

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES

STATE OF NORTH DAKOTA
COUNTY OF WARD

The undersigned, being the individual alcoholic beverage applicant, or the partners in an application by a partnership, or an officer or officers of the corporation in an application by a corporation duly authorized to make such application and representations, and being first duly sworn on oath, represent and state the following: **(please type or print)**

The license is to be issued to:

(indicate whether an individual, partnership, or corporation)

The license is to be mailed to:

(mailing address)

The legal description of the proposed licensed premises is:

Type of license applied for: (circle applicable fees)

LICENSE FEES	ON & OFF SALE	ON-SALE ONLY	OFF-SALE ONLY
Liquor (no beer)	\$1,000	\$1,000	\$750
Beer and Wine	\$500	\$500	\$375
Supper Club Alcoholic Beverage	n/a	\$750	n/a
Supper Club Beer & Wine	n/a	\$375	n/a
TOTAL FEE			
GOLF COURSE LICENSE FEES	ON & OFF SALE	ON-SALE ONLY	OFF-SALE ONLY
Golf Course Alcoholic Beverage License (on-sale and off-sale)	\$1,000	\$750	n/a
Beer and Wine Only	\$500	\$375	n/a
TOTAL FEE			

The individual owner(s), all partners in a partnership, and all officers and shareholders in a corporation, whichever is applicable are applicants and are named as follows:

A personal information sheet is attached for each individual named above as well as a personal information sheet for the proposed manager or managers of the licensed premises.

The real estate taxes on the proposed licensed premises are paid and no taxes are due.

The applicant does hereby consent and agree that the Ward County Sheriff or any of his Deputies, the Ward County State's Attorney or any of his Assistants, and any of the Ward County Commissioners may enter upon the premises described in this application at any hour of the day or night and that they, or either, or any of them shall have free and unlimited access to the Premises for the purpose of inspecting the Premises and the records of this applicant relating to the purchase and sale of alcoholic beverages. Applicant further consents and agrees that the above ability to inspect includes any area subject to or adjacent to an Event Permit Premises or Sunday Permit Premises.

The applicant does hereby acknowledge that he has read the 1993 Resolution to Reform Alcoholic Beverage Retail Sale Licensure and Regulation in Ward County and Title 5 of the North Dakota Century Code and understands the nature and gravity of the responsibilities, duties, obligations, and limitations placed upon him by virtue of holding a Ward County license and selling alcoholic beverages to the public.

Signed _____

Position, if corporation

Signed _____

Position, if corporation

Signed _____

Position, if corporation

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

Notary Public, Ward County, North Dakota

My Commission Expires: _____

Auditor/Treasurer's checklist:

Property Taxes Current?	_____
Personal Information Attachments	_____
Payment of Fee	_____
Township Board Consent (New applications only)	_____
Fire Marshall or Chief Approval	_____
1st District Health Unit Approval (existing Bldg. Only)	_____
Scale drawing of proposed licensed premises, Square footage	_____
Scale drawing of parking area, No. of spaces	_____

State's Attorney's Review (initial where appropriate)

_____ comments attached _____ reviewed without comment

Sheriff's Review: (initial where appropriate)

_____ comments attached _____ reviewed without comment

**PERSONAL INFORMATION ATTACHMENT
TO APPLICATION FOR LICENSE TO
SELL ALCOHOLIC BEVERAGES**

STATE OF NORTH DAKOTA
COUNTY OF WARD

The applicant for a license to sell alcoholic beverages, as defined in Title 5 of the North Dakota Century Code, being duly sworn on oath represents and states: **(please type or print)**

License to be issued to the following: _____
(indicate whether an individual, partnership, or corporation)

Name of applicant: _____

Social Security No.: _____

Applicant's date of birth: _____

Applicant's legal residence: _____

Length of time applicant has resided in Ward County: _____

Applicant's mailing address: _____

Indicate one of the following:

- | | | |
|----|---|-------|
| 1. | an individual applicant | _____ |
| 2. | a partner in a partnership | _____ |
| 3. | position with corporation (specify) _____ | _____ |
| 4. | manager of proposed licenses premises | _____ |

Answer Yes or No to each of the following:

- | | | |
|----|---|-------|
| 1. | Have you been convicted of a felony in any jurisdiction within the past five years? | _____ |
| 2. | Are you on parole or probation for a felony conviction? | _____ |
| 3. | Have you been convicted within the past five years of corruption of a minor or contributing to the deprivation or delinquency of a minor? | _____ |
| 4. | Have you been convicted of three or more violations of Title 5 of the NDCC within the past five years? | _____ |
| 5. | Have you been convicted of an offense comparable to any of the above offenses in any jurisdiction within the past five years? | _____ |

The information provided in this attachment to the alcoholic beverage license application of the indicated licensee and my relationship to the licensee are true and accurate to the best of my knowledge. I understand that should these facts change, the County Auditor/Treasurer must be notified within 14 days.

I hereby acknowledge that I have read the 1993 Resolution to Reform Alcoholic Beverage Retail Sale Licensure and Regulation in Ward County, North Dakota, and Title 5 of the North Dakota Century Code and understand the nature and gravity of the responsibilities, duties, obligations, and limitations placed upon me and the licensee by virtue of holding a Ward County license and selling alcoholic beverages to the public.

Applicant's signature

Applicant's printed name

Applicant's daytime phone number

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

My Commission expires: _____

TO: The Ward County Commissioners

I hereby certify that the scale drawing of the licensed premises set forth below, and the parking lot serving said premises, have not changed since I last submitted the drawings to the County Commission.

Signed (owner, manager or president of
a Corporation)

Printed Name

Daytime Phone Number

Date

Name of Licensed Premises

Return to:
Ward County Auditor/Treasurer
PO Box 5005
Minot ND 58702-5005