CITY OF
MANDAN
WHERE THE WEST BEGINS

Corporation Liquor License Application

City of Mandan
Liquor License Application Information

It is required that the applicant(s) read and understand the City of Mandan Municipal Code Chapter 4 related to Alcoholic Beverages before submitting a completed application.
(https://library.municode.com/nd/mandan/codes/code_of_ordinances?nodeId=PT2CO_CH4ALBE)

A completed application will need to be filed with the City's Finance Department along with a $250 non-refundable application fee.

Once the application and fee are received, the Finance Department will receipt the payment and move the application through the internal application verification steps with the Police, Building Inspections, Fire, and Public Health Department. If at any time there is an issue or concern found during the internal verification steps, the Finance Department will contact the applicant.

After the application passes all internal verification steps, the Finance Department will contact the applicant for payment of the Liquor License Annual and Issuance (if applicable) fees. These fees are outlined on Page 3. The Annual License fee will be collected for all License Classes at a prorated amount based off the number of months left in the license year (July 1 to June 30) at the time of Commission approval (Annual License fee/12 months X the number of valid months of the license year at the time off approval). Class A, BWO, D, and D1 licenses carry an separate Issuance fee that will need to be paid in addition to the prorated Annual License fee. The application will not be submitted for approval from the City Commission until all License fees are paid.

Once payment for the Annual and Issuance (if applicable) fees are collected and receipted, the Liquor License application will be placed on the soonest available agenda for consideration by the City Commission. The Finance Department will contact the applicant to notify them of the date of the meeting.

After approval from the City Commission, the Finance Department will mail the physical license to the mailing address listed on the application.

If at any time, the applicant has any questions or concerns, they can contact the Finance Department at:

Phone: 701-667-3489

Email: businesslicensing@cityofmandan.com

Mailing Address: 205 2nd Ave NW Mandan, ND 58554

The Applicant will also need to contact Western Plains Public Health and the State of North Dakota Attorney General's Office for other licensing needed for the City license to be valid.

City of Mandan Liquor License Fees
Effective as of July 1, 2022

Annual License Fee

Class	License	Fee
Class A	General Retail On & Off Sale Beer & Liquor	$4,100
Class B	Club on & Off Sale Beer & Liquor	$3,720
Special B	Publicly Owned or Operated Facilities On Sale Beer	$380
Special B	Publicly Owned Facilities On Sale Beer & Liquor	$380
Class BWO	Retail On Sale Beer & Wine	$1,2120
Class C	Motel & Hotel On & Off Sale Beer & Liquor	$3,850
Class D	Exclusive Off Sale Beer & Liquor	$4,100
Class D1	Exclusive Off Sale Beer & Wine	$820
Class DY	Distilled Spirits	$820
Class E	Restaurant On Sale Beer & Liquor	$2,630
Class F	Restaurant On Sale Beer & Wine	$1,210
Class G	Commercial Passenger Vessels	$1,520
Class MP	Member Producer	$820
Class WB	Wine or Brewery	$820
Class H	Catered Retail Beer, Wine, & Liquor On-Premises	$650

License Issuance Fee

Class	License	Fee
Class A	General Retail On & Off Sale Beer & Liquor	$60,000
Class BWO	Retail On Sale Beer & Wine	$3,000
Class D	Exclusive Off Sale Beer & Liquor	$80,000
Class D1	Exclusive Off Sale Beer & Wine	$40,000

Other Liquor License & Permit Fees

License/Permit	Fee
Application Fee (New Liquor License Applications Only)	$250
Late Application (Liquor License Renewal Applications Only)	$50
Special Event—Alcohol Vendor Permit	$50
Special Catering Permit	$25
Special Catering Permit (less than 7 days prior to event)	$50

Return to form to:
businesslicensing@cityofmandan.com

License Year: July 1, 2026 to June 30, 2027

CORPORATION LIQUOR LICENSE APPLICATION

PLEASE TYPE OR PRINT

Corporation Name	State of Incorporation	Date of Incorporation

Purpose of Incorporation	If subsidiary, Name of Parent Corporation

Name of Business at which license is requested (DBA) (Must match State of ND Registration)	Business Phone Number

Business Address (Physical Street Address)	City	State	Zip Code

Legal Description of Property (Lot & Block)	**Applicant must attach a diagram of the physical layout of licensed premises including at a minimum: doors, storage areas, and areas where liquor/beer is purchased and consumed.**

Mailing Address	City	State	Zip Code

Contact Person	Contact Person Phone Number	Contact Person E-mail Address

Type of License: Class A ☐ B ☐ C ☐ D ☐ D1 ☐ E ☐ F ☐ WB ☐ MP ☐ DY ☐ BWO ☐ SPEC. B ☐ H ☐

1. List names, current addresses and any other address in the last 5 years, dates of birth, driver's license # and state issued, and citizenship of all the Officers, Directors, and Stockholders, 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. **It is required that the applicant list each individual's name, addresses for the last 5 years, dates of birth, driver's license #, and citizenship, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

2. List names, current addresses and any other addresses in the last 5 years, dates of birth, driver's license # and state issued, and citizenship of all Persons who will have charge, management, or control of the establishment for which the license is requested. **It is required that the applicant list each individual's name, addresses for the last 5 years, dates of birth, driver's license #, and citizenship, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

3. Name of Individual who is to be in charge of the day-to-day operations and management of the licensed premises, and who will be responsible for complying with the municipal ordinances and state laws covering the operation of the premises. (**If the manager changes during the course of the license period, you must provide the Finance Department with the updated information about the new manager immediately.**)

Name			
Address	City	State	Zip Code
Date of Birth	Age	Citizenship	
If naturalized, give date and place of Naturalization			
Please list all other places of residence in the last five (5) years			

4. It is required that the applicant attach a separate list showing the occupations and employers of each individual listed in answers to Items 1, 2, and 3 during the last five (5) years.

5. Have any individuals identified in Item 1, 2, and 3 ever engaged in the sale or distribution of alcoholic beverages (as an owner, manager, or employee) previously?

Yes ☐ No ☐ *If yes, applicant must attach a separate page explain in detail the type of business and dates of license or employment*.

6. Have any individuals identified in Item 1, 2, and 3 ever had a license of any kind (including alcoholic beverage license, other business license, or motor vehicle license) suspended, revoked or not renewed by any local, state, or federal agency?

Yes ☐ No ☐ *If yes, applicant must attach a separate page explaining the violation in detail.*

7. Have any of the individuals identified in Item 1, 2, and 3 ever been convicted of a any crime at the United States, state, or local level, other than a minor traffic violations (but including reckless driving or driving under the influence)?

Yes ☐ No ☐ *If yes, applicant must attach a separate page explaining the violation in detail.*

8. Do any of the individuals identified in Item 1, 2, and 3 have any interest whatsoever in any other liquor establishment, either at wholesale or retail, within or out of the state of North Dakota? The interest which must be disclosed also includes a right of inheritance by law or will.

Yes ☐ No ☐ *If yes, applicant must attach a separate page explaining in detail.*

9. List the names, addresses, dates of birth, and driver's license # and state issued of all individuals who are authorized to make purchases for the business at which the license is to be used and located**. It is required that the applicant list each individual's name, addresses for the last 5 years, dates of birth, and driver's license #, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

10. List the names, addresses, dates of birth, and driver's license # and state issued of all individuals who are authorized to sign checks used to pay payroll and expense bills of the business at which the license is to be used. **It is required that the applicant list each individual's name, addresses for the last 5 years, dates of birth, and driver's license #, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

11. Does Applicant certify that all property taxes have been paid to date for the licensed premises?

Yes ☐ No ☐ *If property taxes are not paid, the application will not be considered complete.*

12. If licensed premises is owned by Applicant, please provide the date of purchase. _____

If licensed premises is leased, Applicant must attach a copy of executed and dated lease.

13. Does anyone other than the Corporation applying for the alcoholic beverage license or the business owing the premises have any right, estate, or interest in the lease hold, building, furniture, fixtures, or equipment, in the premises for which the license if requested.

Yes ☐ No ☐ *If yes, applicant just attach a separate page explaining in detail.*

14. Does the Corporation applying for this alcoholic beverage license have any agreement, contract, understanding, or intention to have any agreement, contract, or understanding to obtain this license for another, or to operate the business for another, or as agent for another?

Yes ☐ No ☐ *If yes, applicant must attach a separate page explaining in detail.*

15. 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, applicant must attach a separate page explaining in detail.*

16. 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 ☐

18. List the names, addresses, and phone numbers for at least 3 business references.

For this application to be considered complete, please make sure you attach the following on separate pages:

1. Diagram of physical layout of licensed premises including entrances, exits, interior doors, windows, tables, coolers, storage, room dividers, and areas where liquor can be purchased and consumed. If the licensed site is part of a larger building such as restaurant, areas such as mixing, serving, and storage must be identified. The diagram should be submitted on a plain 8.5x11 sized paper. The diagram should also include the agency name and the direction “North”. The diagram may be hand drawn, but it must be neat and reasonably accurate.
2. A list of occupations and employers for each individual listed in answers to Item 1, 2, and 3 for the last 5 years.
3. If the licensed premise is leased, a copy of the executed and dated lease.
4. Any explanations required by answering any question with “Yes”.

Application continues on the next page.

STATE OF NORTH DAKOTA) Affidavit of Application Completeness and Accuracy,
) ss. Sworn Statement of Conditions of Licensure,
COUNTY OF MORTON) and Agreement of Right to Entry of City Personnel

I, _____, having been sworn and under oath, state that I am a duly authorized officer or director, namely _____, of the above named corporation which hereby applies for the above referenced alcoholic beverage license in the City of Mandan, and I do hereby certify that the above information is true and correct to the best of my knowledge and beliefs.

I do further certify that said corporation and its officers, directors, and employees will abide by the provisions of Chapter 12-01, 12-02, and 12-03 of the Mandan Code of Ordinances and any amendments thereto, as well as all applicable laws of the State of North Dakota, and the United States Government and that said Corporation, its officers, directors, and employees will not permit the violation of any law, rule, or regulation on the premises at which the license is authorized. I further certify that the corporation, it officers, directors, and employees will only authorize the retail sale of liquor, including beer, wine, and other spirits as defined by the North Dakota Century Code, as the premises designated in the application and depicted on the attached diagram.

I do further certify and affirm on behalf of the corporation, its officers, directors, and employees that the corporation will not sell or permit the sale of alcoholic beverages to a minor, incompetent person, anyone who is under the influence, or a habitual drunkard and that I will accept any penalty including suspension or revocation of the license for any violation of said prohibited sale.

I do further certify and affirm that the applicant corporation, its officers, and directors understand and acknowledge that any license granted under this application confers no property right to the applicant or licensee, and that said license will not be transferable except by specific authority of the Mandan Board of Commissioner.

I do further certify and affirm that the applicant corporation, its officers, directors, and employees do hereby consent to the entry of any city official (including administrative, building, zoning, health, and fire officials) and its police officers upon the premises described herein at any hour of the day or night and that they shall have free access to the described premises and every part thereof for the purpose of inspecting the premises and the records of this application relating to the operation of the premises, and purchase and sale of alcoholic beverages. I further certify and affirm that the corporation, its officers, directors, and employees do hereby waive any and all rights that they may have under the Constitution of the United States and the State of North Dakota, relative to searches and seizures without issuance of a search warrant, and the Applicant does hereby agree that such immunities shall never be claimed by then, and that such entry, inspection, search and seizure may be made at any time without a search warrant, which waiver of right is acknowledged to be a condition of licensure.

Dated on this _____ day of _____, 20_____.

Signature: _____

NOTARY:
Subscribed and sworn to before me on this _____ day of _____, 20____.

_____
Signature of Notary

(Notary Seal)

STATE OF NORTH DAKOTA)
)
COUNTY OF MORTON)

I, _____, being first duly sworn, deposes and says that they are the individual who executed the foregoing and above affidavit of application completeness and accuracy, sworn statement of licensure conditions, and agreement of right to entry by city personnel, that they have read each question and statement contained therein and knows the contents thereof to be true and accurate, and that they have furnished the answers set forth in said application, and that each one of said answers is true to the best of their knowledge.

Dated on this _____ day of _____, 20_____.

Signature: _____

NOTARY:
Subscribed and sworn to before me on this _____ day of _____, 20____.

_____
Signature of Notary

(Notary Seal)

OFFICE USE ONLY

Date Application was submitted: _____

$250 Application Fee Paid: Y N Date: _____

Finance Review Completed By: _____ Date: _____

Did application advance to the next step? Y N

Police Department Review Completed By: _____ Date: _____

Did application advance to the next step? Y N

Building Inspection Review Completed By: _____ Date: _____

Did application advance to the next step? Y N

Fire Department Review Completed By: _____ Date: _____

Did application advance to the next step? Y N

Health Department Review Completed By: _____ Date: _____

Did application advance to the next step? Y N

Date of Commission Consideration: _____

Months of License Year: _____

Prorated Annual License Fee: $ _____ Date: _____

License Issuance Fee: $ _____ Date: _____

Commission Approval: Y N