



Administration Department

DATE: March 12, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Class I-2 Complimentary Alcohol License Application - Lux Nails

REQUEST:

Introduction of and call for a public hearing on a request for a new Class I-2: Complimentary Alcohol license for Le Beauty, LLC. dba Lux Nails at 3001 Yorktown Drive.

BACKGROUND INFORMATION:

Le Beauty, LLC. dba Lux Nails is requesting the issuance of a new Class I-2: Complimentary Alcohol license at 3001 Yorktown Drive.

Class I-2. To an applicant for the complimentary provision of “on-sale” only beer, wine, and liquor, subject to the following conditions:

- A. The applicant must be a business with a permanent location within the City of Bismarck.
- B. The dispensing of alcohol is only to customers on the licensed premises without any additional charge for the alcoholic beverage.
- C. The license is for “on-sale” only, and “off-sale” is not permitted. A cessation of business at a licensed location for a period of ninety days or longer shall constitute cause to revoke such license pursuant to Section 5-01-09.
- D. Once a license has been established at a particular location, the license may not be transferred to another location.
- E. A licensee may not obtain an event permit pursuant to Section 5-01-13 except on real property owned in the name of the licensee.
- F. The licensee must obtain and keep in effect off-premises alcohol liability insurance and provide the City proof of insurance with its license application.

RECOMMENDED CITY COMMISSION ACTION:

Staff recommends approval of the introduction of and call for a public hearing on the request for a new Class I-2, Complimentary Alcohol, from Le Beauty, LLC. dba Lux Nails at 3001 Yorktown Drive, with the public hearing scheduled for Tuesday, March 26, 2024.

STAFF CONTACT INFORMATION:

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

ATTACHMENTS:

1. Lux Nails Application_Redacted
2. Lux Nails Site Diagram

Print

Retail Alcohol Beverage License - Submission #22202

Date Submitted: 2/28/2024



License Information:

Application Type*

New License Application

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complimentary - \$350

Location Information:

Legal Business Name:*

Le Beauty LLC

Doing Business As (DBA) Name, if Applicable:*

Lux Nails

Date of Incorporation:*

10/02/2023

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

3001 Yorktown Dr

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

7017510721

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Nhi Le

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Nhi Le

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

7013338150

Manager's Name:*

Nhi Le

Date of Birth:*

[REDACTED] 1994

Percentage of Ownership:*

50

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

Asian

Home Address:

909 Calvert Dr

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Occupation:

Master Manicurist

Title:

Owner

Email Address:

[Redacted]

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

Name:

Thu Hoai Nguyen

Date of Birth:

[Redacted]/1984

Percentage of Ownership:

50

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

Asian

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted]

Occupation:*

Master manicurist

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:

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

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

- Yes
- No
- N/A

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:

Currently leasing the building and plan to serve complimentary champagne to clients, maximum 1 glass per client.

Special Requirements:

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.

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 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.
- 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 2.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

