



**WAHPETON ALCOHOLIC BEVERAGE LICENSE**

1900 4<sup>th</sup> 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 ARE TO BE PAID NO LATER THAN DECEMBER 1 OF THE YEAR PRECEDING THE RENEWAL YEAR.

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

**Applicants Name and Position:** *(Individual, manager, corporate officer, unincorporated associations, or partner listed on this application.)* \_\_\_\_\_  
*(Attach additional pages if needed.)*

**Social Security Number, Date of Birth, and Drivers License Number:** *(Individuals, managers, corporate officers, or partners listed on this application.)* *(Attach additional pages if needed.)*

**Legal Name of Organization Submitting Application:** \_\_\_\_\_

*Individual applicant or partners must be a legal resident of the United States and reside within sixty (60) miles of the City of Wahpeton, and State of North Dakota, and be at least twenty-one (21) 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

**If organization consists of more than one entity, draw a flow chart showing ALL entities and their connection in the makeup of the organization.** *(Attach additional pages if needed.)*

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

Registered Agent's Street Address	City	State	Zip Code
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Name of Manager	Telephone Number	Cell Number
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Address of Manager	City	State	Zip Code
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**Name of Business** \_\_\_\_\_

Business Address (Street Address)	City/State	Zip Code	Telephone Number
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Business Mailing Address	City	State	Zip Code
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E-mail Address (Optional)	E-mail Contact Person	Official Position of E-mail Contact Person
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**Does organization have a current state license?** *(Please circle appropriate answer.)* Yes No  
*(Please attach copy of state license – Must be issued in the legal name of organization)*

**Are you currently licensed by this office?** Yes No  
**If yes, give license number:** \_\_\_\_\_

**Please attach a copy of your liquor liability insurance certificate.**

<u>ALL ALCOHOL</u>		Renewal	New	Fee
Class A	On & Off Sale	( )	( )	\$3,343.00
Class A	On & Off Sale – No Sundays	( )	( )	\$2,731.00
<i>All current Sunday liquor licenses are grandfathered holders only.</i>				
Class B	Off Sale	( )	( )	\$2,332.00
Class C-1	125 Seat – Restaurant All Liquor On Sale	( )	( )	\$2,377.00
Class C-3	50-Rooms Hotel/Motel All Liquor On Sale	( )	( )	\$1,638.00
Class C-5	200-Member Club/Lodge All Liquor On Sale	( )	( )	\$ 931.00
Class C-6(a)	200-Member Golf Course All Liquor On Sale <i>(Seasonal April 1 to October 31)</i>	( )	( )	\$ 931.00
Class C-6(b)	200-Member Golf Course All Liquor On Sale – year round	( )	( )	\$2,377.00
Class C	Club Sunday On Sale	( )	( )	\$ 612.00

<u>BEER/WINE</u>		Renewal	New	Fee
Class C-2	25-Seat Beer/Wine/Cordial On Sale	( )	( )	\$ 709.00
Class C-4	50-Rooms Hotel/Motel Beer & Wine On Sale	( )	( )	\$ 709.00
	2:00 a.m. Opening	( )	( )	\$ 100.00
	Tobacco - State License No. _____	( )	( )	no fee

**QUALIFICATIONS OF APPLICANTS/OWNERS/MANAGERS/PARTNERS**

Applicants, manager, officers, directors, shareholders, members, or individual partners must meet the requirements for a state license pursuant to NDCC §5-02-02.

Applicants, manager, officers, directors, shareholders, members, or individual partners must be a citizen of the United States and North Dakota and 21 years of age or more.

No license shall be issued to any person, partnership, or corporation as the representative or agent of another, who has an ownership or managing interest, directly or indirectly, in an alcoholic beverage wholesaler;

Applicant and manager must not have had revoked in the five previous years, any license for the sale of alcoholic beverages issued to them by any city, county, or state;

Applicant must be the owner or lessee of the licensed premises during the entire period licensed;

Applicant, manager, officers, directors, shareholders, members, or individual partners must not have had revoked in the five previous years, any license for the sale of alcoholic beverages issued to them by any city, county, or state.

Applicant, officers, directors, shareholders, members, or individual partners have any outstanding obligations to the City of Wahpeton? *(Must not be in default, indebted in any manner to the City including but not limited to economic development loans, special assessments, parking assessments, property taxes, fees or any other matters to the city.)*

Applicant must provide satisfactory documentation showing that the building in which the business is conducted does meet all local and state requirements regarding sanitation and safety;

If the applicant's place of business is to be conducted by a manager or agent, the manager or agent must possess the same qualifications required of the license holder.

*(Please circle appropriate answer)*

Do you, officers, directors, shareholders, members, or individual partners have any felony convictions?  
Yes      No

Do you, officers, directors, shareholders, members, or individual partners have any offenses involving the manufacture, sale, distribution or possession for sale or distribution of alcoholic beverages on your criminal record?  
Yes      No

Do you, officers, directors, shareholders, members, or individual partners have any offenses involving the sale of drugs or felony possession of drugs on your criminal record?  
Yes      No

Do you, officers, directors, shareholders, members, or individual partners have any other offenses that would be determined by the City Council to have a direct bearing on your ability to serve the public?  
Yes      No

Do you, officers, directors, shareholders, members, or individual partners have two or more convictions for driving or being in actual physical control of a motor vehicle while under the influence of intoxicating beverages or drugs?  
Yes      No

Have you, officers, directors, shareholders, members, or individual partners ever been charged with or found guilty of Prostitution?  
Yes      No

Have you, officers, directors, shareholders, members, or individual partners ever been charged with or found guilty of Obscenity?  
Yes      No

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:

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:

Are manager, officers, directors, shareholders, members, individual partners, and all individuals within the organization persons of good moral character?  
Yes      No

Have you included a sketch of building and grounds that designates the area where alcoholic beverages would be served and consumed?  
Yes      No

Draw or attach 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.

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.

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 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 FURTHER AGREE TO RELEASE ANY INFORMATION REQUIRED BY THE CITY OF WAHPETON TO COMPLETE A CRIMINAL BACKGROUND CHECK PURSUANT TO ORDINANCE SECTION 22-103.**

Applicants Signature _____	Date _____
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State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public:

(Seal)

My commission expires on: \_\_\_\_\_  
\_\_\_\_\_

**License may not be sold, transferred or assigned except by the City Council.**

(FOR CITY USE ONLY)	
Date Application Received _____	Date License Granted _____
Fee Received \$ _____	Date License Issued _____
Copy of current State Liquor received: _____ yes _____ no	
Copy of Liquor Liability Insurance certificate received: _____ yes _____ no	
Copy of current State Tobacco License received ( <i>if selling tobacco items</i> ): _____ yes _____ no	
Date Application Denied _____	Reason for denial: _____
_____	
_____	