



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Company name (LLC, Inc): _____

Doing business as: _____

Business address (location): _____

Mailing address: _____

Business e-mail address: _____

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

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 – Police Department by: _____ Date: _____

Comments (or see attached report):

_____ Approval Recommendation

_____ Denial Recommendation

Chief of Police

Date

Reviewed – Liquor Control Committee on (date): _____

_____ Approval Recommendation
(See attached comments or minutes)

_____ Denial Recommendation

Reviewed – City Commission on (date): _____

_____ Approval

_____ Denial

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. "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. License is Non Transferable.
- Class AB Authorizes the licensee to sell "on-sale" or "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" or "off-sale", at hotels & motels with 100 or more guest rooms only.
- Class ABH "Limited" Authorizes license may be issued to persons engaging in "on-sale" of beer and wine or hosting "manager's specials," solely for guests or patrons of extended stay and limited service hotels or motels
- Class ABH-RZ Authorizes the licensee to sell "on-sale" or "off-sale", to hotel guests in a Renaissance Zone with 15 guestrooms.
- Class C Authorizes the licensee to sell beer "on-sale" only. No food sales required. Physical bar is allowed.
- Class D Authorizes the licensee to sell beer "off-sale" only.
- Class DD License shall only be issued to a domestic distillery owner or operator who has obtained a license from the ND State Tax Commissioner. No food sales required.
- Class E In nature of a special permit, shall authorize the holder of an existing "on-sale" license in the sale of On-sale only alcoholic beverages on such premises designated on the permit.
- 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% or more of its annual gross receipts from the sale of prepared meals and not alcoholic beverages.
- Class FA-Golf On USGA Golf Course or 9 or more holes. Requires 25% receipts of food sales from April to October and 50% the rest of the year.
- Class FA-Entertainment Authorizes the licensee to sell "on-sale" only, in a place of amusement or in a recreational establishment. Requires non-alcoholic sales to exceed alcohol sales.
- 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 or booth, with no bar allowed and requires 50% food sales.
- () Class I Authorizes the licensee to sell beer, wine, and sparkling wine “on-sale” only. A physical bar is allowed and requires 65% food sales.
- () Class I Entertainment Authorizes the Licensee to sell “on-sale” only of beer, wine and sparkling wine in a recreational establishment or place of amusement. A physical bar is allowed and 65 % of non-alcohol sales required.
- () 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 or Domestic Winery and sell “on-sale” and “off-sale” offered in conjunction with another license. Allows the sale of Growlers.
- () Class N Authorizes the licensee to sell “on-sale” only at a stadium with a minimum seating capacity of 2500.
- () 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 RZ-V Authorizes the licensee to sell “on-sale” only, located in an approved Renaissance Zone. The venue should be designed and intended to be used as a private event center or entertainment venue with square footage of at least 10,000 square feet and capacity of at least 300 people. The Venue must derive 60% or more of its annual gross receipts from the sale of tickets.
- () Class W Authorizes the licensee to sell wine and sparkling wine “on-sale” only. A physical bar is allowed and no food sales required.
- () Class Y Shall authorize the production brewery to obtain a brewer license and a retailer license. Must be licensed by the State Tax Commissioner. No food sales required.
- () Class Z Authorizes the licensee to sell “on-sale” only issued to individuals not currently holding another “A”, “AB”, “ABH”, or “ABH-RZ”. A physical bar is allowed and no food sales required.

The following section to be completed by the applicant:

ALL APPLICANTS must initial #1 - #9 and sign in the space provided below.

1. _____ All applicants must assure there is adequate off-street parking for my business (within the direction 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.
2. _____ 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.
3. _____ 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.
4. _____ 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.
5. _____ I understand that the premises described in the 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.
6. _____ I understand that all employees, managers and owners engaged in mixing, pouring or service of alcoholic beverages **MUST** attend Server Training.
7. _____ I am familiar with the question, answers and other information as it appears in the complete application of 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.)
8. _____ 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.
9. _____ I understand that **the license will expire on June 30 of each year** and a renewal process will need to be completed. This process will include a completed renewal application, payment in full for the required annual fee, a completed roster for each employee who pours or serves alcohol, attendance of Server Training for those listed on the roster, and a copy of your certified food sales if applicable to your license.

Applicant printed name: _____ Signature: _____

Applicant printed name: _____ Signature: _____

Applicant printed name: _____ Signature: _____

Applicant Information: (2 pages)

Name:

(first)

(middle)

(last)

(maiden name)

Address:

(address)

(city)

(state & zip)

How long have you lived at this address? _____

Provide your address history for the past 5 years:

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 of each conviction.

Have you been issued a citation for any alcohol-related offense? _____ Yes _____ No

If "yes", provide the date of arrest, location, charge of each conviction.

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 period:

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:

Make copies as needed for each shareholder/partner with 5% or greater interest in the company.

Operator/Manager Information

Are you going to operate/manage this business personally?
_____ Yes _____ No If "no", who will operate/manage it?

Name:

(first) (middle) (last) (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 this 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 stated, 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.

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 the time, including how often such entertainment will take place.

What is your total **business** indebtedness for the 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 this application for a motel or hotel with 100 or more guest rooms? _____ Yes _____ No

Is this application for a lodge or club? _____ Yes _____ No

If "yes", number of members in good standing _____

Date of organization incorporation _____

❖ Please make the necessary copies of the **Credit Check Authorization** and the **Criminal History Request** on **pages 12 and 13** as needed for each of the Owner/Officers and Manager of your business or organization.

❖ **Complete pages 5, 6 and 7 for each owner/officer and manager.**

Thank you.

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, ND 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, ND 58102

Records (701) 241-1420

Fax (701) 241-8272

Fargo Police Department

222 4th Street North, P.O. BOX 150 Fargo, North Dakota 58103

RECORDS DIVISION
REQUEST FOR CRIMINAL HISTORY INFORMATION

The information requested in Parts 1 and 2 of this form are mandatory in order to conduct the record search.

PART 1

DATE: ____/____/____

REQUESTOR'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PART 2

RECORD SUBJECT'S NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PART 3

COMPLETE ONE OR MORE OF THE FOLLOWING:

SOCIAL SECURITY NO: _____ - ____ - _____

DRIVERS LICENSE NO: _____ STATE: _____

TO REPORT A CRIME

(701) 235-4493

DEPARTMENT FAX

(701) 241-8272

ADMINISTRATION

(701) 241-1427

FAX (701) 297-7789

INVESTIGATIONS

PHONE (701) 241-1405

FAX (701) 241-1407

