



**CITY OF BISMARCK
ADMINISTRATION DEPARTMENT**

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

**APPLICATION FOR RETAIL
ALCOHOL BEVERAGE LICENSE**

LAST REVISED: 5/1/2019

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

License Type:		Individual	Corporation	Partnership	
		New Application	Renewal	Transfer	Relocation
A -Nationally Organized Fraternal Order or Club	E -Sale at Retail of Beer Only	H -Commercial vessels on the Missouri River	K -Beer and Wine at the Bismarck Event Center	P -Event Site	
B -Airport Terminal Building	F1 -Restaurant - Alcoholic Beverages - 55/45 Split	I1 -Restaurant - Alcoholic Beverages - 70/30 Split	L -Beer & Wine at Parks & Recreation Locations	Q -Restaurant On-Sale and Off-Sale Wine	
C -Hotel or Motel Full Service	F2 -Restaurant - Beer/Wine Only - 55/45 Split	I2 -Restaurant - Beer and Wine Only - 70/30 Split	M -Catered Retail Beer, Wine, & Liquor	R -Commercial Airline	
C2 -Hotel or Motel	F3 -Restaurant - Beer Only - 55/45 Split	I3 -Restaurant - Beer Only - 70/30 Split	N -Domestic Winery	S -Beer Arcade	
D -Sale at Retail of Alcoholic Beverages	G -Concession Bismarck Municipal Country Club	J -Non-profit Organization Club or Establishment	O -Microbrewery	T -Senior Living Community	

Location Information:				
Name of Partnership or Corporation:			Date of Incorporation:	State Business ID Number:
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes No	
Location Address:	City:	State:	Zip:	Phone Number:
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 or director of corporation or partners and percentage of ownership:			
Manager's Name:		Date of Birth:	Race:
Driver's License Number:		State Issued:	Gender:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

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

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

Name:		Date of Birth:	Race:
Driver's License Number:		State Issued:	Gender:
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.

 State of _____ Signature of Applicant

 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:

- 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.

Site Diagram