



APPLICATION FOR RETAIL LIQUOR/BEER LICENSE WEST FARGO CITY COMMISSION

When completed please mail to: West Fargo City Hall
800 4th Avenue East, Ste 1
West Fargo, ND 58078

If you have any questions, please call (701) 433-5300

Licenses are good from July 1st to June 30th.

Check list for your license application:

- 1) Attach a copy of your certificates of insurance--The minimum requirements: liability insurance for \$50,000 per person and \$100,000 per occurrence and Liquor Liability (Dram Shop) Insurance. This proof MUST ACCOMPANY application. (10-0106)
- 2) This application must be completed in full.
- 3) Attach a list with the full names, dates of birth, dates of hire and their server training certification card expiration date for ALL EMPLOYEES (including managers and owners) working with alcohol. (Ordinance 10-0104.6)
- 4) Cash, check or money order for the total amount of the applicable application and license fee for which you are applying.
- 5) Attach a floor plan that includes all areas (inside and outside) associated with your premises which will be covered by your alcohol license. (Ordinance 10-1-2.9)
- 6) If you allow a person under the age of 21 in your facility include a CPA statement indicating that they have reviewed your books and that the sale of food is equal to or exceeds the gross revenue from the sale of alcoholic beverages in the dining area. (Ordinance 10-0103-4)

TO ALL APPLICANTS: IF YOU HAVE ANY QUESTIONS PLEASE CALL (701) 433-5300. IF YOU WOULD LIKE TO FILL OUT YOUR APPLICATION WITH THE ASSISTANCE OF THE AUDITOR'S OFFICE, PLEASE CALL (701) 433-5300 TO SET UP AN APPOINTMENT.

Name of Business:

LICENSE APPLICATION QUESTIONNAIRE

These questions are to assist us in assessing what type of license(s) you will require for your business.

- 1) Is the premises you are applying for a club/lodge? Yes No If no, please go to question 3.
- 2) Do you have at least 100 members at the time of application? Yes No
- 3) Will you have food service in your establishment during the period of July 1, 2014 to June 30, 2015? Yes No
- 4) Do you allow person(s) under the age of 21 in your establishment? Yes No If no, please go to question 6.
- 5) Do you have documentation indicating that gross revenue from the sale of food is equal or exceeds the gross revenue from the sale of alcoholic beverages in the dining area? Yes No OR Yes No

If a new business, do you anticipate that the sale of food will exceed the sale of alcohol beverages?

- 6) Do you allow the sale of packaged alcoholic beverages for off premises consumption? Yes No
- 7) Do you allow the sale of alcoholic beverages for on premises consumption? Yes No
- 8) Is the premises listed in this application within 150 feet of a church, public or parochial school grounds or synagogue?
 Yes No
- 9) Do you want to be open on Sundays? Yes No

10) Mailing Address for business: _____



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If you have any questions, please call (701) 433-5300

For period beginning _____, _____ and ending June 30, _____

BUSINESS NAME:

BUSINESS ADDRESS:

PHONE NUMBER:

CELL PHONE:

THIS LICENSE APPLICATION IS FOR A(N):

- INITIAL LICENSE RENEWAL

INDICATE TYPE OF LICENSE BEING APPLIED FOR:

*The first dollar amount is the initial application fee the second one is the annual renewal fee, please click the box(s) for the appropriate fee(s) for your application. When applying for a first time license, please pay only the application fee when you submit your application, once your license application is approved, we will request the annual fee. If this is a renewal, please pay the annual fee in full at the time of application. Please make checks payable to the City of West Fargo.

- WHOLESALE \$250 APPLICATION FEE \$1000 ANNUAL FEE
RETAIL ON AND OFF PREMISES LIQUOR \$375 APPLICATION FEE \$1500 ANNUAL FEE
RETAIL ON AND OFF BEER \$100 APPLICATION FEE \$400 ANNUAL FEE
RETAIL OFF PREMISES LIQUOR \$275 APPLICATION FEE \$1100 ANNUAL FEE
RETAIL OFF PREMISES BEER \$100 APPLICATION FEE \$400 ANNUAL FEE
RETAIL ON PREMISES LIQUOR \$275 APPLICATION FEE \$1100 ANNUAL FEE
RETAIL ON PREMISES BEER \$100 APPLICATION FEE \$400 ANNUAL FEE
RETAIL ON PREMISES WINE AND BEER \$150 APPLICATION FEE \$600 ANNUAL FEE
RETAIL CLUB/LODGE ON SALE \$250 APPLICATION FEE \$1000 ANNUAL FEE
RETAIL CLUB/LODGE ON SALE BEER \$37.50 APPLICATION FEE \$150 ANNUAL FEE

