APPLICATION FOR STATE RETAIL ALCOHOLIC BEVERAGE LICENSE

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 11066 (04-2020)

License Number
License Year

Please type or print. The undersigned applicant states that the following information is true and correct.

ALL APPLICANTS MUST COMPLETE

Applying for
☐ New License ☐ Re-Application

Business Type *(check one)*
☐ Individual ☐ Corporation ☐ Limited Liability Company ☐ Partnership
☐ Cooperative Association ☐ Other (Please Explain)

Name of Individual Applicant, or Applicant's Legal Business Name			
Name of Person Completing and Signing Form *(must be person listed in ownership information or manager)*		Your Title	
Name of Manager *(must have on file already or complete SFN 10866 "Personal Information Form")*		Telephone Number	
DBA *(Doing Business As)* Name		Business Telephone Number	
Business Street Address	City	ZIP Code	County
Mailing Address *(if different than business address)*	City	State	ZIP Code

Person to Contact Regarding Application Questions

Name	Telephone Number	E-mail Address

Ownership or Governing Board Information (required section). *Please read instructions below.*

If applicant is a nonprofit corporation or cooperative association, the full governing board, including the officers and board of directors, trustees, etc., must be provided. Other applicants must include 100% ownership to include all individual applicants, each officer, director and shareholder of a corporation, each owner, governor or member of a limited liability company and all partners of a partnership. The full governing board and any individual with 5% or more ownership interest must either have on file or complete and submit SFN 10866 "Personal Information Form". Additional sheets may be attached if more room is needed.

Title	Name	Home Address	City	State	ZIP Code	Telephone Number	Percent of Ownership

If the entity applying for license consists of more than one entity, attach a flow chart of all entities, parent or subsidiary, and their connection in the make-up of the organization. *(For example, if a corporation is one of the members of a LLC, partnership, etc.)*

Answer the following and include any attachments

Does applicant have an alcoholic beverage license from a city, county, or tribal authority as of the date this application is being signed? *(New applicants provide a copy of the local licenses with this application, or if pending, as soon as available)*
☐ Yes ☐ No ☐ Pending

Local License Received From	Type of License Approved *(check all that apply)*
☐ City ☐ County ☐ Tribal	☐ Beer ☐ Wine ☐ Liquor

	Yes	No
Does the building in which the business is to be conducted meet local and state requirements regarding sanitation and safety?	☐	☐
Have manager, owners or governing board members been charged with or convicted of a felony or misdemeanor, or been released from parole or probation for a felony, within the past five years? If yes, attach a full explanation.	☐	☐
Are manager, owners or governing board members legal residents of the United States and persons of good moral character?	☐	☐
Do you have any agreement or understanding to obtain this license for any other person, partnership or organization, or to obtain it for any other than the specific use of the applicants? If yes, attach full explanation.	☐	☐
Do you lease, or intend to lease, the premises to any other person, partnership or organization for the sale of alcoholic beverages? If yes, attach full explanation.	☐	☐

NEW APPLICANTS ONLY

Intended Beginning Date	Are you taking over this business from someone? ☐ Yes ☐ No	If yes, enter the previous owner's name

If organization, is it properly registered with the North Dakota Secretary of State? *(Attach copy of corporate certificate or registration)*
☐ Yes ☐ No

Provide a clear and understandable floor plan of the premises. This may be done on SFN 14986 "Alcoholic Beverage Floor Plan" or other 8 1/2" x 11" format. Show all exits, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers and movable partitions. Use a different color to outline the area to be used for the sale and/or dispensing (the "licensed premises") of alcoholic beverages. This should include any area where alcoholic beverages will be served to customers and where customers will be allowed to pay for their alcoholic beverages.

ALL APPLICANTS MUST COMPLETE-THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

State of	County of	Applicant Signature
Signed and sworn before me	Date	

Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

New License Fee Schedule

	Premises located in City with Population **Over 500**		City with Population **Under 500,** County, or Tribal Licensee	
	Beer	**Liquor/Wine**	**Beer**	**Liquor/Wine**
January	$100.00	$100.00	$50.00	$50.00
February	91.67	91.67	45.83	45.83
March	83.33	83.33	41.66	41.66
April	75.00	75.00	37.50	37.50
May	66.66	66.66	33.33	33.33
June	58.33	58.33	29.16	29.16
July	50.00	50.00	25.00	25.00
August	41.67	41.67	25.00	25.00
September	33.33	33.33	25.00	25.00
October	25.00	25.00	25.00	25.00
November	25.00	25.00	25.00	25.00
December	25.00	25.00	25.00	25.00

Pay only the month in which alcoholic beverage sales will begin based on the location of the establishment and type of alcoholic beverages approved by local license.

License Renewal Fee Schedule

Premises located in a City with a population **over 500**:

Beer Only	$100.00
Beer, Liquor or Wine	$ 200.00

Premises in County limits or City with population **under 500** and Tribal locations:

Beer only	$ 50.00
Beer, Liquor or Wine	$100.00

Retail alcoholic beverage licenses expire on **December 31st** of each year and must be renewed before expiration or a reinstatement fee will be required.

Licensing Use Only

Make payment payable to: Attorney General

Mail to:
Office of Attorney General
Licensing Section
600 E Boulevard Avenue, Dept 125
Bismarck, ND 58505-0040

Questions: call the Licensing Section at (701) 328-2329