



## Administration Department

**DATE:** February 27, 2024

**FROM:** Jason Tomanek, Acting City Administrator

**ITEM:** Liquor License Transfer

**REQUEST:**

Public hearing on the request to have the Class E - Sale At Retail of Beer Only alcohol license located at 601 Memorial Hwy transferred from 3 Fat Boys, LLC. to BHB, LLC.

**BACKGROUND INFORMATION:**

BHB, LLC. is requesting to have the Class E - Sale at Retail of Beer Only alcohol license located at 601 Memorial Hwy transferred from 3 Fat Boys, LLC.

Class E.

To any applicant for the sale at retail of beer only. The total number of Class E licenses issued in any year may not exceed sixteen plus one additional license for each 2,500 people in excess of 60,000 people, as shown by the most recent official estimated census. New Class E licenses or Class E licenses revoked or not renewed may be issued only pursuant to section 5-01-06

**RECOMMENDED CITY COMMISSION ACTION:**

Staff recommends approval of the request to have the Class E - Sale At Retail of Beer Only alcohol license located at 601 Memorial Hwy transferred from 3 Fat Boys, LLC. to BHB, LLC.

**STAFF CONTACT INFORMATION:**

Whitnie Olsen, Senior Administrative Assistant, [wolsen@bismarcknd.gov](mailto:wolsen@bismarcknd.gov)

**ATTACHMENTS:**

1. Application



## 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: 5/15/2023

License Type:		<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input checked="" 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 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 checked="" 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.				

<b>Location Information:</b>				
Legal Business Name: <b>BHB, LLC</b>		Date of Incorporation: <b>12/14/2023</b>	State Business ID Number: <b>0006528396</b>	
Doing Business As (DBA) Name, if Applicable: <b>The Tap-In Tavern</b>		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: <b>601 Memorial Highway</b>	City: <b>Bismarck</b>	State: <b>ND</b>	Zip: <b>58504</b>	Phone Number:
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <b>Kyle Lettwich - BHB, LLC Board Member</b>				

<b>Contact Information (Where correspondence is to be sent):</b>				
Primary Contact: <b>Kyle Lettwich</b>		Phone Number: <b>701-226-4487</b>	Email Address: <b>president@bismarckhockey.com</b>	
Mailing Address: <b>1504 Wichita Dr</b>		City: <b>Bismarck</b>	State: <b>ND</b>	Zip: <b>58504</b>

Manager's Name: <b>Kyle Lettwich</b>		Date of Birth: <b>08/07/1983</b>	Percentage of Ownership: <b>0%</b>	
Driver's License Number: <b>LEF-83-5631</b>		State Issued: <b>ND</b>	Gender: <b>M</b>	Race: <b>Caucasian</b>
Home Address: <b>4443 Glenwood Dr</b>		City: <b>Bismarck</b>	State: <b>ND</b>	Zip: <b>58504</b>
Occupation: <b>Pharmacist</b>	Phone Number: <b>701-226-4487</b>	Title: <b>Board Member</b>	Email Address: <b>president@bismarckhockey.com</b>	

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

Name: Brad Thompson		Date of Birth: 2-3-70	Percentage of Ownership: 0%
Driver's License Number: Tho - 70 - 7426	State Issued: ND	Gender: Male	Race: Caucasian
Home Address: 6222 Fox Meadow Place	City: Bismarck	State: ND	Zip: 58503
Occupation: Banking	Phone Number: 701-391-1009	Title: Branch President	Email Address: Bthompson@Fibt.com

Name: Matt Power		Date of Birth: 3-5-83	Percentage of Ownership: 0%
Driver's License Number: POW-83-3509	State Issued: ND	Gender: Male	Race: Caucasian
Home Address: 1240 W Coulee Rd	City: Bismarck	State: ND	Zip: 58501
Occupation: Banking	Phone Number: 701-527-9900	Title: Private Banking	Email Address: mpower3230@gmail.com

Name: Layne Sedevic		Date of Birth: 4-8-83	Percentage of Ownership: 0%
Driver's License Number: SED-83-7436	State Issued: ND	Gender: Male	Race: Caucasian
Home Address: 1422 Harmon AVE	City: Bismarck	State: ND	Zip: 58501
Occupation: Hockey Coach	Phone Number: 701-204-5678	Title: Head Coach GM	Email Address: laynesedevic@gmail.com

Name: Jackie Ressler		Date of Birth: 5-3-87	Percentage of Ownership: 0%
Driver's License Number: RES-87-3204	State Issued: ND	Gender: Female	Race: Caucasian
Home Address: 4910 Mellowson Dr.	City: Bismarck	State: ND	Zip: 58503
Occupation: Accountant	Phone Number: 701-391-9786	Title: Audit Manager	Email Address: jackie.castleberry@gmail.com

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

<b>Name:</b> Bismarck Hockey Boosters		Date of Birth:	Percentage of Ownership: 100 %
Driver's License Number:	State Issued:	Gender:	Race:
Home Address: 1504 Wichita Dr.	City: Bismarck	State: ND	Zip: 58504
Occupation: NON-Profit	Phone Number: 701-712-8914	Title:	Email Address:

<b>Name:</b> Ian MacDonald		Date of Birth: 11-18-93	Percentage of Ownership: 0 %
Driver's License Number: MAC-93-1118	State Issued: ND	Gender: Male	Race: Caucasian
Home Address: 916 Buffin Loop, Bismarck ND 58503	City: Bismarck	State: ND	Zip: 58503
Occupation: Board Member	Phone Number: 701-500-2162	Title: Treasurer	Email Address: treasurer@bismarckhockey.com

<b>Name:</b> Kyle Leftwich		Date of Birth: 8-7-83	Percentage of Ownership: 0 %
Driver's License Number: LEF-83-5631	State Issued: ND	Gender: Male	Race: Caucasian
Home Address: 4443 Glenwood Dr.	City: Bismarck	State: ND	Zip: 58504
Occupation: Pharmacist	Phone Number: 701-226-4487	Title: Pharmacist	Email Address: president@bismarckhockey.com

<b>Name:</b> Mikayla Jablonski Lehner		Date of Birth: 5-4-84	Percentage of Ownership: 0 %
Driver's License Number: SAB-84-2316	State Issued: ND	Gender: Female	Race: Caucasian
Home Address: 525 Live Oak Ln	City: Bismarck	State: ND	Zip: 58504
Occupation: Albrey	Phone Number: 701-426-6681	Title: Executive Director	Email Address: executivedirector@Bismarckhockey.com

**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?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
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2. Have any of the persons listed above been convicted of any crime within the past five years?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
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3. Does the building meet all state and local sanitation and safety requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
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11. Have all property taxes and special assessments currently due been paid?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
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**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.



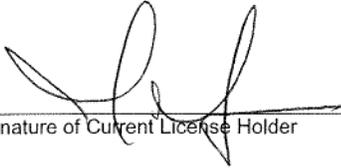
Signature of Applicant

12/29/23  
Date

Kyle Lettwich / Board member  
Print Name / Title of Officer

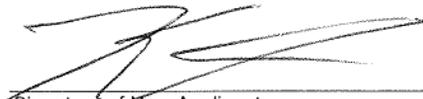
**Liquor License Transfers (only use if license is being transferred):**

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



Signature of Current License Holder

James Masser  
Print Name



Signature of New Applicant

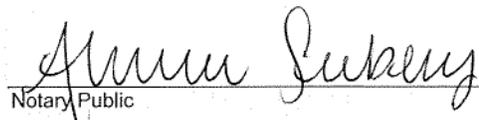
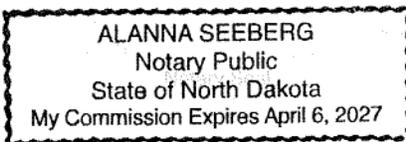
Kyle Lettwich  
Print Name

North Dakota  
State of

Burleigh  
County of

Subscribed and sworn to before me this 29th

day of December



Notary Public

April 6, 2027  
My Commission Expires