- SUNDAY OFF/ON SALE LIQUOR \$260 PER YEAR
SUNDAY ON SALE LIQUOR/BEER \$260 PER YEAR
SUNDAY OFF SALE LIQUOR/BEER \$260 PER YEAR
SUNDAY BEER/WINE \$100 FIRST YEAR \$50 RENEWAL
SUNDAY BEER \$100 FIRST YEAR \$50 RENEWAL

Cabaret Licenses Sold Separately

TOTAL FEE OWED:

i. APPLICANT DATA:

Full Name (First, Middle, Last): _____

HEREBY MAKES APPLICATION FOR THE LICENSE(S) AS INDICATED ON THE PREVIOUS PAGE

Legal Address of Applicant: _____

Date of Birth: _____ Social Security Number: _____ U.S. Citizen? Yes No

E-mail Address of applicant: _____

How long have you been a resident of North Dakota? _____

Have you ever been convicted of any violation, of any law, other than a traffic offense in the United States? Yes No

If yes, what crime?

What Court?

Have you ever been convicted of any violation of a law governing the manufacture, sale or possession of intoxicating beverages? No Yes

If yes, what crime? _____ **Date:** _____

What Court?

Give details:

Will you personally conduct the business on premises described in Section II and for which the license is being applied?

Yes No

If no, state the name, age, date of birth, citizenship, email address and address of person who will be the resident manager:

**Resident
Manager
Information:**

Please list previous employment of resident manager (past five years):

Past 5 years:

Have you received a license from the federal government or from the state of North Dakota for sale of liquor/beer? Yes No

If yes, please state type of license, who issued it, date of issue, and license number:

**Previous
License
Information:**

Have you ever been turned down for a liquor license? Yes No

**If yes,
Where/When:**

Have you ever had a license revoked or rejected by any municipality, state or federal authority? Yes No

**If yes,
give details:**

What occupations have you had during the past ten years?

Will you be engaged in any other form of business besides the sale of liquor under the applied license? Yes No

**If yes,
give type of
business and
name of employer
and address:**

Do you owe any past due personal property taxes? Yes No

List names and addresses of three business references, (at least one a bank) and state the extent of your business relations with each:

1#

2#

3#

BANK

II. BUSINESS DATA:

Name of Business: _____

Mailing Address of Business: _____

Is this the premises for which the license is desired? Yes No

If no, state address: _____

Incorporated? Yes No If yes, date of charter: _____ State of charter: _____

Names, address, and dates of birth of all officers, directors, and individuals holding 1% or more of capital stock -- indicate amounts held:

Is business a partnership? Yes No

If yes, give names, ages, dates of birth, addresses and citizenship of each partner, silent or otherwise, interested in any manner of this business, or who will have charge, management, or control of the establishment for which license is requested.

Has any person (other than applicant) any right, title, estate or interest in the leasehold, furniture, fixtures, or equipment in the premises for which license is requested? Yes No

If yes, give names, addresses, dates of birth, and details:

Have you any agreement or understanding or intention to have any agreement or understanding with any person, partnership, or corporation to obtain for any other, or transfer to any other person this license, or to obtain it for any other reason than the specific use of the applicant? Yes No

If yes, give names, addresses, dates of birth, and details:

Have you any interest, directly or indirectly, in any other liquor establishment within or without the State of North Dakota?

Yes No

If yes, give names and addresses of establishments:

Will this business handle certain exclusive brands of intoxicating liquors? Yes No

If yes, give details of contract or arrangements with person from who purchases are to be made:

Will there be a licensed gaming operation conducted on the premises? Yes No

If yes, list name of licensee:



III. VALIDATION/SIGNATURES/NOTARY PUBLIC

Do you promise and agree to abide by each provision of the alcohol beverage ordinance passed by the governing body of West Fargo? Yes No

Do you promise and agree not to see or permit sale on said premises to a minor, incompetent person, or a person who is an inebriate or habitual drunkard, or to any one thereof? Yes No

Do you understand that any license granted upon this application will not be transferable except by specific authority of said governing body and will authorize the sale of products as herein applied for only at the place and on the premises designated in the application and in such license? Yes No

I have reviewed the Alcoholic Beverage Ordinance(s) of the City of West Fargo and am familiar with the conditions and requirements of these ordinances. If granted an alcohol beverage license, I will obey, abide by, and comply with the State of North Dakota Liquor Control act and the City of West Fargo Alcoholic Beverage ordinances, as well as any amendments to either of these, which may be made in the future. Yes No

I understand that violations of the West Fargo City Alcohol Ordinance will result in administrative suspensions, fines, and possible revocation of the license. Yes No

I understand that the premises described in this application, if licensed for alcoholic beverage sales, may be inspected at any time by the West Fargo Police Department, the Fire Department, the Building Department and the Fargo Cass Public Health Department, while in the course of their duties of checking on compliance with the ordinance(s) of the City of West Fargo and liquor laws of the State of North Dakota. I also understand that all employees employed on this premises must cooperate with such inspections. Yes No

I understand that all employees, managers, and owners engaged in mixing, pouring, or service of alcoholic beverages MUST complete a server training course as approved by the West Fargo Police Department as mandated by City Ordinance 10-0104-6. Yes No

I understand that approval of the applied for license is contingent upon having completed a successful West Fargo inspection from the police department, fire department, building department and Fargo Cass Public Health Department. Yes No

I certify that there are no taxes real and/or personal property taxes that are delinquent and unpaid for the location that is applying for a license. Yes No

IF APPLICANT IS AN INDIVIDUAL

I am familiar with the information in this completed application and the answers and information contained here within are, to the best of my knowledge, true, complete and accurate.

Applicant Signature

Date

STATE OF NORTH DAKOTA *COUNTY OF CASS*

_____, being first duly sworn, deposes and says
(Print applicants name)

that he/she is the applicant who is described and who executed the foregoing and above application, that he/she has read each question and statement therein contained and knows the contents thereof, and that he/she has made the answers set forth in said application, and that each one of said answers is true.

(Signature of applicant)

Subscribed and sworn to before me on this _____ day of _____, 20 _____

(Signature of Notary Public)

My commission expires: _____ Notary Public for _____
County, North Dakota

IF APPLICANT IS A PARTNERSHIP

We, (please print the names of the partners below)

are familiar with the information in this completed application and the answers and information contained here within are, to the best of our knowledge, true, complete and accurate. (partner's signatures below)

Subscribed and sworn to before me on this _____ day of _____, 20____

(Signature of Notary Public)

My commission expires: _____ Notary Public for _____
County, North Dakota

IF APPLICANT IS A CORPORATION OR LLC

Name of Corporation or LLC: _____

Name of President: _____

Name of Secretary: _____

We, as the President and Secretary of the Corporation which is the applicant named above; are familiar with the information in this completed application and the answers and information contained here within are, to the best of our knowledge, true, complete and accurate. (signatures below)

Signature of President

Signature of Secretary

Subscribed and sworn to before me on this _____ day of _____, 20____

(Signature of Notary Public)

My commission expires: _____ Notary Public for _____
County, North Dakota

Name of Business Applying for a license: _____

Address of Business: _____

BACKGROUND CHECK AUTHORIZATION

TO: _____

The area above is for West Fargo Police Department use only.

YOU ARE HEREBY AUTHORIZED to release to the bearer of this authorization, any and all financial information concerning my dealings with your institution as a customer of the institution, said information to be given in connection with the investigation by the **West Fargo Police Department**. By releasing this information to the West Fargo Police Department, I understand that my credit information may become public information due to the current North Dakota law regarding "open records".

Printed Name of Applicant: _____

Signature: _____

Date: _____

Please forward the records for the above investigation for a City liquor license to:

West Fargo Police Department
ATTN: License Investigations
800 4th Avenue East, Ste 2
West Fargo, ND 58078

