



City of West Fargo
 Attn: Liquor Control Board
 800 Fourth Ave. E., Suite 1
 West Fargo, ND 58078

Phone: 701-515-5006
 Email: stanna.flom@westfargond.gov

LIQUOR LICENSE RENEWAL (FORM C)

Application must be completed in full and include applicable license fees or it will not be accepted.

For period beginning _____, _____ and ending June 30, _____
 Business Name: _____
 DBA/Name: _____
 Business Address: _____
 Phone Number: _____ Cell Phone: _____ Email: _____

I. TYPE OF LICENSE BEING APPLIED FOR:

(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)

	License Fees
Retail Bar On and Off Premises Liquor/Beer/Wine	\$3000
Retail Bar On Premises Liquor/Beer/Wine	\$2000
Retail Off-Sale Premises Liquor/Wine/Beer	\$2000
Retail Club/Lodge On Sale Liquor/Wine/Beer	\$2000
Wholesale	\$2000
Restaurant On and Off Sale Liquor/Beer/Wine	\$2000
Restaurant On Premise Liquor/Wine/Beer	\$2000
Retail Business On Premise Beer/Wine	\$1200
Retail Convenience/Grocery Store Off-Sale	\$500
Public Facilities License	\$2000

Total Due:

- 1) **Application fee must be submitted with application**
- 2) If you are renewing a **On-Premises Liquor License** and plan to allow customers under the age of 21 in your establishment, attach a CPA statement indicating that your gross sales of food are equal to or greater than gross sales of alcoholic beverages in the dining area where minors are allowed.
- 3) For all license applications **attach** a copy of your certificate of insurance. **Minimum requirements: \$50,000 per person and \$100,000 per occurrence and Liquor Liability (Dram Shop) Insurance.**

II. APPLICANT DATA: (individual filling out application for license):

Your Full Name: (First, Middle, Last): _____
 Applicant Legal Address: _____
 Date of Birth: _____ Social Security #: _____ US Citizen : _____

Applicant Email Address: _____

Applicant Phone #: _____ How long have you been a resident of ND? _____ Have you ever been convicted of any violation, or any law, other than a traffic offense in the U.S.? _____ If yes, what crime?

What Court? _____ Have you ever been convicted of any violation of a law governing the manufacture, sale, consumption or possession of intoxicating beverages? _____ If yes give details:

Please list any current or previous liquor licenses your business has held: _____

Have you ever had a license revoked or rejected by any municipality or state? _____ If yes when, where and give details: _____

Will you be engaged in any other form of business besides the sale of liquor under the applied license? _____ If yes when, where and give details: _____

List names, addresses and phone numbers of three business references (at least one bank), and state the extent of your business relations with each:

1. _____
 2. _____
 3. _____
- _____

III. RESIDENT MANAGER INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____ How long has resident manager been at this location? _____ If manager has changed since last application period, please list managers previous employment for the past five years: _____

IV. BUSINESS DATA:

Name of Business (DBA): _____ Mailing

Address of Licensed Establishment: _____

Establishment Phone #: _____

Business Type: (Sole Proprietorship, Partnership, Corporation) _____ Based on the

business type above provide below **any changes** to the ownership list since your last application. **For all new individuals please provide name, address and date of birth as well as percentage of ownership if applicable:**

List any person (including name, address, date of birth and association with business), other than the applicants listed, with any right, title, estate or interest in the leasehold, furniture, fixtures or equipment in the premises for which the license is requested: _____

Does the business have any interest, directly or indirectly, with any other liquor establishment in any state? _____ If yes, give names and addresses of the establishments: _____

V. ATTACH A DETAILED FLOOR-PLAN OF BUSINESS ONLY IF CHANGES HAVE BEEN MADE SINCE LAST APPLICATION

VI. EMPLOYEE ROSTER LIST - SERVER TRAINING (PLEASE ATTACH)

Server training must be kept current and is subject to periodic review.

Information on signup and training is available online Fargo Cass Public Health Department's website:

www.fargocasspublichealth.com.

VII. VALIDATION/SIGNATURES Y or N

Do you agree not to permit the sale of alcohol on said premises to a minor, incompetent person, or a person who is

inebriated or a habitual drunkard? Yes No

Do you understand that any license granted with this application will not be transferable except by specific authority of the governing body and will authorize the sale of products as applied for only at the place and premises designated in the application

and said license? Yes No

Have you reviewed the Alcoholic Beverage Ordinances(s) of the City of West Fargo and are familiar with the conditions

and requirements of these ordinances? Yes No

If granted an alcoholic beverage license, will you comply with the State of North Dakota Liquor Control Act and the City of West Fargo Alcoholic Beverage Ordinances, as well as any amendments to either of these, which may be made in

the future? Yes No

(copy of current ordinance provided with application)

Do you understand that approval of license application is contingent upon having completed successful inspections from the Police Department, Fire Department, Building Inspection Department and Cass County Health Department?

Do you certify that property owned in connection with this license does not have real and/or personal

property taxes that are delinquent? Yes No

For leased/rented property, do you certify that all payments are current? Yes No

I(We) am (are) familiar with the information in this completed application, the answers and information contained herein are, to the best of my (our) knowledge true, complete and accurate

All signatures must be notarized.

List owner(s) names (In case of a Corporation only President and Secretary are required):

Name : _____

Title: _____

Signature: _____

Date: _____

Name : _____

Title: _____

Signature: _____

Date: _____

Before me personally appeared: (list names from above) _____

Subscribed and sworn before me on this _____ day of _____, 20____

(Signature of Notary Public)

My Commission expires: _____

Notary Public for _____, _____

(County (State))

VIII. BACKGROUND CHECK AUTHORIZATION

To: _____

(Please leave blank - for use of WF Police Department)

YOU ARE HEREBY AUTHORIZED to release to the bearer of this authorization, any and all information concerning my dealings as a customer of your institution. Said information is to be given in connection with the investigation by the West Fargo Police Department in relation to a liquor license request.

PRINTED NAME OF APPLICANT: _____

By releasing this information to the West Fargo Police Department, I understand that my information may be subject to North Dakota open record laws.

Signature of Applicant: _____ Date: _____

Please forward the records for the above investigation for a City liquor license to:

West Fargo Police Department
ATTN: License Investigations
800 4th Avenue East, Ste 2 West
Fargo, ND 58078

Fax: 701-515-5001

