A. Approve Order of Agenda

B. Approval of Minutes – June 17, 2019 (Pg 2)

Regular Agenda
1. Special Event Application – West Fargo Parks District (Pg 3-12)
2. Special Event Application – Brewtus Brickhouse (Pg 13-15)
3. Liquor License Application – West Fargo Events (Pg 16-26)
4. Adjourn
The City of West Fargo Liquor Control Board met at 1:00pm on Monday, June 17, 2019.

Those present and voting were City Administrator Tina Fisk, Commissioner Eric Gjerdevig, Commissioner Mark Simmons, West Fargo Police Chief Heith Janke, and Code Enforcement Officer Pierre Freeman.

Those present and not voting were City Attorney John Shockley, Executive Assistant Courtney Williams, Finance Director Jim Larson, Commission President Bernie Dardis, and Finance Assistant Stanna Flom.

Commissioner Simmons moved and Chief Janke seconded to approve the Order of Agenda as presented, with one amendment: to move discussion of Awake LLC and The Art Bar renewal applications to Regular Agenda Items 4 and 5. No opposition. Motion carried.

Commissioner Simmons moved and Code Enforcement Officer Freeman seconded to approve the minutes of the June 11, 2019 meeting. No opposition. Motion carried.

Commissioner Gjerdevig opened the discussion for Regular Agenda Item #1, Silver Dollar Special Event Application. The application has been approved by city staff. After discussion, City Administrator Fisk moved and Chief Janke seconded to approve the application. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for Regular Agenda Item #2, 2019 Server Training Update. After discussion, Commissioner Simmons moved and Code Enforcement Officer Freeman seconded to approve the server training letter as presented to be sent to liquor establishments. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for Regular Agenda Item #3, Review and Approval of Liquor License Renewals. After discussion, Commissioner Simmons moved and Code Enforcement Officer Freeman seconded to approve the liquor licenses contingent upon all taxes being current. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for Regular Agenda Item #4, Review and Approval of Liquor License Renewals for The Art Bar. After discussion, Commissioner Simmons moved and Chief Janke seconded to approve the liquor license renewal for The Art Bar, contingent upon receipt of proof of purchase from a licensed distributor after three months. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for Regular Agenda Item #5, Review and Approval of Liquor License Renewals for Awake LLC. After discussion, Commissioner Simmons moved and Code Enforcement Officer Freeman seconded to deny the liquor license renewal application for Awake LLC. No opposition. Motion carried.

There was no correspondence.

Code Enforcement Officer Freeman moved and Chief Janke seconded to adjourn. No opposition. Meeting adjourned.

________________________________________  ________________________________________
Eric Gjerdevig, Commissioner              Tina Fisk, City Administrator
# ALCOHOL SPECIAL EVENT APPLICATION

(application must be submitted NO LATER THAN 7 days prior to event)

1. West Fargo Liquor License Business: West Fargo Park District
2. Name: Matthew Johnson  Email: matthew@wfparks.org
   Mailing Address: 601 26th Ave E  City: West Fargo  State: ND  Zip: 58078
   **Provider:** Dakota Vines Vineyard and Winery
   Contact Person: Robert T. Grosz  Email: dakotavineswinery@gmail.com
   Mailing Address: 2000 E Rose Creek Parkway S  City: Fargo  State: ND  Zip: 58104
   Contact Phone: 701-566-3535

3. Event Name: West Fargo Farmers Market & Beyond  Date of Event: July 22 - October 3
   Contact Person: Matthew Johnson  Email: matthew@wfparks.org
   Mailing Address: 601 26th Ave E  City: West Fargo  State: ND  Zip: 58078
   Contact Phone: 701-433-5360
   July 22, July 25, July 29, Aug 1, Aug 5, Aug 8, Aug 12, Aug 15, and Aug 19.

4. Start/End hours of alcohol service: 3:30 PM - 6:30 PM
   **South Elmwood Parking Lot**

5. Address of Special Event Licensed Area: 501 13th Ave W, West Fargo

6. Is the event outdoors? Yes/No  YES

7. If no, in what area(s) of the building is the event located? 
   **Submit a legible drawing showing the licensed area and how the boundaries of the licensed area will be identified.**

8. Are there adequate restroom facilities? Yes/No  See city requirements (attached)

9. List the primary activities within the licensed area: Wine sampling/Sale of bottles of wine (if there is going to be a public dance then there will need to be security)
   NO