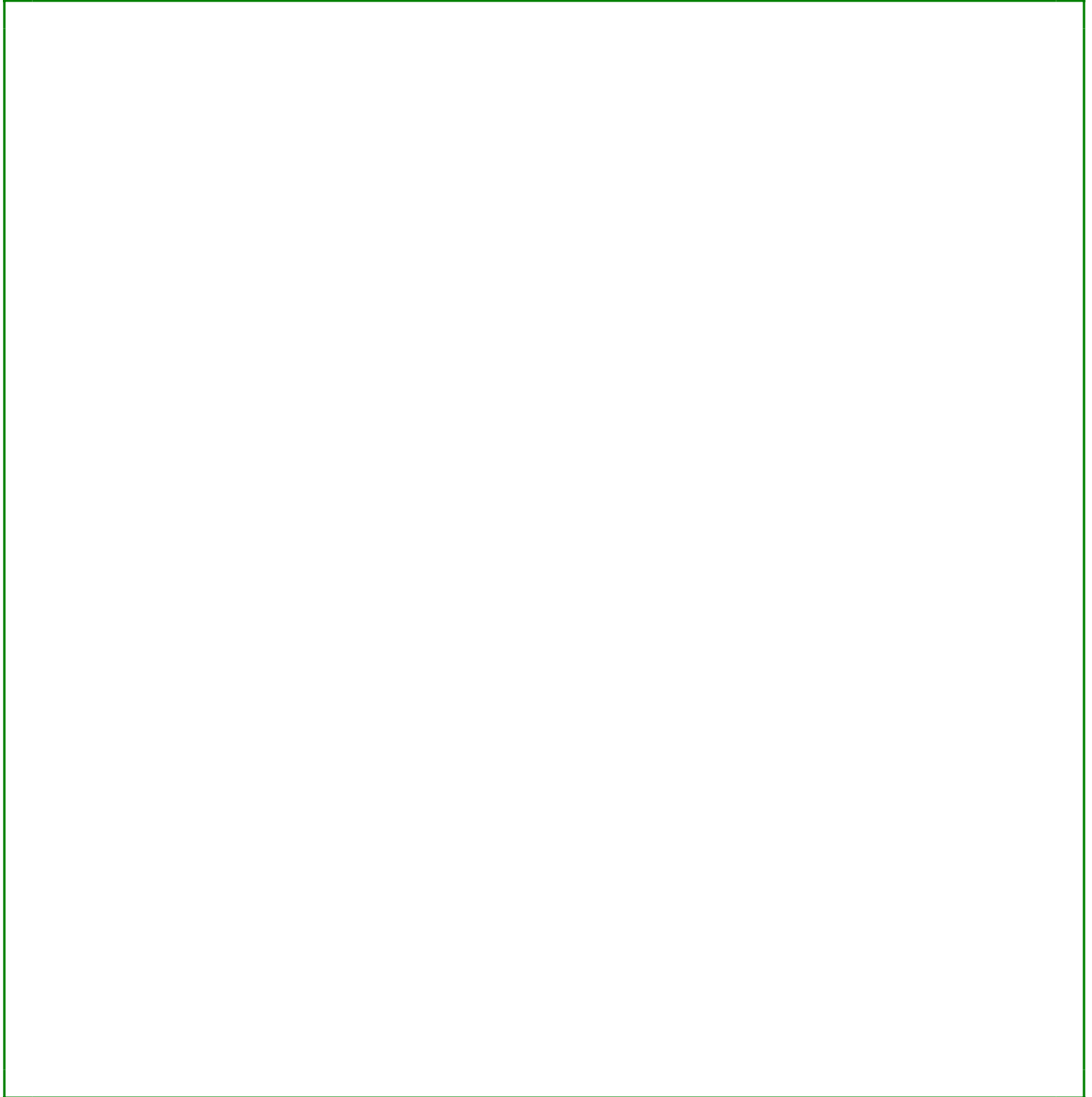
Fax: 701-433-5508

Alcoholic Beverage Floor Plan

Name of Business:

Name of Person submitting Floor Plan:

Using the space below: Draw a **clear and understandable floor plan of the premises to be licensed**. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. **Use a different color to outline** the area (s) used for the sale and/or dispensing of alcoholic beverages. This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed)



Name of Business:

LICENSE NUMBER: _____

INTERNAL CHECKLIST FOR ALCOHOLIC BEVERAGE LICENSE

For City Use Only

Reviewed - Health Department by: _____

Passed inspection: Yes No

Reviewed - Fire Department by: _____

Passed Inspection: Yes No

Review - Police Department by: _____

Passed Inspection: Yes No

Did we receive a complete roster for business: stating names, dates of birth, dates of hire, and expiration dates of server training certificate cards? (please attach) Yes No

Comments: _____

Review -Building Department by: _____

Passed Inspection: Yes No

Review - City Commission Approved Denied

- Application Complete
- Payment
- Insurance Certificates

- Email Background Check to Investigations
- Email Server Information to Police
- Email sent to Police Department
- Email Building Department
- Email Health Department
- Email Fire Department
- License Sent
- Copy sent to File

Payment: Check #: _____ Date: _____

Payment: Check #: _____ Date: _____