN - New Alcohol License - Wingate by Wyndham Bismarck



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

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

LAST REVISED: 5/15/2023

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

License Type:				
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Relocation				
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6 : Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input checked="" type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H: Domestic Brewery / Distillery / Winery <input type="checkbox"/> \$800
Class I: Senior Living Community / Complimentary <input type="checkbox"/> \$350				
All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.				

Location Information:				
Legal Business Name: NHS LLC		Date of Incorporation: 07/11/2008	State Business ID Number: SOS 0000037248	
Doing Business As (DBA) Name, if Applicable: Wingate by Wyndham Bismarck			If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1421 Skyline Blvd	City: Bismarck	State: ND	Zip: 58503	Phone Number: (701) 751-2373
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Sarah Koustrup, Partner				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Sarah Koustrup		Phone Number: (701) 281-7107	Email Address: skoustrup@nhshotels.com	
Mailing Address: 1635 43rd St S, Ste 305		City: Fargo	State: ND	Zip: 58103

Manager's Name: Sarah Koustrup		Date of Birth: 08/06/1980	Percentage of Ownership: 10%	
Driver's License Number: KOU-80-3658		State Issued: ND	Gender: F	Race: Caucasian
Home Address: 2633 55th St S, Apt 211		City: Fargo	State: ND	Zip: 58104
Occupation: Hotel Mgmt	Phone Number: (701) 281-7107	Title: President	Email Address: skoustrup@nhshotels.com	

List all officers or directors of corporation or partners and percentage of ownership:

Name: Norman Leslie		Date of Birth: 09/27/1966	Percentage of Ownership: 90%
Driver's License Number: LES-66-1465		State Issued: ND	Gender: M Race: Caucasian
Home Address: 5914 31st St S		City: Fargo	State: ND Zip: 58104
Occupation: Hotel Mgmt	Phone Number: (701) 306-7122	Title: CEO	Email Address: nhleslie@nhshotels.com

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 the 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 no, 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 the 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 the 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 licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

Norman Leslie and Sarah Koustrup are liquor license holders in various hotels throughout the US.

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:

Own and manage hotels across the US.

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

Yes No

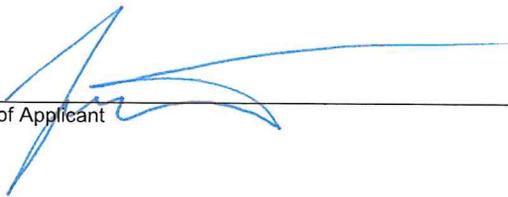
If no, please give details:

Signature:

- 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.

Signature of Applicant 

Date 12-6-23

Print Name / Title of Officer Sarah Kowstrup, President

Liquor License Transfers (only use if license is being transferred):

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

Signature of Current License Holder _____

Signature of New Applicant _____

Print Name _____

Print Name _____

State of _____

Subscribed and sworn to before me this _____

County of _____

day of _____

Notary Seal

Notary Public _____

My Commission Expires _____