



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

## RENEWAL APPLICATION - RETAIL ALCOHOLIC BEVERAGE APPLICATION

The undersigned applicant states that the following information is true and correct. PLEASE TYPE OR PRINT.

Business will be conducted as:		Individual	Partnership	Cooperative Association	
		Corporation	Limited Liability Company	Other (Please Explain)	
Name of person completing and signing this form (Must be listed under ownership information section or manager)					
Name of individual applicants, or legal name of corporation, partnership, LLC, etc. applying for renewal of a license					Your Title
Name of Manager				Phone Number	
DBA or Doing Business As Name				Business Phone Number	
Business Address (Physical Street Address)		City		State	Zip Code
Mailing Address		City		State	Zip Code
Contact Person		E-mail		Contact Person Phone #	

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

Class A - General Retail On & Off Sale Beer & Liquor: \$4,100  
 Class B - Club On & Off Sale Beer & Liquor: \$3,720  
 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 E - Restaurant On Sale Beer & Liquor: \$2,630  
 Class F - Restaurant On Sale Beer & Wine: \$1,210

Class WB - Winery or Brewery: \$820  
 Class MP - Member Producer: \$820  
 Class DY - Distilled Spirits: \$820  
 Class BWO - Retail On Sale Beer & Wine: \$1,210  
 Class Spec. B - Publicly Owned or Operated Facilities On Sale Beer: \$380  
 Class H - Catered Retail Beer, Wine & Liquor On-Premises: \$650

**Ownership Information (required):** If application is a non-profit corporation or cooperative association, the full governing board (officers and governing board or board of directors) must be provided. All other applicants must include information for all individual owners, officers, directors, and shareholders of a corporation. Owners, governors, and members of a limited liability company, and all partners of a partnership. 100% of ownership must be disclosed.

TITLE	NAME	HOME ADDRESS	CITY	STATE	PHONE #	% OF OWNERSHIP	DATE OF BIRTH

1. Are the premises the same as stated in your original application for a license? Yes No

If no, you must submit a new application for a license.

2. Has the applicant or owners/managers of your business establishment been convicted of any City or State liquor law or ordinance violation or felony within the last year? Yes No

If yes, please attach a statement giving full details.

3. Do you reaffirm your responses to all questions in your original application? Yes No

If no, please attach a statement stating the answers you do not reaffirm and your reasons.

4. Do you agree to abide by the laws and conditions set forth in your original license application? Yes No

If no, please attach an explanation.

5. Has there been any violations for the applicable State/County laws or Mandan Code of Ordinances? Yes No

If yes, attach a statement giving full details.

6. Has there been any change in ownership of your business? Yes No

If yes, you must submit a new application for a license.

7. Give the date when the applicant began to operate in the city of Mandan. \_\_\_\_\_

8. Do you agree that any misstatement or concealment of fact in your application for Renewal of Alcoholic Beverage License shall be grounds for revocation of your license. Yes No

9. Do you agree to operate your retail liquor business in full conformity with applicable municipal ordinances of the City of Mandan and the laws of the State of North Dakota? Yes No

10. Are the Property Taxes current? Yes No

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
**Owner's Signature**

If a corporation, limited liability company, or partner ship indicate office held.

STATE OF NORTH DAKOTA )  
 ) ss.  
COUNTY OF MORTON )

Affidavit of Application Completeness and Accuracy, Sworn Statement of Conditions of  
Licensure, and Agreement to Right of Entry of City Personnel

I, \_\_\_\_\_, having been sworn and under oath, state that I am named Owner or Partner of the above named Individual or Partnership, or 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 Individual, Partnership, or Corporation, and its 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 Individual, Partnership, or Corporation, and its 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 said Individual, Partnership, or Corporation acknowledges that this license will only authorize the retail sale of liquor, including beer, wine, and other spirits as defined by the North Dakota Century Code, and limited by this application, at the premises designated in this application.

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

I do further certify and affirm that the said Individual, Partnership, or Corporation understands and acknowledges 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 City Commissioners.

I do further certify and affirm that the said Individual, Partnership, or Corporation, and its 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 hours 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 applicant relating to the operation of the premises, and purchase and sale of alcoholic beverages. I further certify and affirm that said Individual, Partnership, or Corporation, and its 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 said Individual, Partnership, or Corporation, and its employees do hereby agree that such immunities shall never be claimed by them, and that such entry, inspection, search and seizure maybe made at any time without a search warrant, which waiver of rights is acknowledged to be a condition of licensure.

Dated at Mandan, North Dakota, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Individual:

By: \_\_\_\_\_

Partnership: (must have both signatures)

By: \_\_\_\_\_

By: \_\_\_\_\_

Corporation:

By: \_\_\_\_\_

Its:

Attest:

By: \_\_\_\_\_

Its:

**INDIVIDUAL OR CORPORATION**

STATE OF NORTH DAKOTA )  
 ) ss.  
COUNTY OF MORTON )

\_\_\_\_\_ 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal \_\_\_\_\_

**PARTNERSHIP**

STATE OF NORTH DAKOTA )  
 ) ss.  
COUNTY OF MORTON )

\_\_\_\_\_ and \_\_\_\_\_ being first duly sworn, deposes and says that they are the partners in the partnership identified therein, and are 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

By: \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal \_\_\_\_\_