

# Corporation Liquor License Application

1. Type of License:

Liquor      On-Sale      Off-Sale      Class: A B C D D1 E F WB MP DY BWO

Beer      On-Sale      Off-Sale      Class: A B C D D1 E F WB MP DY BWO

2. Duration of License: Annual: (July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_)  
Part of Year from: \_\_\_\_\_ To \_\_\_\_\_

3. Name of Business Establishment at which license will be used:

4. Contact e-mail address:

5. Contact phone number:

6. Corporate Identification Information: Please complete all of the following:

- a. Name of Corporation: \_\_\_\_\_
- b. Date of Incorporation: \_\_\_\_\_
- c. State of Incorporation: \_\_\_\_\_
- d. Amount of Authorized Capital Stock: \_\_\_\_\_
- e. Amount of Paid Capital: \_\_\_\_\_
- f. If, subsidiary, Name of Parent Corporation: \_\_\_\_\_
- g. Purpose of Incorporation: \_\_\_\_\_

7. Description of Licensed Premises: Address: \_\_\_\_\_

Legal Description: (Lot & Block): \_\_\_\_\_  
(Also Submit on an attached page a Diagram of the physical layout of the licenses premises including, A minimum: doors, storage areas, & areas where liquor/beer is purchased and consumed.)

8. List Names, Current Addresses, and Dates of Birth, ages & citizenship of all the Officers, Directors, Managers, Agents, and all Persons Holding 1% or more of the Capital Stock in the Corporation. (Note: Separate Notarized List of each individual's Name, Social Security Number and Addresses for last 5 years is required, the Privacy of which will be maintained by City but is required for Background Check:

9. List Names, Current Addresses, Dates of Birth, ages & citizenship of All Persons Who will have charge, management or control of the establishment for which the license is requested. (Note: Separate Notarized List of each individual's Name, Social Security Number and Addresses for last 5 years is Required, the Privacy of which will be maintained by City but is required for Background Check:

10. Name of Individual who is to be in Charge of the Day-to-Day Operations and management of the licensed premises: and will be responsible for complying with the municipal ordinances and state laws covering the operation of the premises:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If naturalized, give date and Place of Naturalization: \_\_\_\_\_

List all Other Places of Residence within last 5 Years:

11. List the occupations and employers of each of the individuals listed in answer to questions 8, 9 and 10 during the last 5 years. *(Use a separate page to answer this question).*

12. Ownership/Lease: If licensed premises is owned by Applicant, provide date of purchase.  
*(If licensed premises is leased, attach copy of executed and dated Lease.)*

13. Does Applicant certify that all property taxes have been paid to date on the licenses premises?  
Yes                      No

14. Have any of the individuals identified in answer to Questions 8, 9, and 10 ever engaged in the sale or distribution of alcoholic beverages (as an owner, manager, or employee) at a location other than in the City of Mandan at any time prior to this application. Yes:              No:              *(If yes, explain in detail on a separate page location, type of business and dates of license or employment).*

15. Have any of the individuals identified in answer to Questions 8, 9 and 10 ever had a license of any kind (including alcoholic beverage license, other business licenses or motor vehicle license) suspended, revoked or non-renewed by any political subdivision, state or federal agency. Yes:              No:  
*(If yes, explain in detail on a separate page)*

16. Have any of the individuals identified in answer to Questions 8, 9 and 10 ever been convicted of a violation of any law of the United States, or of any state or political subdivision, other than minor traffic violations, (but including reckless driving or driving under the influence). Yes              No  
*(If yes, explain the violation in detail on a separate page.)*

17. Do any of the individuals named in answer to questions 8, 9 an 10 have any interest whatsoever in any other liquor establishment, either at wholesale or retail, within or without the state of North Dakota. (The interest which must disclose also includes a right of inheritance by law or by will). Yes              No  
*If, yes please explain in detail on a separate page.*

18. Does anyone other than the Corporation applying for this alcoholic beverage license or the business owing the premises have any right, estate, or interest in the lease hold, building, or furniture, fixtures or equipment, in the premises for which the license is requested. Yes              No  
*(If yes, explain in detail on a separate page).*

19. Does the Corporation applying for this alcoholic beverage license have any agreement, contract, understanding or intention to have any agreement, contract or understanding, with any person, partnership, or corporation to obtain for any other person, partnership or corporation, or to transfer to any other person, partnership or corporation the license for which this applications is made or to obtain for any other person, partnership or corporation, for any other purpose other than for the specified use of the applicant. Yes                      No                      *(If yes, explain in detail on a separate page).*

20. Does the Corporation applying for this license or the person, partnership or corporation owing the premises named herein, engage in any business other than that for which the license is sought or intending to engage in any business other than for the sale of alcoholic beverages under the license for which this application is made. Yes:                      No:                      *(If yes, explain, in detail on a separate page giving the type of business and identification of any and all owners.)*

21. List the names and addresses of all officers, directors, and stockholders of the Corporation who are engaged or employed in a capacity in the conduct or operation of the business at which the alcoholic beverage license is to be used.

22. The corporation must have a valid Certificate of authority issued by the North Dakota Secretary of state and a valid Alcoholic Beverage License issued by the ND Attorney General's Office. *(A copy of the Certificate of Authority and ND Alcoholic Beverage License must be attached hereto.)*

23. List the names, addresses of at least 3 business references.

24. Does the building or structure in which the business is to be conducted meet all applicable state and local building, health and zoning regulations and requirements? Yes                      No                      *(Applicant must attach certifications of compliance from each state and/or local agency or department responsible for building, health and zoning regulations.)*

25. List all the names of individuals who are authorized to make purchases for the business at which the license is to be used and located.

*(Note: These individuals must submit their names, current address and social security numbers on the forms which will protect there rights of privacy, but allow the appropriate police department background checks to be done. If not attached, the application will be deemed incomplete.)*

26. List the names of all individuals who are authorized to sign checks used to pay the payroll and expense bills of the business at which the license is to be used.