10. Will minors be allowed at the event? Yes/No
    If yes, will minors and alcohol be allowed in the same area? Yes/No

11. What is the expected attendance per event in the licensed area (where alcohol will be sold or consumed)? 200 - 500

12. Describe your plan to prevent problems and violations. All servers have completed the Server Training Program sponsored by Fargo Cass Public Health and will follow all aspects of the training.
13. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors.
   All servers will follow all aspects of the Server Training Program including appropriate carding.
14. Describe your plan to manage alcohol consumption by adults.
   Only one ounce samples will be distributed. Adults will be limited to minimal number of samples.
15. Does your event involve any games of chance? Yes/No. If yes, Did you obtain a permit from the City of West Fargo? Yes/No.
16. Is food going to be served? Yes/No If so, what will be served ____________________.
   Please contact Public Health Department to review requirements for approval to serve food at (701)476-6729.
17. List name(s) of alcohol manager(s) on duty and in the licensed area:
   Robert T. Grosz and/or Debra M. Grosz
18. Have all servers attended a Server Training Program recognized by WFPD Yes/No.
19. Event location has proper liability insurance? Yes/No

I affirm that I am authorized to sign this application on behalf of the applicant.

Applicant Name (please print): Matthew Johnson
Applicant Signature: __________________________ Date: 6/26/19

RETURN FORM AND $25.00 FEE TO:
City of West Fargo
Attn: Finance Assistant
800 4th Ave E
West Fargo, ND 58078

NDCC 5-01-17. Domestic winery license - "The tax commissioner may issue special events permits for not more than twenty events per calendar year to a domestic winery allowing the winery, subject to local ordinance, to give free samples of its wine and to sell its wine by the glass or in closed containers, at off premises events." Dakota Vines Vineyard and Winery will apply for a special events permit for the West Fargo Famers Market & Beyond.

<table>
<thead>
<tr>
<th>Internal Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Inspector Approved – Yes/No</td>
</tr>
<tr>
<td>Fire Approved - Yes/No</td>
</tr>
<tr>
<td>Health Department Approved – Yes/No</td>
</tr>
<tr>
<td>Police Approved - Yes/No</td>
</tr>
</tbody>
</table>

Check # 1109 Date Paid 6/26/19 Amount $25.00
ALCOHOL SPECIAL EVENT APPLICATION

(application must be submitted NO LATER THAN 7 days prior to event)

1. West Fargo Liquor License Business Name: Dakota Vines Vineyard and Winery

2. Name: Robert T. Grosz Email: dakotavineswinery@gmail.com
   Mailing Address: 17355 County Road 4 City: Colfax State: ND Zip: 58018

   Contact Person: Robert T. Grosz Email: dakotavineswinery@gmail.com
   Mailing Address: 2000 E Rose Creek City: Fargo State: ND Zip: 58104
   Contact Phone: Parkway S. 701-566-3535

3. Event Name: West Fargo Farmers Market & Beyond Date of Event: July 22 – October 3
   Contact Person: Matthew Johnson Email: matthew@wparks.org Mondays and
   Mailing Address: 601 26th Ave E City: West Fargo State: ND Zip: 58078
   Contact Phone: 701-433-5360 Thursdays

4. Start/End hours of alcohol service: 3:30 PM to 6:30 PM
   South Elmwood Parking Lot

5. Address of Special Event Licensed Area: 501 13th Ave W, West Fargo

6. Is the event outdoors? Yes/No YES

7. If no, in what area(s) of the building is the event located?
   **Submit a legible drawing showing the licensed area and how the boundaries of the
   licensed area will be identified.

8. Are there adequate restroom facilities? Yes/No See city requirements (attached)

9. List the primary activities within the licensed area: Wine sampling/Sale of bottles of wine
   (if there is going to be a public dance then there will need to be security)
   NO

10. Will minors be allowed at the event? Yes/No
    If yes, will minors and alcohol be allowed in the same area? Yes/No

11. What is the expected attendance per event in the licensed area (where alcohol will be sold or
    consumed)? 200 - 500

12. Describe your plan to prevent problems and violations. All servers have completed the
    Server Training Program sponsored by Fargo Cass Public Health and will follow all aspects of
    the training.
13. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors.

All servers will follow all aspects of the Server Training Program including appropriate carding.

14. Describe your plan to manage alcohol consumption by adults.

Only one ounce samples will be distributed. Adults will be limited to minimal number of samples.

15. Does your event involve any games of chance? Yes/No. If yes, Did you obtain a permit from the City of West Fargo? Yes/No.

16. Is food going to be served? Yes/No. If so, what will be served ___________________________. Please contact Public Health Department to review requirements for approval to serve food at (701)476-6729.

17. List name(s) of alcohol manager(s) on duty and in the licensed area:

Robert T. Grosz and/or Debra M. Grosz

18. Have all servers attended a Server Training Program recognized by WFPD Yes/No.

19. Event location has proper liability insurance? Yes/No

I affirm that I am authorized to sign this application on behalf of the applicant.

Applicant Name (please print): Robert T. Grosz

Applicant Signature: ___________________________ Date: 6/24/19

RETURN FORM AND $25.00 FEE TO:

City of West Fargo
Attn: Finance Assistant
800 4th Ave E
West Fargo, ND 58078

NDCC 5-01-17. Domestic winery license - "The tax commissioner may issue special events permits for not more than twenty events per calendar year to a domestic winery allowing the winery, subject to local ordinance, to give free samples of its wine and to sell its wine by the glass or in closed containers, at off premises events." Dakota Vines Vineyard and Winery will apply for a special events permit for the West Fargo Farmers Market & Beyond.

Internal Use Only

Building Inspector Approved – Yes/No
Fire Approved – Yes/No
Health Department Approved – Yes/No
Police Approved – Yes/No
City Administrator Approved – Yes/No
Finance Verified Liquor/Insurance License – Yes/No
Planning/Zoning Approved – Yes/No
Public Works Approved – Yes/No

Check # 1109 Date Paid 6/24/19 Amount $25.00
To: City of West Fargo – Attn: Finance Assistant
Fr: Bob Grosz
Dakota Vines Vineyard and Winery
RE: Alcohol Special Event Application for the West Fargo Farmers Market & Beyond

Enclosed please find:
- Application for Alcohol Special Event Application
  o $25.00 Fee
- ND Statute 5-01-17 Domestic Winery License
- Dakota Vines Vineyard and Winery Domestic Winery License
- Dakota Vines Vineyard and Winery Sales and Use Tax Permit

We (Dakota Vines) have been working with Matthew Johnson (West Fargo Parks) to be one of the vendors at the West Fargo Farmers Market & Beyond.

As a ND Domestic Winery, ND Statute (5-01-17) allows domestic wineries to apply to the ND Tax Commissioner for special event permits to give free samples of its wine and to sell its wine by the glass or in closed containers, at off premises events.

This is the same statute that allows other domestic wineries to be part of the Farmer’s Market in Fargo.

We are requesting a West Fargo Alcohol Special Event Permit so that we can be part of the West Fargo Farmers Market & Beyond. Once we receive the permit from West Fargo, we will complete the application with the ND Tax Commissioner for the special events permit.

If you have questions about our application for the West Fargo Alcohol Special Event Permit or the ND Statute, please give me a call at 701-566-3535.

Thank you very much,

Bob Grosz
Dakota Vines Vineyard and Winery
17355 Colfax, ND 58018
www.dakotavines.com
shipper that the direct shipper must obtain a direct shipper permit before tendering packages to the licensed alcohol carrier for delivery. Any assessed penalty may be waived by the tax commissioner for good cause upon request by the licensed alcohol carrier.

7. Licensed logistics shippers must obtain a logistics shipping license from the tax commissioner and shall pay an annual fee of one hundred dollars before making or causing a shipment.
   a. A licensed logistics shipper shall ensure all containers of alcoholic beverages shipped directly to an individual in this state are labeled with conspicuous words "SIGNATURE OF PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY".
   b. All containers of alcoholic beverage shipped directly to a resident of this state must be shipped using a licensed alcohol carrier as provided in subsection 6.
   c. A licensed logistics shipper shall maintain records of alcoholic beverages shipped which include the license number and name of the licensed direct shipper, the license number and name of the licensed common carrier, the date of each shipment, the quantity and kind of alcohol shipped, and the recipient's name and address for each shipment. A licensed logistics shipper shall submit a report to the tax commissioner on a monthly basis in the form and format prescribed by the tax commissioner. The report is due on the last day of the month following the month of shipment. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the first working day after the due date. The tax commissioner may require that the report be submitted in an electronic format approved by the tax commissioner.
   d. Licensed logistics shippers may not ship alcoholic beverages from unlicensed direct shippers or through unlicensed carriers. For a violation, a licensed logistics shipper is subject to the penalties in subsection 3.

8. The tax commissioner may initiate and maintain an action in a court of competent jurisdiction to enjoin a violation of this section and may request award of all costs and attorney's fees incurred by the state incidental to that action. Upon determination by the tax commissioner that an illegal sale or shipment of alcoholic beverages has been made to a consumer in this state by any person, the tax commissioner may notify both the alcohol and tobacco tax and trade bureau of the United States department of the treasury and the licensing authority for the state in which the person is domiciled that a state law pertaining to the regulation of alcoholic beverages has been violated and may request those agencies to take appropriate action.

5-01-17. Domestic winery license.
1. The tax commissioner may issue a domestic winery license to the owner or operator of a winery located within this state to produce wine. The percentage of ingredients by volume, excluding water, of wine produced by a domestic winery which must be grown and produced in this state must be at least ten percent in the second year of licensure, twenty percent in the third year of licensure, thirty percent in the fourth year of licensure, forty percent in the fifth year of licensure, and fifty-one percent in the sixth and subsequent years of licensure. Domestic wineries may be granted an exemption from the ingredient utilization requirement whenever the state tax commissioner determines, upon the commissioner's own motion or at the request of a domestic winery, that weather conditions, pest infestations, plant disease epidemics, or other natural causes have reduced the quantity or quality of produce grown in this state to an extent that renders compliance with the ingredient utilization requirement infeasible. The exemption is effective for one year unless the tax commissioner issues a new exemption. A domestic winery may purchase, at wholesale or retail, brandy for use of onpremises fortification. A domestic winery license may be issued and renewed for an annual fee of one hundred dollars, which is in lieu of all other license fees required by this title.

2. A domestic winery may sell wine produced by that winery at on sale or off sale, in retail lots, and not for resale, and may sell or direct ship its wine to persons inside or outside
of the state in a manner consistent with the laws of the place of the sale or delivery in total quantities not in excess of twenty-five thousand gallons [94635 liters] in a calendar year; glassware; wine literature and accessories; and cheese, cheese spreads, and other snack food items. A licensee may dispense free samples of the wines offered for sale. Subject to local ordinance, sales at on sale and off sale may be made on Sundays between twelve noon and twelve midnight. The tax commissioner may issue special events permits for not more than twenty events per calendar year to a domestic winery allowing the winery, subject to local ordinance, to give free samples of its wine and to sell its wine by the glass or in closed containers, at off-premises events. To participate in a pride of Dakota event sponsored by the department of agriculture, a domestic winery shall obtain a special events permit. Participation by a domestic winery in a pride of Dakota event sponsored by the department of agriculture does not count against the twenty special events limitation. A domestic winery may not engage in any wholesaling activities. All sales and deliveries of wines to any other retail licensed premises in this state may be made only through a licensed North Dakota liquor wholesaler. For any month in which a domestic winery has made sales to a North Dakota wholesaler, that domestic winery shall file a report with the tax commissioner no later than the last day of each calendar month reporting sales made during the preceding calendar month. When the last day of the calendar month falls on a Saturday, Sunday, or legal holiday, the due date is the first working day thereafter.

3. A domestic winery may obtain a domestic winery license and a retailer license allowing the onpremises sales of alcoholic beverages at a restaurant owned by the licensee and located on property contiguous to the winery.

4. A domestic winery is subject to section 5-03-06 and shall report and pay annually to the tax commissioner the wholesaler taxes due on all wines sold by the licensee at retail, including all wines shipped directly to consumers as set forth in sections 5-03-07 and 57-39-06-02. The annual wholesaler tax reports are due January fifteenth of the year following the year sales were made. When the fifteenth of January falls on a Saturday, Sunday, or legal holiday, the due date is the first working day thereafter. The report must provide such detail and be in a format as prescribed by the tax commissioner. The tax commissioner may require that the report be submitted in an electronic format approved by the tax commissioner.

5-01-18. Alcohol without liquid devices prohibited - Definition - Penalty.

1. A person may not sell, offer to sell, purchase, possess, use, or if that person is a retail alcoholic beverage licensee, have on the premises an alcohol without liquid device. In this section, an "alcohol without liquid device" means an apparatus that is advertised, designed, or used to vaporize an alcoholic beverage to produce a vapor that may be inhaled by an individual. The term does not include an inhaler, nebulizer, atomizer, or other device that is designed and intended specifically for medical purposes to dispense prescribed or over-the-counter medications or water.

2. This section does not apply to a hospital that operates primarily for the purpose of conducting scientific research, a state institution conducting bona fide research, a private college or university conducting bona fide research, or a pharmaceutical company or biotechnology company conducting bona fide research.

3. A violation of this section is a class B misdemeanor.

5-01-19. Domestic distillery.

1. The tax commissioner may issue a domestic distillery license to the owner or operator of a distillery that is located within this state which uses a majority of North Dakota farm products to manufacture and sell spirits produced on the premises. A domestic distillery license may be issued and renewed for an annual fee of one hundred dollars. This fee is in lieu of all other license fees required by this title. The tax commissioner may not issue the domestic distillery license until the applicant has established that the applicant has applied for and obtained the necessary federal registrations and permits, as required under the Internal Revenue Code of 1986 [26 U.S.C. 5001 et seq.] and the

Page No. 9
State of North Dakota
Sales and Use Tax Permit

Issued under the provisions of North Dakota Sales and Use Tax Acts, 332972 00

DAKOTA VINES VINEYARD AND WINERY
17355 COUNTY ROAD 4
COLFAX ND 58018-9607

is hereby licensed to engage in business as a retailer in the State of North Dakota. This permit is not transferable. Post conspicuously in licensed place of business.

A person who does a temporary business at one place or who is a transient business (other than on a regular or permanent route) must exhibit this permit to a prospective customer before soliciting a sale.

Ryan Rauschenberger
State Tax Commissioner

NORTH DAKOTA ALCOHOLIC BEVERAGE MANUFACTURING LICENSE
NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

For Calendar Year: 2019

☐ Microbrew Pub ☑ Domestic Winery ☐ Domestic Distillery ☐ Other Manufacturing

Proper application having been made, this license is issued pursuant to North Dakota Century Code § 5-01-17 to:

DAKOTA VINES VINEYARD AND WINERY
17355 COUNTY ROAD 4
COLFAX ND 58018-9607

State License Number: 07025
Date Issued: Nov-29-2018
This license expires on Dec-31-2019

Ryan Rauschenberger
State Tax Commissioner
ALCOHOL SPECIAL EVENT APPLICATION

(application must be submitted NO LATER THAN 7 days prior to event)

1. West Fargo Liquor License Business Name: **Brickhouse Tavern LLC**

2. Name: **Dustin Coulter** Email: jtdcoulter@gmail.com
   Mailing Address: 1035 32nd Ave E City: W. Fargo State: ND Zip: 58078
   Contact Person: **Dustin Coulter** Email: jtdcoulter@gmail.com
   Mailing Address: 1035 32nd Ave E City: W. Fargo State: ND Zip: 58078
   Contact Phone: 701-306-0001

3. Event Name: **Grand Opening Event** Date of Event: 08-01-2019
   Contact Person: ______________________ Email: ______________
   Mailing Address: 3280 10th St. E City: W. Fargo State: ND Zip: 58078
   Contact Phone: ______________________

4. Start/End hours of alcohol service: 4 AM/PM to 10 AM/PM

5. Address of **Special Event** Licensed Area: 3280 10th St. E W. Fargo ND 58078

6. Is the event outdoors? **Yes**/No

7. If no, in what area(s) of the building is the event located? _____________________________
   **Submit a legible drawing showing the licensed area and how the boundaries of the licensed area will be identified.**

8. Are there adequate restroom facilities? **Yes**/No See city requirements (attached)

9. List the primary activities within the licensed area: **Food and Beverage**
   (if there is going to be a public dance then there will need to be security)

10. Will minors be allowed at the event? **Yes**/No
    If yes, will minors and alcohol be allowed in the same area? **Yes**/No

11. What is the expected attendance per event in the licensed area (where alcohol will be sold or consumed)? **100**

12. Describe your plan to prevent problems and violations. **Trained staff on hand**
13. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors. All staff at the event are server trained/security.

14. Describe your plan to manage alcohol consumption by adults. Same as above.

15. Does your event involve any games of chance? Yes/No. If yes, Did you obtain a permit from the City of West Fargo? Yes/No.

16. Is food going to be served? Yes/No. If so, what will be served? Sloppy joes and chips. Please contact Public Health Department to review requirements for approval to serve food at (701)241-1364.

17. List name(s) of alcohol manager(s) on duty and in the licensed area: Asia Nelson

18. Have all servers attended a Server Training Program recognized by WFPD? Yes/No.

19. Event location has proper liability insurance? Yes/No

I affirm that I am authorized to sign this application on behalf of the applicant.

Applicant Name (please print): Dustin Coulter

Applicant Signature: Date: 6-18-19

RETURN FORM AND $25.00 FEE TO:

City of West Fargo
Attn: Finance Assistant
800 4th Ave E
West Fargo, ND 58078

Internal Use Only

Building Inspector Approved - Yes/No
Fire Approved - Yes/No
Health Department Approved - Yes/No
Police Approved - Yes/No

City Administrator Approved - Yes/No
Finance Verifed Liquor/Insurance License - Yes/No
Planning/Zoning Approved - Yes/No
Public Works Approved - Yes/No

Check # 9467 Date Paid 6/20/19 Amount $25.00
LIQUOR LICENSE APPLICATION - PRE-APPROVAL REVIEW (FORM A)

Pre-approval application fee is non-refundable

Requests for Liquor Licenses require an administrative review prior to consideration by the City Commission. Administrative fees are utilized to offset the cost of this process and are non-refundable. If your license request is granted, you will be asked to complete a Post Approval Liquor License form to calculate final license fees.

For period beginning 7-1-19 and ending June 30, 2020

Business Name: West Fargo Events

DBA/Name: West Fargo Events

Business Address: 520 32nd Ave W West Fargo, ND 58078

Phone #: Cell Phone: 701 715 5749 Email: mike@westfargoevents.com

I. TYPE OF LICENSE(S) APPROVED:

(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)

Application Review Fees

<table>
<thead>
<tr>
<th>License Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Bar On and Off Premises Liquor/Wine/Beer</td>
<td>$750</td>
</tr>
<tr>
<td>Retail Convience/Grocery Store Off Sale</td>
<td>$125</td>
</tr>
<tr>
<td>Retail Bar On Premises Liquor/Wine/Beer</td>
<td>$500</td>
</tr>
<tr>
<td>Retail Buisness On Premises Beer/Wine</td>
<td>$300</td>
</tr>
<tr>
<td>Retail OffSale Premises Liquor/Wine/Beer</td>
<td>$500</td>
</tr>
<tr>
<td>Retail Club/Lodge On Sale Liquor/Wine/Beer</td>
<td>$500</td>
</tr>
<tr>
<td>Wholesale</td>
<td>$500</td>
</tr>
<tr>
<td>Public Facilities License</td>
<td>$500</td>
</tr>
<tr>
<td>Restaurant On and OffSale Liquor/Wine/Beer</td>
<td>$500</td>
</tr>
<tr>
<td>Restaurant On Premise Liquor/Wine/Beer</td>
<td>$500</td>
</tr>
<tr>
<td>Cabaret License</td>
<td>$250</td>
</tr>
</tbody>
</table>

Total Due: $500

* If you are applying for a **Club License**, how many members do you have at this time? ________

* If you are applying for a **On-Premises Liquor License** and plan to serve food:

  Will you allow people under the age of 21 in your establishment? ________ If yes, do you anticipate that the sale of food will exceed the sale of alcoholic beverages? ________

  *(in future years you will be required to provide proof of food to alcohol sales)*
II.  APPLICANT DATA: (individual filling out application for license):

Your Full Name: (First, Middle, Last): Michael Ellis Amundson

Applicant Legal Address: 3308 11th St. S  Fargo, ND 58104

Date of Birth: ____________ Social Security #: ____________ US Citizen: O or N

Applicant Email Address: mike@westfargoevents.com

Applicant Phone #: 701-715-5749  How long have you been a resident of ND? 31 years Have you ever been convicted of any violation, or any law, other than a traffic offense in the U.S.?  No  If yes, what crime?

What Court? NA

Have you ever been convicted of any violation of laws governing the manufacture, sale, consumption or possession of intoxicating beverages? No  If yes provide details:

Please list any current or previous liquor licenses held: Non

Have you ever had a liquor license revoked or rejected by any municipality or state? No

If yes, provide details:

Will you be engaged in any other form of business besides the sale of liquor under the applied license? Yes  If yes provide details: Event management

List names, addresses and phone numbers of three business references (at least one bank), and state the extent of your business relations with each:

1. Gate City Bank 837 31st Ave E 701-298-2808
   Personal Banker - Mike Amundson

2. Epic Companies 745 31st Ave E Ste 105 701-866-1006
   Corporate partner

   Managing partner West Fargo Sports Arena

III. RESIDENT MANAGER INFORMATION:

Name: Mike Amundson  Date of Birth: 6-25-87

Address: 3308 11th St. S  Fargo ND 58104  Phone #: 701-715-5749

List resident manager’s previous employment for past five years:

Facilities Director - Williston Parks & Recreation District 9/12 years
IV. BUSINESS DATA:
Name of Business (DBA): West Fargo Events
Mailing Address of Licensed Establishment: 745 31st Ave E #105 West Fargo, ND 58078
Establishment Phone #: 701 532 1894
Business Type: (Sole Proprietorship, Partnership, Corporation) Non-Profit

Based on the business type above provide below the names, addresses and dates of birth of ALL individuals, partners, officers and directors. Include all persons with 1% or more interest in the business and indicate percentage of ownership: (add additional pages if necessary):

______________________________________________________________________________________________________________________________________________________________

If Incorporated: Date of Charter: 4-15-16 State of Charter: ND

List any person (including name, address, date of birth and association with business), other than the applicants listed, with any right, title, estate or interest in the leasehold, furniture, fixtures or equipment in the premises for which the license is requested:

______________________________________________________________________________________________________________________________________________________________

Does the business have any interest, directly or indirectly, with any other liquor establishment in any state? No
If yes give names and addresses of the establishments:

______________________________________________________________________________________________________________________________________________________________

Does this business plan to have any live music, performers, or other entertainment more than 1 day per week? If so, a cabaret license is required.

☑ Yes ☐ No

V. ATTACH A DETAILED FLOOR-PLAN OF BUSINESS
(HAND DRAWN FLOOR PLANS WILL NOT BE ACCEPTED)

VI. EMPLOYEE ROSTER LIST - SERVER TRAINING (SEE ATTACHED FORM)
For new establishments, you will be given 90 days from date of opening to submit a server training roster which will list servers with completed training, as well as a detailed plan for completion of training for those who have not. Employee server training must be kept current and is subject to periodic review.
Information on signup and training is available online at Fargo Cass Public Health Department's Website:
www.fargocasspublichealth.com
VII. VALIDATION/SIGNATURES

Do you agree not to permit the sale of alcohol on said premises to a minor, incompetent person, or a person who is inebriated or a habitual drunkard? □ Yes    □ No

Do you understand that any license granted with this application will not be transferable except by specific authority of the governing body and will authorize the sale of products as applied for only at the place and premises designated in the application and said license? □ Yes    □ No

Have you reviewed the Alcoholic Beverage Ordinance(s) of the City of West Fargo and are familiar with the conditions and requirements of these ordinances? □ Yes    □ No

If granted an alcoholic beverage license, will you comply with the State of North Dakota Liquor Control Act and the City of West Fargo Alcoholic Beverage Ordinance(s), as well as any amendments to either of these, which may be made in the future? □ Yes    □ No

(copy of current ordinance provided with application)

Do you understand that approval of license application is contingent upon having completed successful inspections from the Police Department, Fire Department, Building Inspection Department and Cass County Health Department? □ Yes    □ No

Do you certify that property owned in connection with this license does not have real and/or personal property taxes that are delinquent? □ Yes    □ No

For leased/rented property, do you certify that all payments are current? □ Yes    □ No

I(We) am (are) familiar with the information in this completed application, the answers and information contained herein are, to the best of my (our) knowledge true, complete and accurate

All signatures must be notarized.

List owner(s) names (In case of a Corporation only President and Secretary are required):

Name: MIKE AMUNDSON
Title: Executive Director
Signature: ___________________________ 
Date: 7-1-19

Name: ___________________________
Title: ___________________________
Signature: ___________________________
Date: ___________________________

Name: ___________________________
Title: ___________________________
Signature: ___________________________
Date: ___________________________

Before me personally appeared: (list names from above) ___________________________

Subscribed and sworn before me on this 15th day of July, 2019

CHRISTINA CLARK  
Notary Public  
State of North Dakota  
My Commission Expires Feb. 26, 2023

My Commission expires: 2/26/23  
Notary Public for Fargo NO
VIII. BACKGROUND CHECK AUTHORIZATION

To: ______________________________

(Please leave blank - for use of WF Police Department)

YOU ARE HEREBY AUTHORIZED to release to the bearer of this authorization, any and all information concerning my dealings as a customer of your institution. Said information is to be given in connection with the investigation by the West Fargo Police Department in relation to a liquor license request.

PRINTED NAME OF APPLICANT: Michael E. Amundson

By releasing this information to the West Fargo Police Department, I understand that my information may be subject to North Dakota open record laws.

Signature of Applicant: ___________________________ Date: 6-26-19

Please forward the records for the above investigation for a City liquor license to:

West Fargo Police Department
ATTN: License Investigations
800 4th Avenue East, Ste 2
West Fargo, ND 58078
Fax: 701-433-5508

<table>
<thead>
<tr>
<th>Internal Use Only</th>
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<tbody>
<tr>
<td>Building Inspector Approved</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Fire Approved</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Health Department Approved</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Police Approved</td>
<td>[ ] Yes [ ] No</td>
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<tr>
<td>Public Works Approved</td>
<td>[ ] Yes [ ] No</td>
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<tr>
<td>Liquor Control Board Approved</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Planning/Zoning Approved</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Finance Approved</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>License #____________________</td>
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</table>

Check #: 001079 Date Paid: 7/1/19 Amount: $500
LIQUOR LICENSE APPLICATION - POST APPROVAL (FORM B)
NEW ALCOHOL LICENSE - FEES FOR LICENSE

All licenses expire each year on June 30th. New license fees will be prorated with the number of months remaining in a license year.

For period beginning ______________, _____ and ending June 30, ______
Business Name: ________________
DBA/Name: ________________
Business Address: 520 32nd Ave W West Fargo, ND 58078
Phone Number: ________________ Cell Phone: 701 715 5749 Email: mike@westfargoevents.com

I. TYPE OF LICENSE(S) APPROVED:

(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)

<table>
<thead>
<tr>
<th>License Type</th>
<th>License Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Bar On and Off Premises Liquor/Beer/Wine</td>
<td>$3000</td>
</tr>
<tr>
<td>Retail Bar On Premises Liquor/Beer/Wine</td>
<td>$2000</td>
</tr>
<tr>
<td>Retail Offsale Premises Liquor/Wine/Beer</td>
<td>$2000</td>
</tr>
<tr>
<td>Restaurant On and Off Premise Liquor/Wine/Beer</td>
<td>$2000</td>
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<tr>
<td>Restaurant On Premise Liquor/Wine/Beer</td>
<td>$2000</td>
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<tr>
<td>Retail Club/Lodge On Sale Liquor/Wine/Beer</td>
<td>$2000</td>
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<tr>
<td>Wholesale</td>
<td>$2000</td>
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<tr>
<td>Retail Convenience/Grocery Store Off sale</td>
<td>$2000</td>
</tr>
<tr>
<td>Retail Business On Premise Beer/Wine</td>
<td>$1200</td>
</tr>
<tr>
<td>Public Facilities License</td>
<td>$2000</td>
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<tr>
<td>Cabaret License (See: 10-0125)</td>
<td>$250</td>
</tr>
</tbody>
</table>

SUB-TOTAL: $2,000
# of Full Months left in License Year: 
TOTAL DUE: $2,000

**Copy of your Liability insurance policy MUST accompany this form for final approval
$100,000 per person and per occurrence for liquor liability insurance. Liability insurance coverage of $100,000 per person and $500,000 per occurrence.

Revised 5/19
SERVER LISTING

All persons involved in the sales of alcoholic beverages at the licensed premises
premises need to be included.

For period beginning ____________, _____ and ending June 30, ______

Business Name: ________________________________________________

Business Address: ______________________________________________

Employee server training must be kept current and is subject to periodic review. Approval of license is
contingent upon server training being completed or acceptable plan (scheduled training) being presented:

**Employees without server training or with expired training will be given 90 days from date of hire to complete server
training

Information on signup and training is available online at Fargo Cass Public Health Department's Website:
www.fargocasspublichealth.com

List ALL employee and persons involved in the serving of alcohol below:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Date of Hire</th>
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NEW APPLICATION
APPLICANT CHECKLIST (FOR FORM B)

When Completed please mail to:

West Fargo City Hall
Attn: Licensing
800 4th Avenue East Suite #1
West Fargo, ND  58078

For Questions please call: (701) 433-5300

☐ Application is completed in full?

☐ Certificate of Insurance is attached?

☐ A list of employees who have completed server training attached with all required information included?

☐ Revised Floor Plan is attached if changes have been made since the last license period

☐ If you allow patrons under 21 into restaurant area, did you attach a statement from a CPA indicating gross food sales exceeded gross alcohol sales in the dining area or certified sales tax return for the most recent 12 month period?

---

Internal Use Only

Building Inspector Approved ☐ Yes ☐ No Liquor Control Board Approved ☐ Yes ☐ No

Fire Approved ☐ Yes ☐ No Finance Approved ☐ Yes ☐ No

Health Department Approved ☐ Yes ☐ No Planning/Zoning Approved ☐ Yes ☐ No

Police Approved ☐ Yes ☐ No License #:________

Public Works Approved ☐ Yes ☐ No

01 PERENNIAL PLANTING

02 SHRUB PLANTING

03 TREE PLANTING

04 STRUCTURAL SOIL PLANTING BED

05 PLAZA TREE GRADE

06 TREE GRADE MOUNTING DETAIL

07 ARTIFICIAL TURF EDGE DETAIL