A. Approve Order of Agenda
B. Approval of Minutes – August 13, 2019 (Pg 2-3)

Agenda
1. 8:00am Public Hearing for New Liquor License Application – WF Philanthropy Promotions LLC (Pg 4-23)
2. Special Event Application for Northwest Tire (Pg 24-26)
3. Adjourn
The City of West Fargo Liquor Control Board met at 8:00am on Tuesday, August 13, 2019.

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

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

City Administrator Fisk moved and Chief Janke seconded to approve the Order of Agenda as presented. No opposition. Motion carried.

City Administrator Fisk moved and Code Enforcement Officer Freeman seconded to approve the minutes of the July 16, 2019 meeting. No opposition. Motion carried.

Commissioner Gjerdevig opened the Public Hearing for a Public Facilities License Application for West Fargo Events. The Public Hearing was opened. There was no Public Comment. The Public Hearing was closed. After discussion, Code Enforcement Officer Freeman moved and Chief Janke seconded to approve the Public Facilities License Application for West Fargo Events. No opposition. Motion carried.

Commissioner Gjerdevig opened a request for a background check and set public hearing for a new Liquor License Application for WF Philanthropy, Inc. City Administrator Fisk moved and Code Enforcement Officer Freeman seconded to approve the request for a background check and set the Public Hearing for Tuesday, September 10, 2019 at 8:00am. No opposition. Motion carried.

Commissioner Gjerdevig opened a request for a background check and set public hearing for a new Liquor License Application for Thunder Coffee. After discussion, City Administrator Fisk moved and Code Enforcement Officer Freeman seconded to proceed with the request for a background check and a more detailed business plan and to schedule the Public Hearing for Tuesday, October 8, 2019 at 8:00am. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for a Special Event Application for Black Frame Boutique & Spa. After discussion, Code Enforcement Officer Freeman moved and City Administrator Fisk seconded to approve the Special Event Application contingent upon the event ending at 10pm. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for a Special Event Application for Westport Beach Pitmaster Challenge. After discussion, City Administrator Fisk moved and Code Enforcement Officer Freeman seconded to approve the Special Event Application contingent upon a 10pm cutoff time and a letter asking for public consumption to be approved by the Commission or a defined beer garden to be approved by city departments. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for a Special Event Application for Harley Davidson on 8/16/19. City Administrator Fisk moved and Chief Janke seconded to approve the application as presented. No opposition. Motion carried.
Commissioner Gjerdevig opened discussion for a Special Event Application for Harley Davidson on 9/13/19. Code Enforcement Officer Freeman moved and Chief Janke seconded to approve the application as presented. No opposition. Motion carried.

Commissioner Gjerdevig opened discussion for a Special Event Application for Harley Davidson on 9/14/19. Chief Janke moved and City Administrator Fisk seconded to approve the application as presented. No opposition. Motion carried.

There was no correspondence.

Code Enforcement Officer Freeman moved and City Administrator Fisk seconded to adjourn. No opposition. Meeting adjourned.

____________________________________  _________________________________________
Eric Gjerdevig, Commissioner  Tina Fisk, City Administrator
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 **October 1, 2019** and ending June 30, 2020

Business Name: WF Philanthropy Promotions LLC

DBA/Name: 701 Christianson Dr W, West Fargo

Business Address: 701 Christianson Dr W, West Fargo

Phone Number: 701-277-1000 Cell Phone: 701-412-5460 Email: crystal@wdfargo.com

I. TYPE OF LICENSE(S) APPROVED:

<table>
<thead>
<tr>
<th>License Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Bar and Off Premises Liquor/Beer/Wine</td>
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<tr>
<td>Retail Off-Sale Premises Liquor/Wine/Beer</td>
</tr>
<tr>
<td>Restaurant On and Off Premise Liquor/Wine/Beer</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Retail Convenience/Grocery Store Offsale</td>
</tr>
<tr>
<td>Retail Business On Premise Beer/Wine</td>
</tr>
<tr>
<td>Public Facilities License</td>
</tr>
<tr>
<td>Cabaret License (See: 100125)</td>
</tr>
</tbody>
</table>

**SUB-TOTAL:** A: 12,000

**# of Full Months left in License Year:** B: 9

**TOTAL DUE:** C: 9,000 \((A/12)*B\)

**Copy of your Liability Insurance policy MUST accompany this form for final approval**

Minimum requirements: $50,000 per person and $100,000 per occurrence and Liquor Liquor Liability (Dram Shop) Insurance.
SERVER LISTING

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

For period beginning October 1, 2019 and ending June 30, 2020

Business Name: WF Philanthropy Promotions LLC
Business Address: 741 Christianson Dr, West Fargo

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:

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<td>Engetking</td>
<td>10-2-90</td>
<td>10-1-18</td>
</tr>
<tr>
<td>Deanna</td>
<td>Hoag</td>
<td>3-28-84</td>
<td>10-1-19</td>
</tr>
</tbody>
</table>
8/22/2019

Harley-Davidson of Fargo,
2601 West 60th St N
Sioux Falls SD 57107

Attn: James Entenman, Joe Entenman and Jimmy Entenman and Crystal Stautz

RE: Liquor Liability Proposal for Harley-Davidson of Fargo

Per your request I asked Auto Owners to provide us with a quote for liquor liability. The covered entity will be for WF Philanthropy Promotions, LLC.

Liability limits are $1,000,000 per occurrence and an aggregate amount of $2,000,000.

The effective date will be of your choosing.

Let us know of any further questions.

Oscar DeVries, CIC, LUTCF
When Completed please mail to:

West Fargo City Hall
Attn: Liquor Control Board
800 Fourth Ave. E., 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?

☐ Floor plan is attached in required format?

☐ 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 for the prior year?
WF Philanthropy Inc has filed an application for a liquor license at the Harley Davidson retail location, 701 Christianson Dr. W., West Fargo.

The application is for a retail business on premises beer/wine.

Crystal Stautz, an employee of Harley Davidson, is the listed manager. Ms. Stautz resides in Casselton, ND.

The establishment does not have insurance or a relationship with a wholesale alcohol distributor as this is a new application.

Ms. Stautz, and all listed corporate managers, Joseph, James, James II and Lonnie Entenman, do not have any criminal history of any significance.

Great Western Bank reports the corporate managers are excellent people and are in good standing with the bank.

Three people are listed as servers on the application and all recently obtained server training licensure this year.

Ms. Stautz said the plan is for the outdoor patio to be used and designated as the bar (see application). The actual location of the serving area is dynamic. Often the serving area will be located just inside the double door (pictured) on the east end of the Harley Davidson Building. Ms. Stautz also said there are times when the serving area will be moved to the center of the patio area. Seating plans are unknown. Ms. Stautz would like the designated bar area to also be dynamic and have the ability to increase or decrease the designated area. All ages are/will be present during alcohol sales.

Plans are to use some sort of barrier. The type and location of barriers were not present upon inspection.

Because of the outdoor sale and consumption of alcohol potential conflicts forseen are: violations of Municipal code 10-0132 (public consumption), the movement of the alcohol service location and barriers needed for both, the posting of the liquor license, patrol officers have responded to noise complaints from previous events (Sgt. Johnson), lavatory access while consuming alcohol, and security at large events.

Sincerely,

Detective Joe Birrenkott

[Signature]
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 ___________ Sept 1st, 2019 ______ and ending June 30, 2020 ______

Business Name: WF Philanthropy Inc

DBA/Name: __________________________

Business Address: 701 Christianson Dr W, West Fargo, ND 58078

Phone #: 701-277-1000  Cell Phone: ____________ Email: Crystal@WFDFargo.com

I. TYPE OF LICENSE(S) APPROVED:

(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)

Application Review Fees

<table>
<thead>
<tr>
<th>Description</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>
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<tr>
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<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: $300.00

* 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): Crystul Rose Stautz
Applicant Legal Address: 5416 10th Ave N, Casselton ND 58012
Date of Birth: 3-12-83 Social Security #: [redacted] US Citizen: Yes
Applicant Email Address: Crystul@ndfargo.com
Applicant Phone #: 701-277-1090 How long have you been a resident of ND? 36 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?

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: None

Have you ever had a liquor license revoked or rejected by any municipality or state? NA 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: Motorcycle & UTV accessories sales and service.

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. Great Western Bank, Jan Soukup, 605-373-1326 All loans and checking accounts done at this bank
2. Silver Dollar Korth 701-791-7115 Has been our special event serving bar since 2014 for HD Fargo
3. Dave's West Fargo: Dave J. 701-277-8618 Helps with the annual Miracle Ride for Sanford Children's Hospital

III. RESIDENT MANAGER INFORMATION:

Name: Crystul Stautz Date of Birth: 3-12-83
Address: 5416 10th Ave N, Casselton ND 58012 Phone #: 701-412-5260

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

Harley Davidson of Fargo - May 2014 to Current
Business Data:
Name of Business (DBA): WF Philanthropy Inc
Mailing Address of Licensed Establishment: 701 Christianson Dr W, West Fargo, ND 58078
Establishment Phone #: 701-277-1000
Business Type: (Sole Proprietorship, Partnership, Corporation) Corporation

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)

Joseph Enterman - President 1101 S Hyde Park, Sioux Falls, SD 8-12-81
James Enterman II - Secretary/Treasurer 1209 S Hyannis Port Lane, SD 8-30-78
Terry Minard - Secretary 24 Birch Lane, Fargo, ND 58103 11-11-53

If Incorporated: Date of Charter: 4-4-2017 State of Charter: North Dakota

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:

Joseph Enterman 1101 S Hyde Park, Sioux Falls, SD 8-12-81
James Enterman II 1209 S Hyannis Port Lane, Sioux Falls, SD 8-30-78
James Enterman 2909 SS Charles Lane, Sioux Falls, SD 5-18-51
Lonnie Enterman 420 E Meadowlark Circle, Brandon, SD 5-23-53

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 sign up 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 Ordinances(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 Ordinances, 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: ______________________________________________________________________
Title: __________________________
Signature: _______________________
Date: ______-____-____

Name: ______________________________________________________________________
Title: __________________________
Signature: _______________________
Date: ______-____-____

Name: ______________________________________________________________________
Title: __________________________
Signature: _______________________
Date: ______-____-____

Name: ______________________________________________________________________
Title: __________________________
Signature: _______________________
Date: ______-____-____

Before me personally appeared: (list names from above) ______________________________________________________________________
____________________________________________________________________________

Subscribed and sworn before me on this _______ day of July, ________

________________________________________
(Signature of Notary Public)

My Commission expires: 02-19-2021

Notary Public for ______________________
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: WF Philanthropy, Inc / Harley-Davidson of Fargo

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: [Signature] Date: 7-29-19

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>
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<th>Internal Use Only</th>
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<tbody>
<tr>
<td>Building Inspector Approved</td>
</tr>
<tr>
<td>Fire Approved</td>
</tr>
<tr>
<td>Health Department Approved</td>
</tr>
<tr>
<td>Police Approved</td>
</tr>
<tr>
<td>Public Works Approved</td>
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Check #: 1833 Date Paid: 8/8/19 Amount: 300.-
All persons involved in the sales of alcoholic beverages at the licensed premises need to be included.

For period beginning **Sept, 1st, 2019** and ending **June 30, 2020**

Business Name: **WF Philanthropy, Inc.**

Business Address: **701 Christianson Dr W, West Fargo ND 58078**

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 the Fargo Cass Public Health Department's webpage: [http://www.fargocasspublichealth.com](http://www.fargocasspublichealth.com)

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

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Harley-Davidson of Fargo,
2601 West 60th St N
Sioux Falls SD 57107

Attn:  James Entenman, Joe Entenman and Jimmy Entenman and Crystal Stautz

RE:  Liquor Liability Proposal for Harley-Davidson of Fargo

Per your request I asked Auto Owners to provide us with a quote for liquor liability. The covered entity will
Be for WF Philanthropy Promotions, LLC.

Liability limits are $1,000,000 per occurrence and an aggregate amount of $2,000,000.
The effective date will be of your choosing.
Let us know of any further questions.

Oscar DeVries, CIC, LUTCF
Crystal Stautz
Name
Has successfully completed
Server Training on
May 06, 2019
Date of Training
This card expires three years from date of issue.

Bernadette Swanson
Name
Has successfully completed
Server Training on
May 06, 2019
Date of Training
This card expires three years from date of issue.

Alexis Engeling
Name
Has successfully completed
Server Training on
Aug 12, 2019
Date of Training
This card expires three years from date of issue.
ALCOHOL SPECIAL EVENT APPLICATION

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

1. West Fargo Liquor License Business Name: Border Town
   Email: bordertown60@gmail.com
   Mailing Address: PO Box 402 City: West Fargo State: ND Zip: 58078

2. Name: Paulina Haakenson
   Email: phaakenson@gmail.com
   Mailing Address: 1500 Northway Center City: West Fargo State: ND Zip: 58078
   Contact Phone: 701-330-4810

3. Event Name: Northwest Tire Open House
   Date of Event: 9-11-19
   Contact Person: Brynn Amsel
   Email: bamsel@amsmile.com
   Mailing Address: 201 15th St NW City: West Fargo State: ND Zip: 58078
   Contact Phone: 701-235-3920

4. Start/End hours of alcohol service: 4 AM/MD to 8 AM/PM

5. Address of Special Event Licensed Area: 201 15th St NW

6. Is the event outdoors? Yes/No

7. If no, in what area(s) of the building is the event located? Book of Sleep

   **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: Social Gathering
   (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 ppl

12. Describe your plan to prevent problems and violations.
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. **Access is closed off and will be managed by employee.**

14. Describe your plan to manage alcohol consumption by adults. **Who will be canceling if intoxicated they will not be served.**

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)241-1364.

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

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): **Paula Marie Haakenson**

Applicant Signature: **Paula Marie Haakenson** Date: 9-5-19

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 Verified Liquor/Insurance License | Yes/No |
| Planning/Zoning Approved    | Yes/No |
| Public Works Approved       | Yes/No |

Check #: 4000 Date Paid: 9/5/19 Amount: $25.00