



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

The following section to be completed by City Staff:

Date Received by Auditor’s Office: _____
Investigations Fee Paid (\$250) ____ Yes ____ No Date paid: _____
Check # _____

Reviewed –Health Department by: _____ Date: _____
Comments (or see attached report):

Reviewed—Fire Department by: _____ Date: _____
Comments (or see attached report):

Reviewed—Inspections Division by: _____ Date: _____
Comments (or see attached report):

Reviewed--Police Department by: _____ Date: _____
(See attached report):

_____ Approval Recommendation _____ Denial Recommendation

Chief of Police Date

Reviewed—Liquor Control Committee on (date): _____
_____ Approval Recommendation _____ Denial Recommendation
(See attached comments or minutes)

Reviewed—City Commission on (date): _____
_____ Approval _____ Denial
(See attached minutes)

Business/Company name: _____

Doing business as: _____

This application is for the Class or Classes of Licenses checked:

- Class A Authorizes the licensee to sell “on-sale” only.
- Class B Authorizes the licensee to sell “off-sale” only. “Off-Sale” licensed premises must be no closer than 100 feet to any grocery store, drug store or gasoline service station or any part thereof.
- Class B “Limited” Authorizes the licensee to sell “off-sale” only. License is Non Transferable. “Off-Sale” licensed premises must be no closer than 100 feet to any grocery store, drug store or gasoline service station or any part thereof.
- Class AB Authorizes the licensee to sell “on-sale” and “off-sale”. “Off-Sale” licensed premises must be no closer than 100 feet to any grocery store, drug store or gasoline service station or any part thereof.
- Class ABH Authorizes the licensee to sell “on-sale” and “off sale”, at hotels & motels with 100 more guest rooms only.
- Class ABHRZ Authorizes licensee to sell “on-sale” and “off sale” at hotels in Renaissance Zone with 15 guest rooms
- Class C Authorizes the licensee to sell beer “on-sale” only.
- Class D Authorizes the licensee to sell beer “off-sale” only.
- Class F Authorizes the licensee to sell “on-sale” only served at table or booth; no bar allowed. Requires 50% or more of its annual gross receipts from the sale of prepared meals and not alcoholic beverages.
- Class FA Authorizes the licensee to sell “on-sale” only, physical bar is allowed. Requires 50% of more of its annual gross receipts from the sale of prepared meals and not alcoholic beverages.
- Class FARZ Authorizes the licensee to sell “on-sale” only; physical bar allowed. Required to be in the Renaissance Zone. No gaming and no “E” permits allowed. Requires 50% or more of its annual gross receipts from the sale of prepared meals and not alcoholic beverages. The initial fee is ½ of the FA license.
- Class FA-Golf On USGA Golf Course of 9 or more holes. Requires 25% receipts of food sales from April to October and 50% the rest of the year.
- Class G Authorizes the licensee to sell wine and sparkling wine “on-sale” only, served at table or booth, no bar. Requires 50% food sales.
- Class H Authorizes the licensee to sell beer “on-sale” only, served at table of booth, with no bar allowed and requires 50% food sales.
- Class I Authorizes the licensee to sell beer, wine, and other sparkling wine “on-sale” only. A physical bar is allowed and requires 50% food sales.
- Class J Authorizes the licensee to sell “on-sale” only at a non-profit organization for military purposes.
- Class L Authorizes the licensee to sell “on-sale” only on an excursion boat operating on the Red River.

- () Class M Authorizes the licensee to operate a “Microbrew Pub” and to sell “on-sale” and “off-sale” offered in conjunction with another license.
- () Class N Authorizes the licensee to sell “on-sale” only at a stadium with a minimum seating capacity of 2,500.
- () Class O Authorizes the licensee to operate a winemaker and/or vendor of winemaking supplies and related services.
- () Class P Authorizes the licensee to operate a domestic winery and to sell wine “on-sale” and “off-sale.” Allows limited beer sales.
- () Class W Authorizes the licensee to operate a wine bar, serving wine and limited beer “on-sale.” A physical bar is allowed and requires 20% food sales.
- () Class Z Authorizes the licensee to sell “on-sale” only issued to individuals and partnerships not currently holding another “A”, “AB”, “ABH”, or “ABH-RZ”. This license is non-transferable.

