



City of West Fargo
Attn: Liquor Control Board
2515 6th St. E.
West Fargo, ND 58078

For questions, contact Emily by Phone: 701-515-5050 or Email: emily.hagemeister@westfargond.gov.

LIQUOR LICENSE RENEWAL (FORM C)

Application must be completed in full and include applicable license fees or it will not be accepted.
For period beginning _____, 2025 and ending June 30, 2026

Business Name: _____

DBA/Name: _____

Business Address: _____

Phone Number: _____ Cell Phone: _____ Email: _____

I. TYPE OF LICENSE BEING APPLIED FOR:

(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)

	License Fees
Retail Bar On and Off Premises Liquor/Beer/Wine	\$3000
Retail Bar On Premises Liquor/Beer/Wine	\$2000
Retail Off-Sale Premises Liquor/Wine/Beer	\$2000
Retail Club/Lodge On Sale Liquor/Wine/Beer	\$2000
Wholesale	\$2000
Restaurant On and Off Sale Liquor/Beer/Wine	\$2000
Restaurant On Premise Liquor/Wine/Beer	\$2000
Retail Business On Premise Beer/Wine	\$1200
Retail Convenience/Grocery Store Off-Sale	\$500
Public Facilities License	\$2000

Total Due:

- 1) Application fee must be submitted with application.
- 2) If you are renewing a On-Premises Liquor License and plan to allow customers under the age of 21 in your establishment, attach a CPA statement indicating that your gross sales of food are equal to or greater than gross sales of alcoholic beverages in the dining area where minors are allowed.
- 3) For all license applications attach a copy of your certificate of insurance. Minimum requirements: at least One Hundred Thousand Dollars (\$100,000) per person and per occurrence, and liability insurance coverage of One Hundred Thousand Dollars (\$100,000) per person and Five Hundred Thousand Dollars (\$500,000) per occurrence.

II. APPLICANT DATA: (individual filling out application for license):

Your Full Name: (First, Middle, Last):

Applicant Legal Address:

Date of Birth: _____ Social Security #: _____ US Citizen : _____

Applicant Email Address: _____

Applicant Phone #: _____ How long have you been a resident of ND? _____

Have you ever been convicted of any violation, or any law, other than a traffic offense in the U.S.? _____ If yes, what crime? _____

What Court? _____

Have you ever been convicted of any violation of a law governing the manufacture, sale, consumption or possession of intoxicating beverages? _____ If yes give details:

Please list any current or previous liquor licenses your business has held:

Have you ever had a license revoked or rejected by any municipality or state? _____

If yes when, where and give details:

Will you be engaged in any other form of business besides the sale of liquor under the applied license? _____ If yes when, where and give details:

List names, addresses and phone numbers of three business references (at least one bank), and state the extent of your business relations with each:

1. _____

2. _____

3. _____

III. RESIDENT MANAGER INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

How long has resident manager been at this location? _____ If manager has changed since last application period, please list managers previous employment for the past five years:

IV. BUSINESS DATA

Name of Business (DBA): _____

Mailing Address of Licensed Establishment: _____

Establishment Phone #: _____

Business Type: (Sole Proprietorship, Partnership, Corporation) _____

Based on the business type above provide below any changes to the ownership list since your last application. For all new individuals please provide name, address and date of birth as well as percentage of ownership if applicable:

List any person (including name, address, date of birth and association with business), other than the applicants listed, with any right, title, estate or interest in the leasehold, furniture, fixtures or equipment in the premises for which the license is requested:

Does the business have any interest, directly or indirectly, with any other liquor establishment in any state? _____ If yes, give names and addresses of the establishments: _____

V. ATTACH A DETAILED FLOOR-PLAN OF BUSINESS ONLY IF CHANGES HAVE BEEN MADE SINCE LAST APPLICATION

VI. EMPLOYEE ROSTER LIST - SERVER TRAINING (PLEASE ATTACH)

Server training must be kept current and is subject to periodic review. Information on signup and training is available online at North Dakota Safety Council's Website:

<https://www.ndsc.org/free-responsible-beverage-server-online-training-basic-server>

VII. VALIDATION/SIGNATURES Y or N

Do you agree not to permit the sale of alcohol on said premises to a minor, incompetent person, or a person who is inebriated or a habitual drunkard? ☐Yes ☐No

Do you understand that any license granted with this application will not be transferable except by specific authority of the governing body and will authorize the sale of products as applied for only at the place and premises designated in the application and said license? ☐ Yes ☐No

Have you reviewed the Alcoholic Beverage Ordinances(s) of the City of West Fargo and are familiar with the conditions and requirements of these ordinances? ☐Yes ☐No

If granted an alcoholic beverage license, will you comply with the State of North Dakota Liquor Control Act and the City of West Fargo Alcoholic Beverage Ordinances, as well as any amendments to either of these, which may be made in the future? ☐Yes ☐No

Do you understand that approval of license application is contingent upon having completed successful inspections from the Police Department, Fire Department, Building Inspection Department and Cass County Health Department? ☐Yes ☐No

Do you certify that property owned in connection with this license does not have real and/or personal property taxes that are delinquent? ☐Yes ☐No

For leased/rented property, do you certify that all payments are current? ☐Yes ☐No

I(We) am (are) familiar with the information in this completed application, the answers and information contained herein are, to the best of my (our) knowledge true, complete and accurate All signatures must be notarized. List owner(s) names (In case of a Corporation only President and Secretary are required):

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Before me personally appeared: (list names from above) _____

Subscribed and sworn before me on this _____ day of _____, 2025.

(Signature of Notary Public)

My Commission expires: _____ Notary Public for _____
(County, State)

VIII. BACKGROUND CHECK AUTHORIZATION

To: _____

(Please leave blank - for use of WF Police Department)

Applicant Authorization:

YOU ARE HEREBY AUTHORIZED to release to the bearer of this authorization, any and all information concerning my dealings as a customer of your institution. Said information is to be given in connection with the investigation by the West Fargo Police Department in relation to a liquor license request.

PRINTED NAME OF APPLICANT: _____

By releasing this information to the West Fargo Police Department, I understand that my information may be subject to North Dakota open record laws.

Signature of Applicant: _____ Date: _____

SERVER LISTING

All persons involved in the sales of alcoholic beverages at the licensed premises need to be included.

For period beginning _____, 2025 and ending June 30, 2026.

Business Name: _____

Business Address: _____

Employee server training must be kept current and is subject to periodic review. Approval of license is contingent upon server training being completed or acceptable plan (scheduled training) being presented:

**Employees without server training or with expired training will be given 90 days from date of hire to complete server training Information on signup and training is available online at North Dakota Safety Council's Website:

<https://www.ndsc.org/free-responsible-beverage-server-online-training-basic-server/>

List ALL employee and persons involved in the serving of alcohol below:

[illegible]

SERVER LISTING CONT.

RENEWAL APPLICATION CHECKLIST

When COMPLETED please mail or drop off at:

**West Fargo City Hall
Attn: Liquor Control Board
2515 6th St E
West Fargo ND 58078**

For questions, please call Emily at 701.515.5050 or email emily.hagemeister@westfargond.gov.

- ☐ Application is completed in full?
- ☐ Certificate of Insurance is attached and kept current with the City?
- ☐ A list of employees who have completed server training is attached with all required information included?
- ☐ Revised floor plan is attached if changes have been made since the last license period?
- ☐ If you allow patrons under 21 into the restaurant area did you attach a statement from a CPA indicating gross food sales exceeded gross alcohol sales in the dining area for the prior year?