RENEWAL APPLICATION - State Retail Alcoholic Beverage License - Individual

OFFICE OF ATTORNEY GENERAL

SFN 14323 (REV. 07-2009)

THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

TYPE OR PRINT LEGIBLY (ALL QUESTIONS ARE REQUIRED TO BE ANSWERED)

Name of Applicant(s)	Home Telephone No.	E-mail address: (optional)	
Name of Manager	Home Telephone No.	County Where Premises are Located	
Name of Business	Business Telephone No.	Application is for: ☐ Beer License ☐ Liquor License	
Business Address (Street)	City	State	Zip Code
Mailing Address	City	State	Zip Code

QUESTIONS	'X' ANSWER YES	'X' ANSWER NO	EXPLANATIONS (Attach additional sheets if necessary)
1. Are you a legal resident of the United States?	[ ]	[ ]	
2. Have you been "charged" with or convicted of a felony or misdemeanor within the last year? **(If 'YES' list all** charges, criminal convictions and the disposition of each attach separate sheets if necessary.)	[ ]	[ ]	
3. Does the building meet state and local sanitation and safety requirements? **(If 'NO' explain.)**	[ ]	[ ]	
4. Do you have a current city, county, or tribal alcoholic beverage license?	[ ]	[ ]	
5. Is your business within the limits of an incorporated city?	[ ]	[ ]	
6. Do you have any agreement or understanding, or do you intend to have any agreement or understanding, to obtain this license for any other person, partnership or corporation, or to obtain it for any other than the specific use of the applicant? **(If 'YES' give details.)**	[ ]	[ ]	
7. Do you lease, or intend to lease, the premises to any other person, partnership, or corporation for the sale of alcoholic beverages? **(If 'YES' give details.)**	[ ]	[ ]	

Signature of Applicant(s):

State of _____)

)

County of _____)

Subscribed and sworn to before me this _____ day of _____ , 20_____

Return To: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329

(Seal)

Notary Public:

My commission expires on: