

**INSTRUCTIONS FOR A LOCAL ALCOHOLIC BEVERAGE LICENSE**

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

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. 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.



## APPLICATION FOR 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: \_\_\_\_\_ Transfer: \_\_\_ Yes \_\_\_ No

Investigations Fee Paid (\$250) \_\_\_ Yes \_\_\_ No Date Paid: \_\_\_\_\_

Police Department review completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Attached recommendation report):

\_\_\_\_\_ Approval Recommendation

\_\_\_\_\_ Denial Recommendation

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

**The following section to be completed by each 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).
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 Server Training is required for anyone in the stream of service, this includes wait staff and bartenders as well as door security staff or others involved in checking IDs. Staff must be able to provide a current Server Certificate if requested by a representative of the City of Fargo Police, Health or Auditor's Department.
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, and a copy of your certified food sales if applicable to your license.

Applicant printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

- ❖ Please make the necessary copies of Page 5, 6, and 7, **Application Information** as needed for each Owner/Officer and Manager of your business or organization.
  
- ❖ Please make the necessary copies of Page 8 and 9, **Credit Check Authorization** and **Criminal History Request** as needed for each of the Owner/Officers and Manager of our business or organization.

**Applicant Information:** (2 pages)

Name:

\_\_\_\_\_ (first)

\_\_\_\_\_ (last)

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: \_\_\_\_\_

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 "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**

(Manager must be at least 21 years of age)

Name:

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(first) (last)

Address:

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(address) (city) (state & zip)

Manager phone number: (\_\_\_\_) \_\_\_\_\_

Manager E-mail Address: \_\_\_\_\_

**(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.)

## 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.

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: \_\_\_\_\_

Have you ever filed a petition of bankruptcy?      Yes      No  
If "yes", when and what were the circumstances?

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**

105 25th 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: **City of Fargo Auditor's Office**

ADDRESS: **225 4 St N**

CITY: **Fargo**

STATE: **ND** ZIP: **58102**

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: \_\_\_\_\_

## **Business Site Plan**

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.

(A separate page may be attached, please label that page Exhibit A)

## **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. (Additional cost will apply.)

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)