



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 _____ and ending June 30, _____

Business Name: _____

DBA/Name: _____

Business Address: _____

Phone #: _____ Cell Phone: _____ Email: _____

I. TYPE OF LICENSE(S) APPROVED:

(CIRCLE THE APPROPRIATE LICENSES AND CALCULATE TOTAL FEES)

Application Review Fees

Retail Bar On and Off Premises Liquor/Wine/Beer	\$750
Retail Convenience/Grocery Store Off Sale	\$125
Retail Bar On Premises Liquor/Wine/Beer	\$500
Retail Business On Premises Beer/Wine	\$300
Retail Off-sale Premises Liquor/Wine/Beer	\$500
Retail Club/Lodge On Sale Liquor/Wine/Beer	\$500
Wholesale	\$500
Public Facilities License	\$500
Restaurant On and Off-sale Liquor/Wine/Beer	\$500
Restaurant On Premise Liquor/Wine/Beer	\$500

Total Due

* 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): _____

Applicant Legal Address: _____

Date of Birth: _____ Social Security #: _____ US Citizen : Y or N

Applicant Email Address: _____

Applicant Phone #: _____ How long have you been a resident of ND? _____ Have you ever been convicted of any violation, or any law, other than a traffic offense in the U.S.? _____ 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? _____ If yes provide details: _____

Please list any current or previous liquor licenses held: _____

Have you ever had a liquor license revoked or rejected by any municipality or state? _____

If yes, provide details: _____

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

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. _____

2. _____

3. _____

III. RESIDENT MANAGER INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

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

IV. BUSINESS DATA:

Name of Business (DBA): _____

Mailing Address of Licensed Establishment: _____

Establishment Phone #: _____

Business Type: (Sole Proprietorship, Partnership, 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):

If Incorporated: Date of Charter: _____ State of Charter: _____

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? _____

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?

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 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?

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 _____, 20____

(Signature of Notary Public)

My Commission expires: _____

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: _____

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: _____

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