The following section to be completed by the applicant:

Initial #1 - #8 to indicate you understand and agree to these terms of the “Z”, “W” or “B Limited” license. Then print your name and sign in the space provided below:

ALL APPLICANTS must initial #9 - #16 and sign in the space provided below.

1. _____ My business may sell “On Sale” only (Class Z & W).
- 1a. _____ My business may sell “Off Sale” only; **NO** “On-Sale” liquor sales are permitted. (“B Limited)
2. _____ This license shall only be issued to individuals or partnerships (natural persons only), corporations for liability purposes, except as otherwise provided hereinafter.
3. _____ I may not obtain more than one “Z”, “W” or “B Limited” license.
4. _____ If I hold an “A”, “B”, “AB”, “ABH or ABH-RZ” license, I may not obtain a “Z”, “W” or “B Limited” license.
5. _____ If I voluntarily go out of business, file a bankruptcy petition, become insolvent or otherwise cease business, the license reverts to the City of Fargo. This license may be transferred to reflect a change in location of your licensed premises.
6. _____ The license may be transferred to my heirs (children only) during my lifetime. Upon my death, the license may be transferred to my heir(s), but may not be transferred to any other person, partnership, firm of corporation. If any partner in a partnership holding the license dies, the remaining partner(s) may continue to hold the license, but no partnership interest may be issued to any new partner. The ordinance will allow a partnership between the original licensee and his children which may take the form of a corporate entity under North Dakota law. Shares in the corporation may be transferred to the children, but transfer of shares to anyone else will constitute a sale that will cause the license to revert to the City of Fargo. As the ordinance indicates, the intent of this provision is to allow a transfer between a parent and children but a transfer of shares to anyone else is absolutely prohibited.
7. _____ If I sell my business as a “going concern” (i.e., a complete and operational bar), the purchaser of the business has the first preference to purchase the “Z”, “W” or “B Limited” license from the City. (The purchaser must meet all other relevant conditions and requirements for such a purchase.)
- 8a. _____ If I am issued a “B Limited” license, I must pay an initial fee for the license in the amount of \$80,000 and an annual fee for the license in the amount of the \$1,400 at the beginning of each license year.
- 8b. _____ “Z” Initial \$105, 000. Annual \$1,700.
- 8c. _____ “W” Initial \$25,000. Annual \$1,000.
9. _____ All Applicants must assure there is adequate off-street parking for my business (within the discretion of-and as approved by-the City Commission). Membership in the current City parking program (e.g., “P.O.P.”) may place me in compliance with this requirement.

10. _____ I have received a copy of the Alcoholic Beverage Ordinance (s) of the City of Fargo, read the ordinances and am familiar with the conditions and requirements of these ordinances.
11. _____ If granted an alcoholic beverage license, I will obey, abide by and comply with the State of North Dakota Liquor Control Act, and the City of Fargo Alcoholic Beverage ordinances, as well as any amendments to either of these, which may be made from time to time.

12. _____ I understand either, I, my manager(s), or both of us must attend a yearly meeting (date and time to be announced) with representatives from the Police and Health departments to discuss law enforcement and safety concerns as a condition of license renewal.
13. _____ I understand that the premises described in this application, if licensed for alcoholic beverage sales, may be inspected at any time by the Chief of Police, or any officer of the Police or Health Departments as allowed by city ordinances and state law. My employees and I will cooperate with such inspections.
14. _____ I understand that all employees, managers and owners engaged in mixing, pouring or service of alcoholic beverages **MUST** attend Server Training.
15. _____ I am familiar with the questions, answers and other information as it appears in the complete application for an alcoholic beverage license, and the answers and information are, to the best of my belief and knowledge, true, complete and accurate. (Note: This application must be made under oath before a Notary Public.)
16. _____ I recognize the City of Fargo is subject to open records laws contained in chapter 44-04 of the N.D. Century Code. Section 44-04-18.4 contains an exception for trade secrets, proprietary, commercial, and financial information. I agree in submitting the application, that I have familiarized myself with this law. If any information being forwarded to the City of Fargo is claimed as confidential or proprietary under this section, I must clearly indicate this in writing when I submit this application, pointing out, in detail, why the information submitted is claimed as an exemption under section 44-04-18.4. I further agree to respond to, as well as to aid the City, in responding to any claim under 44.04-21.1 concerning this claim of confidentiality under 44-04-18.4.

Applicant printed name: _____ Signature: _____

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Business/Company name: _____
Doing business as: _____

Business address (location): _____
Mailing address: _____

Legal description of the premises to be licensed: _____

Does applicant wish to describe, depict, or otherwise identify various areas or spaces within the building which shall constitute the licensed premises in accordance with Section 25-1501, Subsection 8? Yes (); No ();

Is the premises now occupied by another business? ____ Yes ____ No

Type of business currently there: _____

Mailing address: _____
(address) (city) (state & zip)

Business e-mail address: _____

Phone number: (____) _____ Other number: (____) _____

Do you own or rent the property where the license will be used? ____ Own ____ Rent
If you rent, provide the following information:

(name) (address) (city) (state & zip)

If you are the owner of the property, are there any delinquent taxes against the premises?
____ Yes ____ No If "yes", in what amount? _____

Applicant Information:

Name: _____
(first) (middle) (last) (maiden name)

Address: _____
(address) (city) (state & zip)

How long have you lived at the address? _____

Provide your address history for the past 5 years: (Use additional page if necessary.)

From _____ to _____ Address: _____
From _____ to _____ Address: _____
From _____ to _____ Address: _____

E-mail address: _____

Home phone number: (____) _____ Other number: (____) _____

Date of Birth: _____ Place of Birth: _____

List each driver's license you have ever had and the state of issue:

DL#: _____ State of Issue: _____ Dates: _____

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Has your driver's license ever been suspended or revoked? _____ Yes _____ No If "yes," where and when.

If "yes," have you ever been issued a citation for driving after your license was suspended or revoked? _____ Yes _____ No If "yes," where and when.

Have you ever been convicted, plead guilty, or plead "no contest" to any law of the U.S., or any state, or of any local ordinance (other than traffic)? (DUI **should not** be considered a "traffic offense"—and therefore must be listed) _____ Yes _____ No If yes, provide the date of arrest, location, charge, and sentence or each conviction.

Have you been issued a citation for any alcohol-related offense? _____ Yes _____ No If "yes," provide the date, location, and charge for each citation:

List all federal, state, and local licenses (including liquor licenses; excluding driver's licenses) you currently hold, formerly held, or may have an interest in:

Have any of the above named licenses ever been suspended or revoked? ____ Yes ____ No

If yes, list the dates and reasons for the suspensions or revocations:

List your employment/business history for the past 7 years period: Use additional pages if necessary.)

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

Do you currently own or have a financial interest in any other business that sells or serves alcoholic beverages? ____ Yes ____ No If "yes," list each business below:

Have you ever manufactured, sold, or distributed alcoholic beverages on the wholesale or retail level? ____ Yes ____ No If "yes, indicate where, when, and for whom below:

Do you have any current or prior management experience working for a business that sells or serves alcohol? ____ Yes ____ No If "yes," describe below:

Partnership/Corporation Information (ALL Partners, Corporate Shareholders and Directors holding 5% or more of the outstanding stock must be listed—make copies and use additional pages as needed)

List your business structure: _____ (Partnership, Corporation, LLP, LLC)
(This section may be copied and pages attached for additional partners.)

Name:

(first) (middle) (last) (maiden name)

Address:

(address) (city) (state & zip)

How long have you lived at the address? _____

Provide your address history for the past 5 years: (Use additional page if necessary.)

From _____ to _____ Address: _____

From _____ to _____ Address: _____

From _____ to _____ Address: _____

E-mail address: _____

Home phone number: (____) _____ Other number: (____) _____

Date of Birth: _____ Place of Birth: _____

List each driver's license you have ever had and the state of issue:

DL#: _____ State of Issue: _____ Dates: _____

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DL#: _____ State of Issue: _____ Dates: _____

Has your driver's license ever been suspended or revoked? ____ Yes ____ No If "yes", where and when.

If "yes," have you ever been issued a citation for driving after you license was suspended or revoked? ____ Yes ____ No If "yes", where and when?

Have you ever been convicted, plead guilty, or plead “no contest” to any law of the U.S., or any state, or of any local ordinance (other than traffic)? (DUI **should not** be considered a “traffic offense”—and therefore must be listed) ____Yes ____No If yes, provide the date of arrest, location, charge, and sentence for each conviction:

Have you been issued a citation for any alcohol-related offense? ____Yes ____No
If “yes,” provide the date, location, and charge for each citation:

List all federal, state, and local licenses (including liquor licenses; excluding driver’s licenses) you currently hold, formerly held, or may have an interest in:

Have any of the above named licenses ever been suspended or revoked? ____Yes ____No
If yes, list the dates and reasons for the suspensions or revocations:

List your employment/business history for the past 7 year’s period: (Use additional pages if necessary.)

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

Do you currently own or have a financial interest in any other business that sells or serves alcoholic beverages? ____Yes ____No If “yes,” list each business below:

Have you ever manufactured, sold, or distributed alcoholic beverages on the wholesale or retail level? ____Yes ____No If "yes," indicate where, when, and for whom below:

Do you have any current or prior management experience working for a business that sells or serves alcohol? ____Yes ____No If "yes," describe below:

Are all officers, directors, and shareholders holding more than 5% of the outstanding stock 21 years of age or older? Yes (); No ();

Address of Home Office _____

Date Incorporated _____ State of Incorporation _____

If a subsidiary of any corporation, state name and address of parent corporation _____

Operator/Manager Information

Are you going to operate this business personally? ____Yes ____No If “no”, who will operate it?

Name:

_____ (first) (middle) (last) (maiden name)

Address:

_____ (address) (city) (state & zip)

Home phone number: (____) _____ Other number: (____) _____

Date of Birth: _____ Place of Birth: _____

Are you going to have a manager or assistant in this business? ____Yes ____ No If the manager is not the same as the operator, provide the following manager information:

Name:

_____ (first) (middle) (city) (maiden name)

Address:

_____ (address) (city) (state & zip)

Home phone number: (____) _____ Other number: (____) _____

Date of Birth: _____ Place of Birth: _____

(Important: The name and other information about your manager must be provided before a license can be issued. If the manager changes during the course of the license period, you must provide the City Auditor’s Office with updated information about the new manager immediately.)

Business Site Plan

On the following page (or on attached pages if additional space is needed), provide a detailed diagram and description of the design, location, and square footage of the premises to be licensed.

- * The scale should be state, such as 1”=20’. The direction N should be indicated towards the top.
- * The diagram should include placement of all pertinent features of the interior of the licensed premises, such as seating areas, kitchens, offices, repair areas, restrooms, etc. The exterior parking area should also be shown.

(This page for business site plan)

Operational and Financial Issues

Briefly describe your business concept, including your analysis of how this model fits into the proposed location (i.e., describe the suitability of the “fit” into the existing neighborhood or business area). (Use additional pages if necessary.)

Describe in detail how you intend to address/prevent each of the following concerns at your Business (use additional pages if necessary):

Over-serving, intoxicated or disorderly patrons:

Safety and security issues, including crowd control:

Minors on the premises, including consumption by minors:

Noise concerns, especially from nearby residences of other businesses:

Do you plan to feature live entertainment? ____Yes ____No If "yes," describe what you envision at this time, including how often such entertainment will take place?

What is your total **business** indebtedness for this entity, excluding lease costs? _____

Does any one creditor represent more than 10% of that sum? ____Yes ____No If "yes," list each creditor below. (Total must equal 100%)

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>%Owed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever filed a petition of bankruptcy? ____Yes ____No If "yes," when and what were the circumstances?

Please list at least three business references:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is application for a motel or hotel with 100 or more guest rooms?
Yes (); No ();

Is application for a lodge or club? Yes (); No ();

If yes, number of members in good standing _____

Date of organization incorporation _____

Credit Bureau Credit Check Authorization

This form will authorize Experian, to furnish all reports and findings of the following individual to the Fargo Police Department, 222 4th Street North, Fargo, North Dakota, 58102.

By releasing this credit information to the Fargo Police Department, your credit information may become public information due to the current North Dakota law regarding "open records".

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____

Date of Birth: _____

Social Security Number: _____

You are authorized to release a complete credit check finding to the City of Fargo / Fargo Police Department. This credit check is being done for a license application.

Signature

Date

Please forward the above records to:

Fargo Police Department
Investigations
222 4th Street North
Fargo, North Dakota 58102
Records (701) 241-1420
Fax (701) 241-8272

