



CITY OF GRAND FORKS
 255 N 4th Street, Grand Forks, ND 58203
 Phone: 701-746-2626 Fax: 701-795-3740

For Office Use Only: License #

**CLASS 11 APPLICATION FOR SPECIAL OR LIMITED LICENSE TO
 SELL ALCOHOLIC BEVERAGES AT DESIGNATED PREMISES**

BUSINESS / ORGANIZATION INFORMATION:		
Licensee Name:		Local License # State License #
Address:		
City:	State:	Zip:
Business Phone Number:	Contact Person:	
Email Address:		
EVENT INFORMATION:		
Event Date(s)		Number of sites:
Event Name:		
Event Location(s):		
Description of Event:		
Day of Event Contact Person:		Phone Number at Site:

Fees: \$55 Per Event / Location

Please complete form and submit with fee to: City of Grand Forks, Finance and Administrative Services, PO Box 5200, Grand Forks, ND 58206-5200.

License issuance is subject to inspection and approval of the City Attorney. Failure to comply with current regulations and codes for this license may result in revocation of license. By signing below I agree to abide by the regulations associated with this license.

Signature _____

Premises Description:

Do Premises meet local and state requirements regarding sanitation and safety? Yes No

Draw 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 movable partitions. If any area is enclosed by fences or the like, explain type and height.

What part of the building will be used for the alcoholic beverage business (sale of beverages and consumption of beverages sold)? All Less than all

If less than all, fully explain and clearly indicate on the floor plan (outline with a different color)

Is there a dining area? Yes No

If yes, will you serve alcoholic beverages in the dining area? Yes No