READ INSTRUCTIONS THOROUGHLY!

Complete the attached Beer & Wine License application and return it with the following item to the City of Jamestown, 102 3rdAvenue SE, Jamestown, ND 58401

1. Beer & Wine License Fee: $720.00

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

INFORMATIONAL:

A background check will be completed on applicant(s) prior to the application being forwarded to the Finance & Legal Committee for recommendation to the City Council. Please allow sufficient time for this to be completed: it 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 A LICENSE
FOR THE RETAIL SALE OF BEER, WINE AND SPARKLING WINE

LICENSE FEE: $720.00 (Check type of license requested)

(____) ON SALE   (____) OFF SALE   (____) ON-OFF SALE

1. LICENSE IS TO BE ISSUED IN THE FOLLOWING NAME:
    A. Individual: _____
    B. Partnership: _____
    C. Corporation: _____

2. ADDRESS OF PREMISES TO BE LICENSED:
    A. Number and street: _____
    B. Legal Description: _____

3. APPLICANT IS:

    A. **INDIVIDUAL:**
        Name: (Full Name) _____ Date of Birth _____
        Address: _____
        U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
        Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

    B. **PARTNERSHIP:**
        Name: (Full Name) _____ Date of Birth _____
        Address: _____
        U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
        Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

        Name: (Full Name) _____ Date of Birth _____
        Address: _____
        U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
        Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

    C. **CORPORATION:**
        Date of Incorporation: _____ State: _____
        Authorized Capital: _____ Paid in Capital: _____
        Parent Corporation (if subsidiary): _____
        Purpose of Incorporation: _____

<div align="center">DIRECTORS</div>

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

<div align="center">OFFICERS & MANAGING AGENTS</div>

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

Name: (Full Name) _____ Date of Birth _____
Address: _____
U.S. Citizen: Yes _____   No _____   Resident of ND: Yes _____   No _____
Legal Resident of U.S. (if not a citizen):   Yes _____   No _____ (Attach Proof)

4. Has applicant been convicted of a felony within five years of the date of application?   Yes _____   No _____

5. Has applicant been convicted for any violation of any law relating to alcoholic beverages within the last five years?   Yes _____   No _____

6. Has applicant had any license relating to alcoholic beverages revoked within the last five years.

      Yes _____   No _____

7. The application represents that the proposed licensee is the owner of the business being conducted at the location to be licensed and is duly qualified to receive such license pursuant to the laws of the United States, the laws of North Dakota, and the ordinances and regulations of the above-named city. The applicant accepts such license when issued subject to all the conditions of the ordinances of such city and agrees that any police officer, sheriff, duly authorized representative of the city or peace officer of the state may enter upon the licensed premises at any time for the purpose of inspection or to determine whether the business is being conducted in compliance with the ordinances of the above named city, and hereby waives the issuance of search warrant or other legal process as a condition to the entry upon and inspection or search of such premises.

      I AFFIRM AND SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____   _____

                DATE   SIGNATURE OF APPLICANT

STATE OF NORTH DAKOTA
COUNTY OF STUTSMAN

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

                                           _____

                                          Notary Public, North Dakota

                                          My Commission Expires: _____