



City of West Fargo Phone: 701-433-5300  
 Attn: Liquor Control Board Email: courtney.williams@westfargond.gov  
 800 Fourth Ave. E., Suite 1  
 West Fargo, ND 58078

**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: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I. TYPE OF LICENSE(S) APPROVED:**

*(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)*

	<b>License Fees</b>
Retail Bar On and Off Premises Liquor/Beer/Wine	\$3000
Retail Bar On Premises Liquor/Beer/Wine	\$2000
Retail Off-Sale Premises Liquor/Wine/Beer	\$2000
Restaurant On and Off Premise Liquor/Wine/Beer	\$2000
Restaurant On Premise Liquor/Wine/Beer	\$2000
Retail Club/Lodge On Sale Liquor/Wine/Beer	\$2000
Wholesale	\$2000
Retail Convenience/Grocery Store Offsale	\$500
Retail Business On Premise Beer/Wine	\$1200
Public Facilities License	\$2000
Caberet License (See: 100125)	\$250

SUB-TOTAL:

A:

# of Full Months left in License Year:

B:

TOTAL DUE:

C:  (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**

**(FOR USE WITH FORM B & C)**

**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](http://www.fargocasspublichealth.com)*

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

First Name	Last Name	Date of Birth	Date of Hire



**NEW APPLICATION  
APPLICANT CHECKLIST**

**(FOR FORM B)**

**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?