



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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

Your Name: (Must be manager, corporate officer, governor, or partner listed on this application.)

Business Name: (Company/dba)

Business Address:

Phone Number:

Cell Phone:

APPLICANT DATA:

Full Name: Phone Number:

Legal Address of Applicant:

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

Email Address of Applicant:

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? Yes No

If Yes, what crime?

What Court?

Have you received a license from the federal government or the state of North Dakota for the sale of liquor/beer?

Yes No

If yes, please state the type of license, who issued it, and date of issue.

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.

Previous Employment:

Table with 4 columns: Years (From - To), Employer, Business Address, Reason for Leaving. Contains 5 rows for previous employment.



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Will you personally conduct the business on premises as described in the application and for which the license is being applied? Yes [] No []

If No, then list the following information of the person who will be the resident manager:

Name: _____ Phone Number: _____

Legal Address: _____

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

BUSINESS DATA:

Name of Business: _____

Address of Business: _____

Mailing Address (if different): _____

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:



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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: