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	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
Sunday Event Permits (see separate application)			
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 of 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 _____, _____.

_____
Notary Public, Ward County, North Dakota

My Commission Expires: _____

Auditor/Treasurer's check list:

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 _____, _____.

_____

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

APPLICATION FOR SUNDAY EVENT ALCOHOLIC BEVERAGE PERMIT
(must be filed with County Auditor/Treasurer at least **14** days before the first Sunday of request)

Application is hereby made for a Sunday Alcoholic Beverage Permit for the retail on and/or off sale of alcoholic beverages by licensee as follows: **(please type or print)**

Name of Licensee: _____

Name of Business:_____

Type of Current License:_____

Sunday(s) applied for:_____ , 20___

Hours of Sale & Consumption:_____

This application is for: (on sale only) (on & off sale) (off sale only)

Attached is an accurate diagram of the proposed Sunday Event Permitted Premises clearly showing the area of the proposed Sunday Permitted Premises where the distribution and consumption of on and/or off sale alcoholic beverages would be allowed if the Sunday Event Permit is granted.

BY MAKING THIS APPLICATION, THE APPLICANT CERTIFIES that: 1(we/I have read and understand the current Ward County Liquor License Regulations; (2) the Sunday Event Permitted Premises meets all local and state requirements regarding sanitation and safety; (3) we agree to notify the Ward County Sheriff of this application prior to the review of the County Commission; and (4) to post the Sunday Event Permit in a conspicuous place on the Event Permitted Premises.

Signed this ____ day of _____, 20___.

BY: _____ (Licensee) TITLE:_____

PRINTED NAME: _____ DAYTIME PHONE NO._____

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

(seal) _____
Notary Public

_____ Permit Fee $5.00 per Sunday

P E R M I T

The above named licensee is hereby authorized to sell alcoholic beverages in accordance with law and regulations at the premises and on the date(s) set forth in this application subject to such rules and regulations as have been established.

Dated this ____ day of _____, 20____.
(seal)

_____ Ward County Auditor/Treasurer

APPLICATION FOR EVENT PERMIT
Ward County, North Dakota

(must be filed with County Auditor/Treasurer at least 14 days before event)

Application is hereby made for an Event Permit for the retail on-sale of alcoholic beverages by licensee as follows: **(please type or print)**

Name of Licensee: _____

Name of Business:_____

Site of Event:_____

Name of Event:

Date(s) of Event:_____
(up to 14 consecutive days including Sundays)

Hours Alcohol to be served:_____

Type(s) of beverages to be served:_____

Provided below is a diagram of the Event Permitted Premises, showing (1) the point of sale, (2) the area where the delivery and consumption of on-sale alcoholic beverages will be allowed, and (3) the area of similar quality seating for alcohol and non-alcohol consumption:

Persons under 21 years of age (will) (will not) be allowed in any part of the Event Permitted Premises.

By making this application, the applicant hereby certifies that: (1) we have read and understand the current Ward County Liquor License Regulations; (2) the Event Permit will remain in effect until 2:00 a.m., although the licensed premises remains subject to the 1:00 a.m. closing time, for all events which are effective at least until 12:30 a.m.; (3) the Event Premises meets all local and state requirements regarding sanitation and safety; (4) we agree to provide at our cost necessary law enforcement, or private security personnel on duty on the event permitted premises as required; and (5) to post the Event Permit in a conspicuous public place on the Event Permitted Premises.

Signed this _____ day of _____, 20___.

By: _____ (Licensee) Title:_____

Printed Name: _____ Daytime Phone No._____

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

(seal)

_____
Notary Public

_____ Permit Fee $25.00 (without Sunday)

_____ Permit Fee $30.00 (with Sunday)

P E R M I T

The above named licensee is hereby authorized to sell alcoholic beverages in accordance with law and regulations at the premises and on the date(s) set forth in this application subject to such rules and regulations as have been established.

Dated this _____ day of _____, 20___.

(seal)

_____
Ward County Auditor/Treasurer