



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 4/17/2026

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:		☐ New Application	☐ Renewal	☐ Transfer	☐ Relocation
Class A: Nationally Organized Fraternal Order or Club ☐ \$3,725	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building ☐ \$675	Class B-2: Concession at the Bismarck Municipal Country Club ☐ \$675	Class B-3: Commercial passenger vessels on the Missouri River ☐ \$675	Class B-4: Sale of Beer & Wine at the Bismarck Event Center ☐ \$675	
Class B-5: Sale of Alcoholic Beverages at Bismarck Parks & Recreation Locations ☐ \$675	Class B-6 : Commercial Airline ☐ \$675	Class C-1: Hotel or Motel Full Service ☐ \$3,825	Class C-2: Hotel or Motel ☐ \$1,025	Class D: Sale at Retail of Alcoholic Beverages ☐ \$4,125	
Class E: Sale at Retail of Beer Only ☐ \$825	Class F-1: Restaurant - Alcoholic Beverages ☐ \$3,525	Class F-2: Restaurant - Beer & Wine Only ☐ \$1,125	Class G: Catered Retail Alcoholic Beverages ☐ \$675	Class H-1: Domestic Winery ☐ \$825	
Class H-2: Domestic Brewery ☐ \$825	Class H-3: Domestic Distillery ☐ \$825	Class I-1: Senior Living Community ☐ \$375	Class I-2: Complimentary ☐ \$375		

All Class **F-1**, **F-2**, & **G** license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

All Class **C-2** license holders shall file with the application for license renewal a report verifying that the value of the alcoholic beverages sold did not exceed the value of the alcoholic beverages given to or otherwise provided to registered customers and their guests.

Location Information:

Legal Business Name:		Date of Incorporation:		State Business ID Number:
Doing Business As (DBA) Name, if Applicable:		If out of state corporation, is corporation registered in North Dakota? ☐ Yes ☐ No		
Location Address:	City:	State:	Zip:	Phone Number:
Name and Title of Person Completing Form (must be the person listed in ownership information or manager):				

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:		
Mailing Address:	City:	State:	Zip:	

Manager's Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ☐ Yes ☐ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? ☐ Yes ☐ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? ☐ Yes ☐ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? ☐ Yes ☐ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? ☐ Yes ☐ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? ☐ Yes ☐ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? ☐ Yes ☐ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? ☐ Yes ☐ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ☐ Yes ☐ No	If yes, please give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? ☐ Yes ☐ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ☐ Yes ☐ No	If no, please give details:

Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram

Signature:

- ☐ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.
- ☐ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.
- ☐ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant_____
Date_____
Print Name / Title of Officer**Liquor License Transfers (only use if license is being transferred):**

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name_____
Applicant Business Name_____
Original License Holder Name Printed_____
Transfer Applicant Name Printed_____
Original License Holder Signature_____
Transfer Applicant Signature_____
State of_____
Subscribed and sworn to before me this_____
County of_____
day of_____
Notary Seal_____
Notary Public_____
My Commission Expires

Credit Card Authorization:				
Card Holder Name:		Card Type:		
		☐ Visa ☐ Master Card ☐ Discover		
Account Number:	Exp Date:	3 Digit Security Number:	Billing Zip Code:	
Amount Authorized:	Email Address:	Phone Number:		
Signature:		Date:		
Mail to: City of Bismarck Administration Department 221 N 5th St Bismarck, ND 58501		Email to: Whitnie Olsen - wolsen@bismarcknd.gov		
Note: Payment information is used for a one time payment only. After payment has been completed the information provided will not be kept on file and will be disposed of.				

Administration Fees & Charges:	
Liquor License:	
New Application	200.00
Late Submissions	75.00
Class A - Nationally Organized Fraternal Order or Club	3,725.00
Class B1 - Operator of the Beverage Concession at the Airport Terminal Building	675.00
Class B-2 - Concession at the Bismarck Municipal Country Club	675.00
Class B-3 - Commercial passenger vessels on the Missouri River	675.00
Class B-4 - Sale of Beer & Wine at the Bismarck Event Center	675.00
Class B-5 - Sale of Alcoholic Beverages at Bismarck Parks and Recreation Locations	675.00
Class B-6 - Commercial Airline	3,825.00
Class C-1 - Hotel or Motel Full Service	1,025.00
Class C-2 - Hotel or Motel	4,125.00
Class D - Sale at Retail of Alcoholic Beverages	825.00
Class E - Sale at Retail of Beer Only	3,525.00
Class F-1 - Restaurant - Alcoholic Beverages	1,125.00
Class F-2 - Restaurant - Beer & Wine Only	675.00
Class G - Catered Alcoholic Beverages	825.00
Class H - Domestic Brewery / Distillery / Winery	375.00
Class I - Senior Living Community / Complementary	
Events Permits:	
Event - 7 days reoccurring event at one location	25.00
Late Fee for Event Permit	25.00
Gaming:	
Site Authorization	100.00
Raffle Ticket Permit	25.00
Pawnbroker:	100.00
Junk Dealer:	75.00
Second Hand Dealer:	50.00
Door-to-Door Sales:	
Application Fee	225.00
Salesperson	50.00
Taxi company license:	
Application	125.00
New & Renewal Vehicles	25.00