

Instructions for a Change of General Manager Application

1. Application should be filed with the City Auditor's Office along with a non-refundable \$100 application/background check fee. Please allow approximately 60 days for the approval process.
2. Server training is required to be completed prior to employment, please visit <http://myservertraining.org> to complete this training.

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

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

DBA Name: _____
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.

Business Location Address: _____

Business Email: _____

Business Phone Number: () _____

Start or Starting Date of New Manager: _____

The following section to be completed by City Staff:

Date Received: _____ Class of License: _____

Investigations Fee Paid (\$100) _____ Yes _____ No Date Paid: _____ Check/CC # _____

Police Department review completed by: _____ Date: _____

(Attached recommendation report):

_____ Approval Recommendation

_____ Denial Recommendation

Chief of Police

Date

Change of General Manager Applicant Information

Name: _____
(First) (Middle) (Last) (Maiden or 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 Phone 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 in any state?

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 in any state?

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 in any state? (including traffic violations)

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 in any state? (DUI, open container, etc.)?

Yes No

If "yes", provide the date of arrest, location, charge, and disposition (not guilty, fine, etc.).

Do you have any pending criminal charges or indictments in any state or federal jurisdiction?

Yes No

If "yes", provide the jurisdiction and list the charges.

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: _____

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:

Credit Check Authorization

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
Consent to Criminal Background investigation

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

SUBJECT'S NAME: _____

(FIRST)

(MIDDLE)

(LAST)

OTHER (MAIDEN) NAME(S) (All names subject has been known by or used):

DATE OF BIRTH: _____

ADDRESSES (All addresses and States lived in or had any contact with the criminal justice system):

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PART 3

COMPLETE THE FOLLOWING:

SOCIAL SECURITY NO: _____

DRIVERS LICENSE NO: _____ STATE: _____

Have you ever been licensed to drive in any other States? ___ Yes ___ No

If yes, identify each State and corresponding License numbers, if known:

Affidavit by Responsible Party

By signing below, I understand and agree that the Fargo Police Department or its agent will conduct a full and complete background investigation for the purpose of determining eligibility to obtain (or retain) a liquor license from the city of Fargo, North Dakota. I hereby acknowledge under penalty of perjury that all information contained in this application is complete, true and accurate. I further waive any and all claims, known or unknown, and consent to the use of the information obtained for this purpose.

_____ DATE: _____

Printed Name

_____ DATE: _____

Signature

_____ DATE: _____

Witness Name

_____ DATE: _____

Signature

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)