

CITY OF GRAND FORKS
APPLICATION FOR LIQUOR LICENSE
 255 N. 4th St. Grand Forks, ND 58203 • (701) 746-2620

LICENSE INFORMATION. *Must be completed for all types of applications*

License Year: (Office use only) License #:	License Class/Type: <i>(See listing of class type attached hereto)</i>	Application is hereby made for a Sunday alcoholic beverage license issued by the City of Grand Forks pursuant to N.D.C.C. § 5.02.05.1
Name of Applicant <i>(If an LLC, name of LLC; If partnership, at least 2 partners' names; If corporation, name of corporation)</i>	Trade Name of Establishment (DBA):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Is this a renewal application? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip:		Email Address:
Business Telephone Number: Fax Number:		
Street Address of Premises:	Legal Description of Premises:	
State how the premises is zoned under the Grand Forks zoning ordinance:		
Premises to be licensed is: <input type="checkbox"/> Proposed building <input type="checkbox"/> Existing facility <input type="checkbox"/> New building	<input type="checkbox"/> Plans or diagram of premises attached <input type="checkbox"/> Plans or diagram already on file with City Engineer's Office <i>*Plans/diagram must depict all bar and lounge areas. If a renewal application and if substantial changes have been made, attach updated plans/diagram</i>	
Date title acquired (if premises owned by applicant):	Closest school (College, Public or Parochial) Name and Street Address:	Closest church Name and Street Address
If building premises owned by other than applicant, COPY OF LEASE MUST BE ATTACHED. In addition, please provide the following with respect to each building owner:		
Name:	Street Address	City State Zip Phone No.
Applicant is applying as a: <input type="checkbox"/> Individual/Sole Proprietor - Proceed to Page 2 of the Application <input type="checkbox"/> Partnership – Proceed to Page 3 of the Application <input type="checkbox"/> LLC - Proceed to Page 5 of the Application <input type="checkbox"/> Corporation – Proceed to Page 5 of the Application		

Individual/Sole Proprietor

DOB:	SSN:	Drivers License No/State:
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Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address:	Length of time at address: _____ yrs _____ mos
Address:	Length of time at address: _____ yrs _____ mos
Address:	Length of time at address: _____ yrs _____ mos

Please attach additional sheet if required.

Are you a legal resident of the United States?
 Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?
 Yes No

For all real property in the City of Grand Forks that you own, in whole or part, please provide the following:

Address:	Legal Description
Address:	Legal Description
Address:	Legal Description

State the occupation(s) you have engaged in during the last five years and the dates thereof:

Partnership – State the following for each member of the partnership

Name	DOB:	SSN:	Drivers License No/State:
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Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address: _____ Length of time at address: _____ yrs _____ mos

Address: _____ Length of time at address: _____ yrs _____ mos

Address: _____ Length of time at address: _____ yrs _____ mos

Please attach additional sheet if required.

Are you a legal resident of the United States?
 Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?
 Yes No

State the occupation(s) you have engaged in during the last five years and the dates thereof:

Name	DOB:	SSN:	Drivers License No/State:	Residence Address:
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Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address: _____ Length of time at address: _____ yrs _____ mos

Address: _____ Length of time at address: _____ yrs _____ mos

Address: _____ Length of time at address: _____ yrs _____ mos

Please attach additional sheet if required.

Are you a legal resident of the United States?
 Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?
 Yes No

State the occupation(s) you have engaged in during the last five years and the dates thereof:

PARTNERSHIP INFORMATION

Name	DOB:	SSN:	Drivers License No/State:	Residence Address:
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Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address:	Length of time at address: _____ yrs _____ mos
Address:	Length of time at address: _____ yrs _____ mos
Address:	Length of time at address: _____ yrs _____ mos

Please attach additional sheet if required.

Are you a legal resident of the United States?
 Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?
 Yes No

State the occupation(s) you have engaged in during the last five years and the dates thereof:

REAL PROPERTY OWNED BY PARTNERSHIP

For all real property in the City of Grand Forks that the partnership owns, please provide the following:

Address:	Legal Description
Address:	Legal Description
Address:	Legal Description

COPY OF PARTNERSHIP AGREEMENT MUST BE ATTACHED (General or Limited).

Corporation/Limited Liability Co.

Name of Corporation/LLC:	Date of Incorporation:
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If a subsidiary, state the name of the parent corporation:	State of Incorporation:
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If an out of state corporation, is the corporation registered in North Dakota?
 Yes No

Principle Office Address:	Phone Number:
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Complete the following information for all officers:

Name	DOB:	SSN:	% Ownership:
Title			

Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address:	Length of time at address: _____ yrs _____ mos
Address:	Length of time at address: _____ yrs _____ mos
Address:	Length of time at address: _____ yrs _____ mos

Please attach additional sheet if required.

Are you a legal resident of the United States?
 Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?
 Yes No

Name	DOB:	SSN:	% Ownership:
Title			

Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address:	Length of time at address: _____ yrs _____ mos
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Please attach additional sheet if required.

Are you a legal resident of the United States?
 Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?
 Yes No

Name	DOB:	SSN:	% Ownership:
Title			
Address:			
Length of time at this address: _____ yrs _____ mos.			
Please list all residence addresses for the last five years:			
Address:		Length of time at address: _____ yrs _____ mos	
Address:		Length of time at address: _____ yrs _____ mos	
Address:		Length of time at address: _____ yrs _____ mos	
<i>Please attach additional sheet if required.</i>			
Are you a legal resident of the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If a naturalized citizen, name the date and place of naturalization:			
If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

For all real property in the City of Grand Forks that the corporation owns, please provide the following:	
Address:	Legal Description
Address:	Legal Description
Address:	Legal Description
Address:	Legal Description

Documents to be submitted by Corporation:		
<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Certificate of Good Standing	<input type="checkbox"/> Certificate of Authority (if a foreign corp.)

Documents to be submitted by Limited Liability Company:		
<input type="checkbox"/> Articles of Organization	<input type="checkbox"/> Certificate of Good Standing	<input type="checkbox"/> Certificate of Authority (if foreign corp.)

Background Information – Must be completed for all types of applications

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in North Dakota or any other state?

Yes No If Yes, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address – City, State, Zip
Name	Name of Business	Type of License	Business Street Address – City, State, Zip
Name	Name of Business	Type of License	Business Street Address – City, State, Zip
Name	Name of Business	Type of License	Business Street Address – City, State, Zip

2. Has applicant, or any corporate officer, director, limited liability organization member, manager or partner named in this application, ever engaged or been employed in the sale or distribution of alcoholic beverages prior to this application?

Yes No If Yes, attach sheet and state the date, name and type of business, and address where so engaged whether within or without the State of North Dakota.

3. Has applicant, or any corporate officer, director, limited liability organization member, manager or partner named in this application, ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation?

Yes No If Yes, attach written explanation and provide name, description of offense(s), date(s) of offense, terms of the sentence, date of conviction and court involved.

4. Has applicant, or any corporate officer, director, limited liability organization member, manager or partner named in this application, ever been convicted of a felony, misdemeanor, or any other offense (other than a traffic offense)?

Yes No If Yes, attach written explanation and provide name, description of offense(s), date(s) of offense, terms of the sentence, date of conviction and court involved.

5. Has applicant, or any corporate officer, director, limited liability organization member, manager or partner named in this application, ever been convicted of, or been issued a citation for, any alcohol-related offense? (e.g., DUI, server training violation, illegal sale of alcohol, etc.)

Yes No If Yes, attach written explanation and provide name, description of offense(s), date(s) of offense, terms of the sentence, date of conviction and court involved.

6. Has applicant ever had an application for a liquor license rejected by any city or state authority?

Yes No If Yes, attach written explanation giving date and details.

7. Has any liquor license issued to the applicant ever been revoked, suspended, or cancelled by any municipal, state or federal authority?

Yes No If Yes, attach written explanation with respect to each such revocation, suspension or cancellation, including in your explanation date, place, authority involved and reason.

8. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Grand Forks delinquent or unpaid by the applicant, or any person or entity listed as Officer, Shareholder, Member or Partner?

Yes No

TO BE COMPLETED BY MANAGER(S) – Must be completed for all applications

Name	DOB:	SSN:	Drivers License No/State:
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Address:

Length of time at this address: _____ yrs _____ mos.

Please list all residence addresses for the last five years:

Address: _____ Length of time at address: _____ yrs _____ mos

Address: _____ Length of time at address: _____ yrs _____ mos

Address: _____ Length of time at address: _____ yrs _____ mos

Please attach additional sheet if required.

1. Are you a legal resident of the United States?

Yes No

If a naturalized citizen, name the date and place of naturalization:

If you are not a citizen, have you been lawfully admitted to the U.S. for the purpose of obtaining permanent residency?

Yes No

2. Have you ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation?

Yes No If **Yes**, attach written explanation and provide description of offense(s), date(s) of offense, terms of the sentence and court involved.

3. Have you ever been convicted of a felony, misdemeanor, or any other offense (other than a traffic offense)?

Yes No If **Yes**, attach written explanation and provide name, description of offense(s), date(s) of offense, terms of the sentence, date of conviction and court involved.

4. Have you ever been convicted of, or been issued a citation for, any alcohol-related offense? (e.g., DUI, server training violation, illegal sale of alcohol, etc.)

Yes No If **Yes**, attach written explanation and provide name, description of offense(s), date(s) of offense, terms of the sentence, date of conviction and court involved.

5. Do you act as a manager of, or have a financial interest in, any other liquor licensed establishment in the State of North Dakota?

Yes No If **Yes**, provide name and type of license.

SECTION 21-0209 of the Grand Forks City Code reads as follows: The chief of police or such other person or officer as may be designated by the city council shall, upon the filing of an application, investigate the facts as stated in the application and the character, reputation and fitness of the applicant, and shall report on the matters to the city council. In addition to the facts and information that is requested on the application forms the designated investigator is authorized by the licensing authority to request from the applicant any other information the investigator considers necessary to make a determination of the fitness of the applicant, including but not limited to information pertaining to financing of the proposed establishment and other business interests of the applicant, or of the applicant's stockholders in the case of a corporate applicant. It shall be a requirement of any applicant to furnish the designated investigator with the information that the investigator may request, and denial of such a request by any applicant shall be considered a violation of the alcoholic beverage license ordinances of the City of Grand Forks and thereby disqualify the applicant from any further consideration. The provisions of this section shall apply equally to applicants for new licenses and applicants for license renewals.

The applicant appearing herein consents to entry and inspection of the premises for which this license is sought or any part thereof at any time by any police officer, sheriff, or any peace officer of the City of Grand Forks or of the State of North Dakota, and further consents that any alcoholic beverages or other property found upon said premises which is held therein in violation of the laws of the State of North Dakota or in violation of ordinance may be seized and taken away by such officer, and that such alcoholic beverages or any other property so seized may be received in evidence against him in any procedure brought pursuant to the laws of the State of North Dakota or pursuant to ordinance.

The applicant agrees that should any of the information contained in this application change within the period of the license, if granted, that applicant will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. Applicant also agrees that should there be a change in ownership or management during the period of the license, prior approval of the Grand Forks City Council is required.

Applicant further agrees that misrepresentation, false statement, or omission in this application shall be grounds for rejection of said application for revocation or suspension of any license granted.

Signature of Applicant or Managing Officer

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

NOTARY PUBLIC

CITY OF GRAND FORKS
255 N. 4th St., Grand Forks, ND 58203 • (701) 746-2620

**AUTHORIZATION FOR RELEASE
OF INFORMATION**

RE: Name: _____
DOB: _____
SSN: _____

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Grand Forks Police Department, whether said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Grand Forks from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application are complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original.

Dated: _____

Signature of Applicant

LIQUOR LICENSE APPLICATION FEES:

NEW APPLICATION: \$ 335.00

RENEWAL APPLICATION: \$ 70.00
