APPLICATION FOR STATE RETAIL ALCOHOLIC BEVERAGE LICENSE

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN11066 (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 or if organization, legal name of entity applying for license

Name of Manager (Must complete SFN 10866 "Personal Informationn Form")	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 corporate applicant. Owners, governors, and members of a limited liability company applying for license, and all partners of a partnership. Each individual 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? (Please provide a copy of the local license issued in the name of the applicant with this application, or if pending, as soon as it is available) ☐ Yes ☐ No ☐ Pending approval

2. Did you receive your license from: ☐ City ☐ County ☐ Tribal authority

3. Type of License Requested: ☐ Beer ☐ Liquor ☐ Wine

4. Are you presently 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 in which the business is to be conducted meet local and state requirements regarding sanitation and safety? (Please attach copies of reports)	☐ Yes ☐ No
8. If organization, is it properly registered with the North Dakota Secretary of State? (Attach copy of corporate certificate, or certificate of organization, or partnership registration)	☐ Yes ☐ No
9. 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	
10. Are manager, officers, directors, shareholders, members, or individual partners legal residents of the United States and persons of good moral character?	☐ Yes ☐ No
11. 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	
12. 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	
13. 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	
14. If organization consists of more than one entity, attach a flow chart showing ALL entities 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.)	
15. Provide a clear and understandable floor plan of the premises. This may be done on SFN 14986, "Alcoholic Beverage Floor Plan" or other 8 1/2" x 11" format. Show all exits, 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.	

THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

State of
County of

Signature of Applicant

Subscribed to and sworn before me

Date	Notary Stamp
Signature of Notary Public	
Commission Expiration Date	

ALCOHOLIC BEVERAGE LICENSE FEE SCHEDULE

(Pay amount(s) from schedule for the month in which alcoholic beverage sales will begin)

	Premises located in City with **Population Over 500**		Premises located in City with **Population Under 500**, County or Tribal Licensees	
	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

EXAMPLE: For a premises in a city with a population over 500, beer and liquor sales beginning in May, pay $133.32 ($66.66 + $66.66), for beer sales only, pay $66.66.

EXAMPLE: For a premises located outside any city limits (for example the local beer or liquor license is issued from the Board of County Commissioners), beer and liquor sales beginning in February, pay $91.66 ($45.83 + $45.83), for beer sales only, pay $45.83.

Licensing Use Only

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