RENEWAL APPLICATION - State Retail Alcoholic Beverage License - Organization

OFFICE OF ATTORNEY GENERAL

SFN 14324 (REV. 06-2008)

THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

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

Your Name	Title	E-mail Address: (optional)	
Organization Name (i.e., Corporation, Limited Liability Co., etc.)	Business Telephone No.	Application is for: ☐ Beer License ☐ Liquor License	
Name of Business		County Where Premises are Located	
Business Address (Street)	City	State	Zip Code
Mailing Address	City	State	Zip Code
Manager		Home Telephone No.	

If organization consists of more than one entity, draw a flow chart showing all entities and their connection in the make-up of the organization
(Example: If a corporation is one of the partners in a limited partnership, etc.)

IF CORPORATION or FRATERNAL ORGANIZATION, List officers; **IF LIMITED LIABILITY COMPANY**, List managers, governors, or individual members, or corp., LLC, etc.; **IF LIMITED PARTNERSHIP, GENERAL PARTNERSHIP or LIMITED LIABILITY PARTNERSHIP**, List general partners, limited partners, individual partners, or corp., LLC:

TITLE	NAME	HOME ADDRESS	DAYTIME PHONE

DIRECTORS (if "none", please indicate)

NAME	ADDRESS

1. Does your organization have a current city, county, or tribal alcoholic beverage license? ☐ YES ☐ NO
2. Is your business located within the limits of an incorporated city? ☐ YES ☐ NO
3. Does the building where the business is located meet local and state sanitation and safety requirements? ☐ YES ☐ NO
4. Have manager, officers, directors, shareholders, members, individual partners, or any individuals within the organization been charged with or convicted of a felony or misdemeanor within the past five years? ☐ YES ☐ NO
   If YES, attach a full explanation.
5. Are manager, officers, directors, shareholders, members, individual partners, and all individuals within the organization legal residents of the United States and persons of good moral character? ☐ YES ☐ NO

(OVER)

6. Are there shareholders or members other than those named as officers, directors or governors? ☐ YES ☐ NO
If "Yes", list the names, addresses and number of shares or units held by those persons. (If number of persons exceeds ten(10) list only the ten highest shareholders or members.

Name	Address	Number of shares	Name	Address	Number of shares

7. Have you any agreement or understanding, or intend to have any agreement or understanding, to obtain this license for any other person, partnership or organization, or to obtain it for any other than the specific use of the applicant? ☐ YES ☐ NO

If YES, give details:

8. Do you lease, or intend to lease, the premises to any other person, partnership or organization for the sale of alcoholic beverages? ☐ YES ☐ NO

If YES, give details:

Signature of Applicant(s):

State of _____)
)
County of _____)

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

Notary Public:

My commission expires on:

(Seal)

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