



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

515 2nd Ave SW
Minot, ND 58701
701-857-4752
clerk@minotnd.org

VALIDATION/SIGNATURES/NOTARY PUBLIC

I have reviewed the Alcoholic Beverage Ordinance of the City of Minot 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 Minot 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 City of Minot Alcohol Ordinance will result in administrative suspensions, fines, and possible revocation of the license. 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

I understand that the premises described in this application, if licensed for alcoholic beverage sales, may be inspected at any time by the Minot Police Department, the Fire Department, and the Building Department, while in the course of their duties of checking on compliance with the ordinances of the City of Minot 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 approval of the applied for license is contingent upon having completed a successful inspection from the police department, fire department, building department. Yes No

The undersigned swears that the information on this form is true and correct to the best of his/her knowledge, information, and belief, and acknowledges that false or misleading information is sufficient grounds for denial or revocation of license or authorization. Further, the undersigned certifies that he/she has received a copy of Chapter 5 of the City of Minot Code of Ordinances and will comply with all provisions; further, the undersigned agrees to promptly notify the City of Minot of any change in ownership of the business.

Signature of Applicant

State of _____)

County of _____

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

(Seal)

Signature of Notary Public

My commission expires on: