



CITY OF
MANDAN

WHERE THE WEST BEGINS

**Individual or Partnership
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 form to:
businesslicensing@cityofmandan.com

INDIVIDUAL OR PARTNERSHIP LIQUOR LICENSE APPLICATION

PLEASE TYPE OR PRINT

Legal Name of Company (Must match State of ND Registration)			
Name of Business at which license is requested (DBA)		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	
Are you applying as: An Individual A Partnership			
Type of License: Class A B C D D1 E F WB MP DY BWO SPEC. B H			

1a. If business is owned by an individual, please provide the name, current address and any other address in the last 5 years, date of birth, and driver’s license # and state issued, and citizenship of the individual. **It is required that the applicant list the individual name, addresses for the last 5 years, date of birth, and driver’s license number, and citizenship, the privacy of which will be maintained by the City of**

1b. If business is owned by a partnership, give the name of the partnership and the names, current addresses and any other addresses in the last 5 years, dates of birth, and driver’s license numbers and state issued, and citizenship for each member of the partnership. **It is required that the applicant list each individual’s name, addresses for the last 5 years, date of birth, and driver’s license number, and citizenship, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

2. 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			

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

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

Yes No *If yes, the applicant must attach a separate page explaining in detail the location, type of business, and date of license or employment.*

5. Have any of the individuals identified in Item 1a, 1b, and 2 ever has 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, the applicant must attach a separate page explaining the violation in detail*

6. Have any of the individuals identified in Item 1a, 1b, and 2 ever been convicted of a any crime other than minor traffic violations (but including reckless driving or driving under the influence)?

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

7. Do any of the individual identified in Item 1a, 1b, and 2 have any interest whatsoever in any other liquor establishment, either wholesale or retail, within or outside 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, the applicant must attach a separate page explaining in detail.*

8. List all the names, addresses, dates of birth, and driver's license numbers and state issued for 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, date of birth, and driver's license number, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

9. List all the names, addresses, dates of birth, and driver's license numbers and state issued for all individuals who are authorized to sign checks used to pay payroll and expenses 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, date of birth, and driver's license number, the privacy of which will be maintained by the City of Mandan, but is required for the proper background checks.**

10. Does the applicant certify that all property taxes have been paid to date on the license premises?

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

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

If licensed premises is leased or under contract for deed, the Applicant must attach a copy of executed and dated lease or contract.

12. Does anyone other than the Individual or Partnership applying for this 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 is requested?

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

13. Does the Individual or Partnership 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, for as agent for another?

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

14. Does the Individual or Partnership applying for this license, 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 has been made?

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

15. 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

16. 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.

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