APPLICATION FOR STATE RETAIL ALCOHOLIC BEVERAGE LICENSE (INDIVIDUAL)

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN11065 (Rev. 07-2009)

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

Name of Applicant(s):	Are you a legal resident of the United States ? ☐ Yes ☐ No		Home Telephone Number:
Name of Business:			Business Telephone Number:
Name of Manager:			Home Telephone Number:
Business Address: (Street Address)	City:		Zip Code:
Mailing Address: (Street Address or P.O. Box)	City:	State	Zip Code:
E-mail Address: (optional)	E-mail Contact Person:	Official Position of E-mail Contact Person:	

City and county in which premises are located:

City:	County:

1. Do you have a current city, county, or tribal license? ☐ Yes ☐ No (Please attach a copy of local license)
2. Is your business within the limits of an incorporated city? ☐ Yes ☐ No
3. Type of License Requested: ☐ Beer ☐ Liquor / Wine
4. Are you currently licensed by this office? ☐ Yes ☐ No

   If YES, give license number:
5. Is this business being taken over from another? ☐ Yes ☐ No

   If YES, who is the former owner?
6. Intended beginning date of alcoholic beverage sales:
7. Does the building meet state and local sanitation and safety requirements? ☐ Yes ☐ No (Please attach copies of reports)
8. Have you any agreement or understanding, or 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? ☐ Yes ☐ No

   If YES, give details:
9. Do you lease, or intend to lease, the premises to any other person, partnership or corporation for the sale of alcoholic beverages? ☐ Yes ☐ No

   If YES, give details:
10. Have you any interest whatsoever, directly or indirectly, in any other liquor establishment in or out of the state of North Dakota? ☐ Yes ☐ No

    If "YES" give details:

(OVER)

11. Draw a clear and understandable floor plan of the premises. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and moveable partitions. Use a different color to outline the area to be used for the sale and/or dispensing (i.e. "licensed premises") of alcoholic beverages.

Signature of Applicant(s):

State of _____)
)
County of _____)

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

(Seal)

Notary Public:

My commission expires on:

FEE SCHEDULE

	ALCOHOLIC BEVERAGE LICENSE FEE (Pop. Over 500)		ALCOHOLIC BEVERAGE LICENSE FEE (Pop. 500 & Under)	
	BEER	**LIQUOR / WINE**	**BEER**	**LIQUOR / WINE**
January	$100.00	$100.00	$50.00	$50.00
February	91.67	91.67	45.83	45.83
March	83.33	83.33	41.66	41.66
April	75.00	75.00	37.50	37.50
May	66.66	66.66	33.33	33.33
June	58.33	58.33	29.16	29.16
July	50.00	50.00	25.00	25.00
August	41.67	41.67	25.00	25.00
September	33.33	33.33	25.00	25.00
October	25.00	25.00	25.00	25.00
November	25.00	25.00	25.00	25.00
December	25.00	25.00	25.00	25.00

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