

**PLEASE READ INSTRUCTIONS THOROUGHLY!**

Please complete the attached Liquor License application and return it with the following items to the City of Jamestown, 102 3<sup>rd</sup> Avenue SE, Jamestown, ND 58401:

- |                         |            |
|-------------------------|------------|
| 1. License Fee: On Sale | \$3,500.00 |
| Off Sale                | \$3,500.00 |
| On-Off Sale             | \$4,500.00 |

(Check should be made payable to the City of Jamestown)

2. License Bond to the City of Jamestown in the amount of \$10,000.00 with an expiration date of June 30<sup>th</sup> to concur with the license expiration date. The signatures of the principal and the Attorney-in-Fact must be notarized.

**No Copies accepted – Original Bonds & Signatures only**

**INFORMATIONAL:**

A background check will be completed on applicant(s) prior to the application being forwarded to Committee for recommendation to the City Council. Please allow sufficient time for this to be completed – may take up to 5 days.

**CITY OF JAMESTOWN  
102 3RD AVENUE SE  
JAMESTOWN, ND 58401  
701-252-5900 Telephone  
701-252-5903 Fax**

**APPLICATION FOR RETAIL LIQUOR LICENSE**

To the Governing Body of the incorporated City of Jamestown, In Stutsman County, North Dakota:

The undersigned applicant hereby makes application for license to engage in the retail sale of alcohol and alcoholic beverages for consumption "*On*", "*Off*", or "*On and Off*" the premises hereinafter described, for the period beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_, and as a basis therefore makes the following representations:

1. Name of applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address \_\_\_\_\_.
  
2. Are you a citizen of the United States? Yes\_\_\_\_ No\_\_\_\_ If naturalized, give date and place of Naturalization \_\_\_\_\_  
For how long have you been a resident of the State of North Dakota? \_\_\_\_\_
  
3. Business name for license? \_\_\_\_\_.
  
4. Name, address and phone number of person to be designated as manager of the licensed premise?  
\_\_\_\_\_.
  
5. Type of License being applied for? **(Check ONE)**  
On/Off – Sale \_\_\_\_\_ (Annual Fee \$4,500.00)  
On-Sale \_\_\_\_\_ (Annual Fee \$3,500.00)  
Off-Sale \_\_\_\_\_ (Annual Fee \$3,500.00)
  
6. Type of Business ownership? **(Check ONE)**  
Sole Proprietorship \_\_\_\_\_ (Go to item 10, Skip items 7-9)  
Partnership \_\_\_\_\_ (Go to item 7, Skip items 8 & 9)  
L.L.C. \_\_\_\_\_ (Go to item 8, Skip items 7 & 9)  
Corporation \_\_\_\_\_ (Go to item 9, Skip items 7 & 8)
  
7. If Partnership, give names, addresses, SSN, and date of birth of each partner.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. If L.L.C., give date of charter \_\_\_\_\_. Is it a North Dakota L.L.C. of authorized capitalization?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Amount of paid in capital \$\_\_\_\_\_.  
Is it a foreign L.L.C. authorized to do business in North Dakota? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give state of origin and date of registration in North Dakota? \_\_\_\_\_  
Is it a subsidiary of any other L.L.C.? Yes \_\_\_ No \_\_\_\_\_. If yes, give name and address \_\_\_\_\_  
\_\_\_\_\_  
Purpose for which incorporated \_\_\_\_\_  
Give names, addresses, SSN, and date of birth of all officers, directors, and individuals holding 1% or more in capital stock with amount by each  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If a corporation, give date of charter \_\_\_\_\_. Is it a North Dakota corporation of authorize capitalization?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Amount of paid in capital \$\_\_\_\_\_.  
Is it a foreign corporation? authorized to do business in North Dakota? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give state of origin and date of registration in North Dakota? \_\_\_\_\_  
Is it a subsidiary of any other corporation? Yes\_\_\_\_\_No \_\_\_\_\_. If yes, give name and address \_\_\_\_\_  
\_\_\_\_\_  
Purpose for which incorporated \_\_\_\_\_  
Give names, addresses, SSN, and date of birth of all officers, directors, and individuals holding 1% or more in capital stock with amount by each  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. The legal description of premises for which license is desired? Located on Lot\_\_\_\_\_ in Block \_\_\_\_\_ in  
Addition to the City of Jamestown.

