



**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

515 2nd Ave SW

Minot, ND 58701

701-857-4752

[clerk@minotnd.org](mailto:clerk@minotnd.org)

**License Application Questionnaire**

- 1) Do you allow the sale of alcoholic beverages for on premises consumption?    Yes  No
- 2) Do you allow the sale of packaged alcoholic beverages for off premises consumption?    Yes  No
- 3) Is the establishment operating as a hotel or motel?    Yes  No 
  - a. If operating as a hotel, does the property contain at least one hundred (100) rooms?    Yes  No
  - b. If operating as a motel, does the property contain at least fifty (50) units?    Yes  No
- 4) Is the premises listed in the application within two hundred (200) feet of a building occupied exclusively as a school, church, synagogue, or other place of worship?    Yes  No
- 5) Will you have food service in your establishment?    Yes  No
- 6) Do you allow person(s) under the age of 21 in your establishment?    Yes  No 
  - a. If yes, do you have documentation indicating that gross revenue from the sale of food exceeds the gross revenue from the sale of alcoholic beverages in the dining area?    Yes  No
  - b. Or, if a new business, do you anticipate that the sale of food will exceed the sale of alcoholic beverages?    Yes  No

**This license application is for a**

- New License     Renewal

Indicate the type of license being applied for:

- Retail Liquor, Beer and Wine    \$3,125
- Retail Beer    \$625
- Retail Beer and Wine    \$950
- Specialty Restaurant Wine    \$325
- Specialty Restaurant Beer    \$625
- Supper Club    \$3,125
- Winery    \$325
- Hotel    \$2,500
- Motel    \$2,500
- Fraternal Order or Club (Beer)    \$500
- Fraternal Order or Club (Liquor)    \$2,000
- Serviceman’s or Veteran’s Organization (Beer)    \$500
- Serviceman’s or Veteran’s Organization (Liquor)    \$2,000
- MAYSA    \$947.50
- Airport Terminal Restaurant    \$3,125
- Souris Valley Golf Course    \$947.50
- North Dakota National Guard    \$25
- Private Golf Course    \$3,125
- Minot State University    \$3,125



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Your Name: (Must be manager, corporate officer, governor, or partner listed on this application.)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**APPLICANT DATA:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Address of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ U.S. Citizen? Yes  No

Email Address of Applicant: \_\_\_\_\_

Have you ever been convicted of any violation, of any law, other than a traffic offense in the United States? Yes  No

**If Yes, what crime?** \_\_\_\_\_

**What Court?** \_\_\_\_\_

Have you ever been convicted of any violation of a law governing the manufacture, sale or possession of intoxicating beverages? Yes  No

**If Yes, what crime?** \_\_\_\_\_

**What Court?** \_\_\_\_\_

Have you received a license from the federal government or the state of North Dakota for the sale of liquor/beer?

Yes  No

**If yes, please state the type of license, who issued it, and date of issue.**

\_\_\_\_\_

Have you ever been turned down for a liquor license? Yes  No

**If yes, where/when?** \_\_\_\_\_

Have you ever had a license revoked or rejected by any municipality, state or federal authority? Yes  No

**If yes, give details.** \_\_\_\_\_

**Previous Employment:**

|                    |           |                   |                     |
|--------------------|-----------|-------------------|---------------------|
| Years (From – To): | Employer: | Business Address: | Reason for Leaving: |
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Will you personally conduct the business on premises as described in the application and for which the license is being applied? Yes [ ] No [ ]

If No, then list the following information of the person who will be the resident manager:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ U.S. Citizen? Yes [ ] No [ ]

BUSINESS DATA:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Incorporated? Yes [ ] No [ ] If yes, date of charter: \_\_\_\_\_ State of Charter: \_\_\_\_\_

Names, address, and dates of birth of all officers, directors, and individuals holding 1% or more of capital stock -- indicate amounts held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is business a partnership? Yes [ ] No [ ]

If yes, give names, ages, dates of birth, addresses and citizenship of each partner, silent or otherwise, interested in any manner of this business, or who will have charge, management, or control of the establishment for which license is requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any person (other than applicant) any right, title, estate or interest in the leasehold, furniture, fixtures, or equipment in the premises for which license is requested? Yes [ ] No [ ]

If yes, give names, addresses, dates of birth, and details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any agreement or understanding or intention to have any agreement or understanding with any person, partnership, or corporation to obtain for any other, or transfer to any other person this license, or to obtain it for any other reason than the specific use of the applicant? Yes [ ] No [ ]

If yes, give names, addresses, dates of birth, and details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**VALIDATION/SIGNATURES/NOTARY PUBLIC**

I have reviewed the Alcoholic Beverage Ordinance of the City of Minot and am familiar with the conditions and requirements of these ordinances. If granted an alcohol beverage license, I will obey, abide by, and comply with the State of North Dakota Liquor Control act and the City of Minot Alcoholic Beverage ordinances, as well as any amendments to either of these, which may be made in the future. Yes  No

I understand that violations of the City of Minot Alcohol Ordinance will result in administrative suspensions, fines, and possible revocation of the license. Yes  No

Do you promise and agree not to see or permit sale on said premises to a minor, incompetent person, or a person who is an inebriate or habitual drunkard, or to any one thereof? Yes  No

I understand that the premises described in this application, if licensed for alcoholic beverage sales, may be inspected at any time by the Minot Police Department, the Fire Department, and the Building Department, while in the course of their duties of checking on compliance with the ordinances of the City of Minot and liquor laws of the State of North Dakota. I also understand that all employees employed on this premises must cooperate with such inspections. Yes  No

I understand that approval of the applied for license is contingent upon having completed a successful inspection from the police department, fire department, building department. Yes  No

The undersigned swears that the information on this form is true and correct to the best of his/her knowledge, information, and belief, and acknowledges that false or misleading information is sufficient grounds for denial or revocation of license or authorization. Further, the undersigned certifies that he/she has received a copy of Chapter 5 of the City of Minot Code of Ordinances and will comply with all provisions; further, the undersigned agrees to promptly notify the City of Minot of any change in ownership of the business.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ )

County of \_\_\_\_\_

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

(Seal)

\_\_\_\_\_  
Signature of Notary Public

My commission expires on: