

**APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE
CITY OF CASSELTON, NORTH DAKOTA**

YOUR NAME: (Must be manager, corporate officer, governor, partner or owner/operator)

POSITION:

ORGANIZATION IS: (corporation, limited liability company, limited partnership, general partnership, limited liability partnership, sole proprietor)

NAME OF ORGANIZATION:

NAME OF BUSINESS:

PHONE #:

BUSINESS ADDRESS:

MAILING ADDRESS:

NAME OF MANAGER OR REGISTERED AGENT:

ACTION REQUESTED (Circle one)

1. **NEW LICENSE:** (Fee determined by classification & date of licensing)
2. **OWNERSHIP TRANSFER/LOCATION TRANSFER/BUSINESS NAME CHANGE**
3. **RENEWAL OF EXISTING LICENSES**

CLASSIFICATION OF LICENSE (Circle the appropriate)

1. **ON/OFF SALE LIQUOR, BEER & WINE - \$1600 (\$800 now and \$800 on July 1)**
2. **OFF SALE LIQUOR, BEER & WINE - \$900 (\$450 now and \$450 on July 1)**
3. **CLUB OR LODGE ON SALE LIQUOR, BEER & WINE - \$400**
4. **ON/OFF SALE BEER AND WINE ONLY - \$600**
5. **ON SALE BEER AND WINE - \$500**
6. **OFF SALE BEER ONLY - \$400**
7. **CLUB OR LODGE ON SALE BEER AND WINE ONLY - \$250**
8. **ON/OFF SALE ALCOHOLIC BEVERAGES PRODUCER - \$250**
9. **NON PROFIT ON SALE LIQUOR, BEER & WINE LIMITED EVENT - \$220**

REQUESTED EFFECTIVE DATE:

LEGAL DESCRIPTION AND ADDRESS OF THE PREMISES TO BE LICENSED: (Please include map with licensed areas highlighted)

DOES THE BUILDING MEET STATE AND CITY BUILDING CODE REQUIREMENTS? (Attach documentation)

ARE THE PROPERTY TAXES AND ALL CITY UTILITY BILLS CURRENT ON THE PREMISES TO BE LICENSED?

IS THE ORGANIZATION PROPERLY REGISTERED WITH THE ND SECRETARY OF STATE?(Attach copy of corporate certificates, certificate of organization, or partnership registration)

IF ORGANIZATION CONSISTS OF MORE THAN ONE ENTITY, LIST ALL ENTITIES AND THEIR CONNECTION IN THE ORGANIZATION:

ARE MANAGERS, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, INDIVIDUAL PARTNERS, OR ANY INDIVIDUALS WITHIN THE ORGANIZATION LEGAL RESIDENTS OF THE UNITED STATES? (If not, give details)

WHAT IS THE FEDERAL TAX ID NUMBER FOR THE BUSINESS?

PLEASE FILL OUT THE FOLLOWING: If you are a CORPORATION, list all corporate officers; if LIMITED LIABILITY COMPANY, list managers, governors, or individual members or Corp., LLC, etc; if LIMITED PARTNERSHIP, GENERAL PARTNERSHIP, OR LIMITED LIABILITY PARTNERSHIP, list general partners, limited partners, individual partners or Corp., LLC. If SOLE OWNERSHIP/PROPRIETORSHIP leave blank, skip to the next question.

NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE

NAMES & ADDRESSES OF DIRECTORS

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

ARE THERE SHAREHOLDERS OR MEMBERS OTHER THAN THOSE NAMED AS OFFICERS, DIRECTORS, OR GOVERNORS? IF SO, LIST THE NAMES, ADDRESSES, AND NUMBER OF SHARES OR UNITS HELD BY THOSE PERSONS. LIST ONLY THE HIGHEST 10.

NAME	ADDRESS	# OF UNITS/SHARES
NAME	ADDRESS	# OF UNITS/SHARES
NAME	ADDRESS	# OF UNITS/SHARES
NAME	ADDRESS	# OF UNITS/SHARES

NAME	ADDRESS	# OF UNITS/SHARES
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NAME	ADDRESS	# OF UNITS/SHARES
NAME	ADDRESS	# OF UNITS/SHARES
NAME	ADDRESS	# OF UNITS/SHARES

DO YOU LEASE, OR INTEND TO LEASE, THE PREMISES TO ANY OTHER PERSON, PARTNERSHIP, OR CORPORATION FOR THE SALE OF ALCOHOLIC BEVERAGES? (If yes, give details)

HAVE YOU ANY INTEREST WHATSOEVER, DIRECTLY OR INDIRECTLY, IN ANY OTHER LIQUOR ESTABLISHMENT IN OR OUT OF THE STATE OF ND? (If yes, give details)

WILL YOU BE ENGAGED IN ANY OTHER FORM OF BUSINESS IN ADDITION TO THE SALE OF LIQUOR? IF SO, GIVE TYPE OF BUSINESS

ARE YOU PREPARED TO FURNISH A SURETY BOND IN THE AMOUNT OF \$5,000 AS PROVIDED FOR IN CASSELTON'S LIQUOR ORDINANCE?

PERSONAL INFORMATION FORM

NAME: **SSN:**

DO YOU NOW, OR HAVE YOU IN THE PAST USED ANY NAME(S) OTHER THAN THE ONE LISTED ABOVE? (If yes, list name(s))

PRESENT ADDRESS: **PHONE #:**

COUNTRY OF CITIZENSHIP: **DATE OF BIRTH:**

PLACE OF BIRTH:

NAME OF SPOUSE:

LIST LAST PLACE OF RESIDENCY: (Exclude present)

STATE YOUR CURRENT EMPLOYMENT AND LAST EMPLOYMENT:
CURRENT:

PREVIOUS:

HAVE YOU EVER OPERATED, HAD A FINANCIAL INTEREST IN, OR BEEN EMPLOYED WITH AN ALCOHOLIC BEVERAGE ESTABLISHMENT? (If yes, list)

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A NON-CRIMINAL TRAFFIC OFFENSE? (If yes, list all criminal charges, convictions, and the disposition including all crimes, NSF checks, no account checks, DUI's, etc.)

HAVE YOU OR ANY ENTITY WITH WHICH YOU HAVE BEEN OR ARE ASSOCIATED WITH HAD ANY LICENSE DENIED OR REVOKED? (If yes, give full 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 THAN THE SPECIFIC USE OF THIS APPLICANT? (if yes give full details)

GIVE NAMES AND ADDRESSES OF AT LEAST THREE BUSINESS REFERENCES, AND STATE BRIEFLY THE EXTENT OF BUSINESS RELATIONS WITH EACH:

- 1.
- 2.
- 3.

DO YOU INTEND TO HANDLE CERTAIN EXCLUSIVE BRANDS OF INTOXICATING LIQUOR? IF SO, GIVE DETAILS OF CONTRACT OR ARRANGEMENT WITH PERSON FROM WHOM PURCHASES ARE TO BE MADE?

I AM IN COMPLIANCE WITH THE RESIDENCY REQUIREMENTS IN CASSELTON'S LIQUOR ORDINANCE (initial the appropriate answer)

_____ **I AM A SOLE PROPRIETOR AND I RESIDE WITHIN 40 MILES OF THE CITY LIMITS OF CASSELTON, NORTH DAKOTA.**

_____ **THE APPLICANT IS A PARTNERSHIP AND I AM A PARTNER THAT OWNS AT LEAST A 50 PERCENT INTEREST IN THE PARTNERSHIP AND I RESIDE WITHIN 40 MILES OF THE CITY OF CASSELTON.**

_____ **THE APPLICANT IS A CORPORATION OR LLC AND I OWN AT LEAST 50 PERCENT OF THE STOCK OF THE CORPORATION OR LLC AND I RESIDE WITHIN 40 MILES OF THE CITY OF CASSELTON.**

_____ **THE APPLICANT IS A CORPORATION OR LLC AND I AM A FULL TIME MANAGING AGENT OF THE CORPORATION OR LLC AND I RESIDE WITHIN 40 MILES OF THE CITY OF CASSELTON.**

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 is a legal resident of the United States, is in good standing with the ND Secretary of State's Office, and the he/she has received a copy of the City of Casselton's alcoholic beverage ordinance and will comply with all provisions. Further, the undersigned consents to the City of Casselton completing a criminal background check on the individual applicant.

Signature

State of _____

County of _____

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

Notary Public: _____

(SEAL)

My Commission expires on: _____