11. The street address of premises for which license is desired? \_\_\_\_\_.

12. Name, address and phone number of owner of the business premises? \_\_\_\_\_  
\_\_\_\_\_.

13. Date of the deed or lease for the premises? \_\_\_\_\_

14. Are there any delinquent taxes against said premises? \_\_\_\_\_

15. Has the applicant or designated manager ever been engaged in the sale or transportation of liquor prior to this application? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date and type of business and address \_\_\_\_\_  
\_\_\_\_\_.

16. Has the applicant or designated manager ever had a license rejected by any municipality, state, or federal authority? Yes \_\_\_ No \_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_.
17. Has the applicant or designated manager ever been convicted of any violation of any law of the United States, or the State of North Dakota, or local ordinance governing the manufacture, sale or possession of intoxicating liquor? Yes \_\_\_ No \_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_.
18. Has the applicant or designated manager ever had a license for the sale of intoxicating liquor revoked for any violation of any state law or local ordinance? Yes \_\_\_ No \_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_.
19. Has the applicant or designated manager ever been indicted or convicted of any crime other than that stated in (17) either in North Dakota or elsewhere? Yes \_\_\_ No \_\_\_ If yes, give date and details \_\_\_\_\_  
\_\_\_\_\_.
20. Has any person or entity other than applicant, any right, title, estate, or interest in the leasehold, or in the furniture, fixtures, or equipment in the premises for which the license is requested? Yes \_\_\_ No \_\_\_ If yes, give names, addresses, and details \_\_\_\_\_  
\_\_\_\_\_.
21. Has applicant 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 than the specific use of this applicant? Yes \_\_\_ No \_\_\_  
If yes, give names, addresses, and details \_\_\_\_\_  
\_\_\_\_\_.
22. Has applicant any interest whatsoever, directly or indirectly, in any other liquor establishment within or without the State of North Dakota? Yes \_\_\_ No \_\_\_ If yes, give names and addresses of establishments \_\_\_\_\_  
\_\_\_\_\_.
23. List the occupations which applicant has followed during the past ten years? \_\_\_\_\_  
\_\_\_\_\_.
24. Give names and addresses of at least three business references, including one bank, and state briefly the extent of business relations with each \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

25. Will applicant be engaged in any other form of business other than the sale of liquor under the license applied for at this location? Yes \_\_\_\_ No \_\_\_\_ If yes, give type of business and name \_\_\_\_\_  
\_\_\_\_\_.
26. Does applicant owe any past due taxes to the City of Jamestown, State of North Dakota or the Federal Government? Yes \_\_\_\_ No \_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_.
27. Does applicant promise to abide by the provisions of all liquor ordinances of the City of Jamestown and liquor statutes of the State of North Dakota? Yes \_\_\_\_ No \_\_\_\_
28. Is applicant prepared to furnish a license bond in the amount of \$10,000 as provide for in such ordinance? Yes \_\_\_\_ No \_\_\_\_ Give name of surety company \_\_\_\_\_

**Does applicant consent to any public officer, sheriff or any peace officer of the City of Jamestown, or of the State of North Dakota, entering upon said premises for which the license is sought for the purpose of inspecting such premises, or any part thereof, at any time, and that you waive all right, constitutional or otherwise, against unreasonable searches or seizures, and agree that any liquor found upon such premises or any property found therein held in violation of the laws of the State of North Dakota or of City of Jamestown ordinance, may be seized and taken away by such officer, and that such intoxicating liquor or other property so seized, any be received in evidence against you in any proceedings or prosecution brought pursuant to the laws of the State of North Dakota or City of Jamestown. Yes \_\_\_\_ No \_\_\_\_**

The amount of remittance accompanying this application is \$\_\_\_\_\_.

Dated at \_\_\_\_\_, North Dakota, on this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

STATE OF NORTH DAKOTA

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

\_\_\_\_\_, being first duly sworn, deposes and says that he is the applicant who is described in and who executed the foregoing and above application, that he has read each question and statement therein knows the contents thereof, and that he has made the answers set forth in said application, and that each one of said answers is true of his own knowledge.

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

Notary Public for

\_\_\_\_\_ County, North Dakota.

My Commission Expires \_\_\_\_\_

(SEAL)