WAHPETON CLASS TWO CABARET LICENSE

1900 4th Street North · PO Box 490 · Wahpeton, ND 58074 · Phone 701-642-8448 · Fax 701-642-1428

LICENSES SHALL BE FOR A PERIOD OF ONE YEAR, COMMENCING JANUARY 1 AND ENDING DECEMBER 31. FEES OF $109.00 ARE TO BE PAID NO LATER THAN DECEMBER 1 OF THE YEAR PRECEDING THE RENEWAL YEAR.

The undersigned applicant hereby applies for a **Class One Cabaret License** under Section 22-105 of the Revised Ordinances of the City of Wahpeton, North Dakota. The undersigned states that the following information is true and correct. PLEASE TYPE OR PRINT.

Date License approved by City Council _____ License Number _____

Applicant Name and Position: ***(Individual, manager, corporate officer, unincorporated associations, or partner listed on this application.)*** _____

Social Security Number, Date of Birth, Drivers License Number ***(Individual, manager, corporate officer, or partner listed on this application.) (Attach additional pages if needed.)***

_____

Legal Name of Organization Submitting Application:

_____

Individual applicant or partners must be legal and bona fide residents of the City of Wahpeton, (or within one mile of the city limits of the city of Wahpeton), and State of North Dakota, and be at least twenty-one years of age.

IF CORPORATION OR FRATERNAL ORGANIZATION, list officers: IF LIMITED LIABILITY COMPANY, list managers, governors, officers, directors, shareholders, or individual members; IF LIMITED PARTNERSHIP, GENERAL PARTNERSHIP, OR LIMITED LIABILITY PARTNERSHIP, list general partners, individual partners. ***(Attach additional pages if needed.)***

NAME	TITLE	HOME ADDRESS	CITY	STATE	ZIP CODE

Name of Registered Agent: ***(If Corporation, Limited Partnership, or Limited Liability Company)***

Registered Agent's Street Address **City** **State** **Zip Code**

Name of Manager **Telephone Number** **Cell Number**

Address of Manager **City** **State** **Zip Code**

Name of Business

Business Address (Street Address) **City/State** **Zip Code** **Telephone Number**

Business Mailing Address **City** **State** **Zip Code**

E-mail Address (Optional) **E-mail Contact Person** **Official Position of E-mail Contact Person**

City of Wahpeton Class A Liquor License No. _____

Class A License Name _____

THE APPLICANT HEREBY AGREES TO ABIDE BY THE PROVISIONS OF THE ORDINANCES UNDER WHICH THIS LICENSE OR PERMIT IS TO BE GRANTED, OR OTHER ORDINANCES OF THE CITY OF WAHPETON WHICH GOVERN THE LIMITATIONS OF THE LICENSE OR PERMIT.

PURSUANT TO SECTION 22-105: NO PERSON UNDER 18 YEARS OF AGE MAY BE IN ANY AREA OF ANY PREMISES FOR WHICH BOTH A CLASS A LIQUOR LICENSE AND A CLASS TWO CABARET LICENSE HAS BEEN OBTAINED.

APPLICANT FURTHER AGREES TO RELEASE ANY INFORMATION REQUIRED TO THE CITY OF WAHPETON TO COMPLETE A CRIMINAL BACKGROUND CHECK.

IT IS HEREBY EXPRESSLY UNDERSTOOD THAT THE CITY OF WAHPETON WILL NOT BE LIABLE FOR REFUNDS OR REBATES OF ANY PART OR PORTION OF THE LICENSE FEE PAID IN ANY CASE WHATSOEVER. THE APPLICANT FURTHER UNDESTANDS THAT THE LICENSE SHALL BE NON-TRANSFERABLE AND NON-RENEWABLE UPON LAPSE.

THE APPLICANT HEREBY AGREES TO CONFORM TO THE PROVISIONS OF THE LAWS OF THE STATE OF NORTH DAKOTA; THE CITY OF WAHPETON ASSUMES NO RESPONSIBILITY WHATSOEVER IN CASES WHERE THE EQUIPMENT OR APPARATUS OF THE LICENSE IS IN VIOLATION OF STATE LAW AND SEIZURE OR CONFISCATION OR REMOVAL IS ORDERED BY OTHER LAW ENFORCEMENT AGENCIES.

Applicants Signature	**Date**	**Title**

State of _____)
)
County of _____)

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

Notary Public:

_____

(Seal)

My commission expires on:

_____

(FOR CITY USE ONLY)

Date Application Received_____ Date License Granted_____

Fee Received $_____ Date Application Denied_____

Reason for denial_____

_____