RENEWAL APPLICATION-STATE RETAIL ALCOHOLIC BEVERAGE LICENSE

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN14324 (10-2016)

License Number (Office Use Only)
License Year December 31,_____

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 form (Must be individual listed on this application)	Your Position
Name of individual applicants renewing license, or if organization, legal name of entity	
Name of Manager (Must complete SFN 10866 "Personal Information Form" if not on file)	Telephone Number
Name of Business	Business Telephone Number

Business Address (Street Address)	City	ZIP Code	County
Mailing Address	City	State	ZIP Code

E-mail Address	E-mail Contact Person	Official Position of E-mail Contact Person

OWNERSHIP INFORMATION: Provide ownership information. If applicant is a nonprofit 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 owners, officers, directors, and shareholders of a corporation. Owners, governors, and members of a limited liability company, and all partners of a partnership. Any individual who has not previously done so, must complete SFN 10866 "Personal Information Form".

TITLE	NAME	HOME ADDRESS	CITY	STATE	DAYTIME TELEPHONE	PERCENT OF OWNERSHIP

If the organization applying for a license consists of more than one entity, attach a flow chart showing ALL of the entities, parent or subsidiary, and their connection in the make-up of the organization. (For example, if a corporation is one of the members of a LLC, partnership, etc.)

1. Does organization have a current city, county, or tribal license? ☐ Yes ☐ No
2. Did you receive your license from: ☐ City ☐ County ☐ Tribal authority
3. Type of License Requested: ☐ Beer ☐ Liquor ☐ Wine

4. Does the building in which the business is to be conducted meet local and state requirements regarding sanitation and safety?	☐ Yes	☐ No
5. Have manager, owners, officers, directors, shareholders, governors, members, or individual partners been charged with or convicted of a felony or misdemeanor within the past five years?	☐ Yes	☐ No
If YES, attach or provide a full explanation		
6. Are manager, officers, directors, shareholders, members, or individual partners legal residents of the United States and persons of good moral character?	☐ Yes	☐ No
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		

THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

Signature of Applicant

State of

County of

Subscribed to and sworn before me

Date

Signature of Notary Public

Commission Expiration Date

Notary Stamp

If the establishment is in an incorporated city witha population over 500, remit $100.00 to renew the state retail alcoholic beverage license for beer sales only, or $200.00 for beer, wine and liquor sales. Payment should be payable to the Attorney General.

If the establishment is in an incorporated city with a population under 500, county location, or has received a license from the governing body an an Indian tribe, remit $50.00 for beer sales only, or $100.00 for beer, wine and liquor sales. Payment should be payable to the Attorney General.

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

Licensing Use Only