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:*

Nhi Le

//

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

Date:*

2/28/2024

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

Upload Credit Card Authorization Form

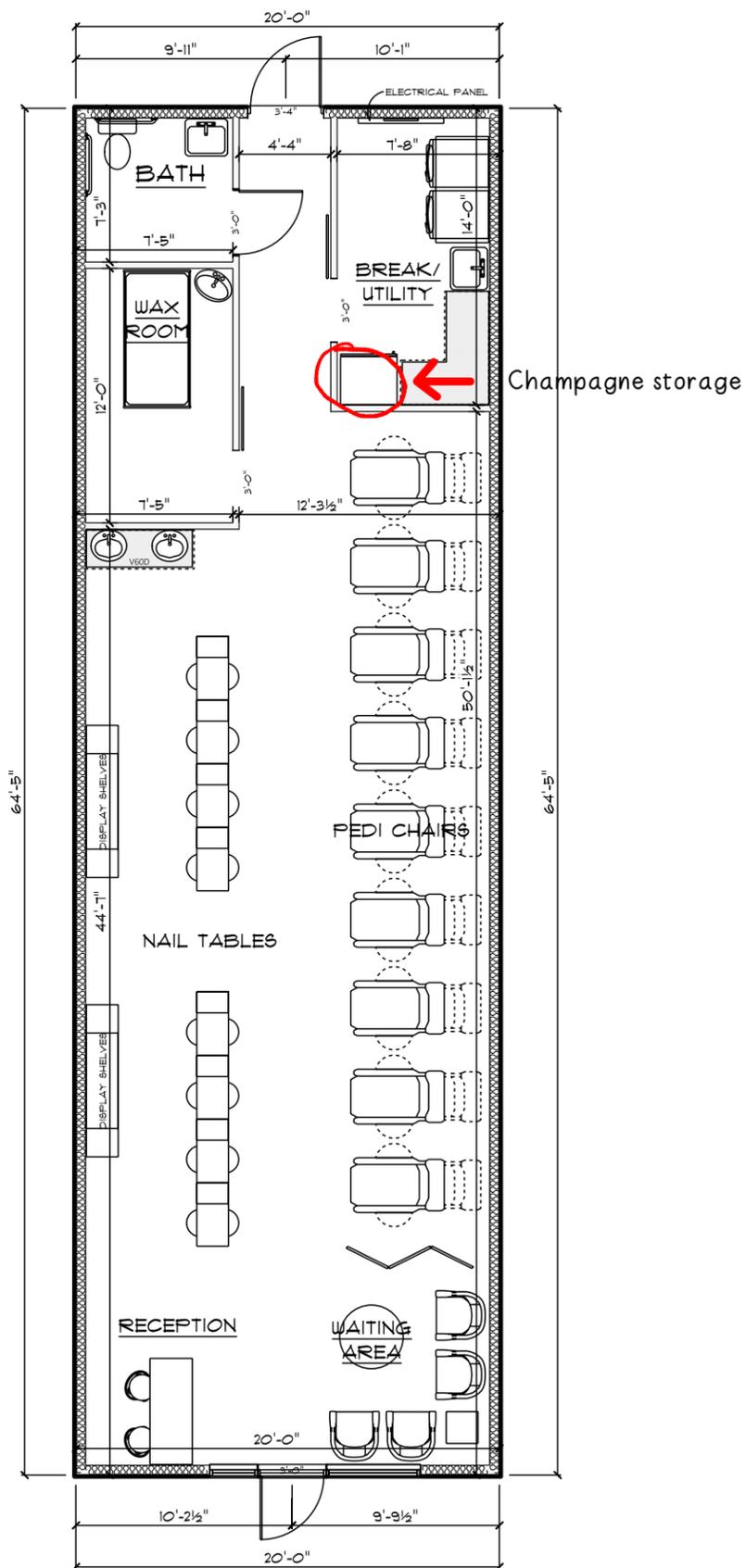
[Credit Card Authorization Form](#)

Credit Card Authorization.pdf

Mail Payments To:

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

North



23-050 FLOOR PLAN
SCALE = 1/8" = 1'-0"

PLAN #
23-050

Information

- 1288 Sq Ft
- 12' -0" Suspended Ceilings
- Main
- 8' -0" Ceilings
- Bath
- Wax
- Break/Utility

ALTHOUGH EVERY EFFORT HAS BEEN MADE IN PREPARING THESE PLANS AND CHECKING THEM FOR ACCURACY, THE CONTRACTOR MUST CHECK ALL DETAILS AND DIMENSIONS AND BE RESPONSIBLE FOR THE SAME FOR ALL GOVERNING CODES AND BUILDING PRACTICES. THESE DRAWINGS CONFORM TO GENERALLY ACCEPTED BUILDING PRACTICES, HOWEVER, STATE AND LOCAL CODES VARY WIDELY. THE DESIGNER, AND "BFS" SHALL NOT BE HELD LIABLE FOR ANY ERRORS. ALL CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES. DO NOT SCALE DRAWINGS. PRINTED DIMENSIONS OVERRIDE SCALING. VERIFY WITH THE WINDOW MANUFACTURER ON ALL WINDOW SIZES AND APPLICABLE EGRESS REQUIREMENTS. CONTRACTOR SHALL VERIFY ALL MECHANICAL AND ELECTRICAL REQUIREMENTS AND CLEARANCE. CONTRACTOR SHALL VERIFY ALL FLOOR AND ROOF BEARING LOCATIONS. CONTRACTOR SHALL VERIFY ALL BEAM AND HEADER SIZES FOR CODE COMPLIANCE.

1513 39TH AVE.
P.O. BOX 39
MANDAN, ND 58554
PHONE: 663-9861
FAX: 663-1346



****VERIFY ALL DIMENSIONS****
NOTE: CONTRACTOR / HOMEOWNER RESPONSIBLE FOR SENDING PLANS TO SUBCONTRACTORS AND/OR MATERIAL SUPPLIERS

PLAN # 23-050	PRINT DATE: Tuesday, October 31, 2023 PRINT TIME: 10:39 AM
CONTRACTOR: Bulldog Contracting	SCALE: 1/8" = 1'-0"
CUSTOMER: Lux Nails	DRAWN BY: Callista Moch