

INSTRUCTIONS FOR A LOCAL ALCOHOLIC BEVERAGE LICENSE

1. Application should be filed with the City Auditor's Office along with a non-refundable \$250 application fee. Please allow approximately 60 days for the approval process.
2. If the application is for a transfer of license from a current licensee to a new applicant, a letter is required to be submitted to the City Auditor by the existing licensee stating they wish to transfer their license to a new applicant.
3. Payment due at time of license approval or a non-refundable payment in the sum of 10% of the initial issuance fee shall be paid if cost of license is over \$10,000.
4. Contact the Health Department, 701-476-6729, to schedule an inspection for your restaurant or bar license.
5. Server training is required to be completed prior to employment, please visit <http://myservertraining.org> to complete this training.
6. It is necessary for you to have a State Alcohol Beverage License. Please contact the **ND Attorney General's Office** at **(701) 328-2329** for the State's requirements. A copy of your city license needs to be sent to the State of ND before you can order your product from a licensed distributor.

Please contact City Auditor's Office at 701-241-1301 or 241-8108 with any questions.

NEW APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE

Legal Company Name: _____
(Must match State of North Dakota registration name)

DBA Name: _____

Is the establishment applying for (or has) a food license under the same name? Yes _____ No _____

Business location address: _____

Mailing address: _____

Business E-mail address: _____

Local Manager E-mail address: _____

Best Contact Phone number: () _____

Anticipated Date of Opening: _____

Please contact the Auditor's Office at 701-241-1301 or 241-8108 to determine the appropriate License Classification Type that would fit your business model.

The following section to be completed by City Staff:

Date Received: _____ Class of License: _____

Investigations Fee Paid (\$250) _____ Yes _____ No Date Paid: _____ Check/CC # _____

Police Department review completed by: _____ Date: _____

(Attached recommendation report):

_____ Approval Recommendation

_____ Denial Recommendation

Chief of Police

Date

The following section must be read and signed by each applicant

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).
2. 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.
3. 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.
4. I understand that all employees, managers and owners involved in the stream of service **MUST** have appropriate Server Training Certificate.
5. 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.)
6. 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.
7. I understand that **the license will expire 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, and a copy of your certified food sales if applicable to your license.

Affidavit by Responsible Parties

By signing below, I hereby acknowledge under penalty of perjury that I have read each statement above.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

Applicant Information: (3 pages)

Please make copies as needed for each Owner/Officer (5% or greater interest in the company) and Manager of your business or organization.

Name: _____
(First) (Middle) (Last) (Other Name)

Address: _____
(Street) (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: _____

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: _____

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

Has your driver's license ever been suspended or revoked?

___ Yes ___ No

If "yes," where and when.

If you answered “yes” to the previous question: 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:

Have you ever filed a petition of bankruptcy?

Yes No

If "yes", describe below:

Operator/Manager Information

(Manager must be at least 21 years of age)

Are the applicant and manager the same?

Yes No

If "no", fill out information below:

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.

Name: _____
(First) (Middle) (Last) (Other Name)

Address: _____
(Street) (City) (State & Zip)

Manager phone number: () _____

Manager E-mail Address: _____

Credit Check Authorization

Please make copies for each of the Owner/Officers (5% or greater interest in the company) and Manager of your business or organization.

This form will authorize Experian to furnish all reports and findings of the following individual to the Fargo Police Department, 105 25th Street North, Fargo, ND 58102.

The Government departments and agencies that conduct background checks and clearances need to know all names you have ever gone by in order to be compliant with law. Please include all names in this portion of the application.

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: _____

Other (if applicable): _____

First Name: _____

Other (if applicable): _____

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 conducted for a license application.

Signature

Date

FARGO POLICE DEPARTMENT 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

REQUESTOR'S NAME:

City of Fargo Auditor's Office
225 4 Street North
Fargo, ND 58102

PART 2

SUBJECT'S NAME: _____

OTHER NAME(S): _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PART 3

COMPLETE ONE OR MORE OF THE FOLLOWING:

SOCIAL SECURITY NO: _____

DRIVERS LICENSE NO: _____ STATE: _____

Business Site Plan

Provide a detailed diagram and description of the design, location, and square footage of the premises to be licensed. (A separate page may be attached, please label that page Exhibit A)

- 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

Use additional pages if necessary

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).

Describe in detail how you intend to address/prevent each of the following concerns at your Business:

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.

(Additional cost will apply.)

Modified 1/11/2024

All applicants must complete this portion:

STATE OF NORTH DAKOTA)

)ss.

County of Cass)

I, _____, do hereby swear that I am the Applicant named above; that I have read the application and know the contents thereof; that the information contained and offered therein is true and correct to the best of my knowledge.

Signature

Subscribed and Sworn before me this ____ day of _____, 20____

Notary Public

(SEAL)