PERSONAL INFORMATION FOR STATE RETAIL ALCOHOLIC BEVERAGE LICENSURE

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 10866 (05-2026)

License Number

Please type or print legibly. Incomplete forms will be returned and delay processing the state retail alcoholic beverage license.

Name		* Social Security Number	
Have you now or in the past used any other name than the one listed above? ◯ Yes ◯ No	If yes, list all names (including maiden name)		
Present Home Address	City	State	ZIP Code
Mailing Address (if different than home address)	City	State	ZIP Code
Country of Citizenship / Date of Birth	Place of Birth		
Name of Premises to be Licensed	City Where Premises are Located		

List all Places of Residence During the Past Ten Years (including the present date and address)

Years (From-To)	Street Address	City	State

List Your Employment for the Past Ten Years (including part-time and self employment)

Years (From-To)	Employer	Business Address	Reason for Leaving

Have you operated, had a financial interest in, or been employed with an alcoholic beverage establishment? (If yes, provide details below) ◯ Yes ◯ No

Years (From-To)	Name of Establishment	Address	Your Involvement

Continued on next page

Have you been charged with or convicted of a crime (felony or misdemeanor), or have you been released from parole or probation for a felony, within the last five years? (If yes, list all criminal charges, convictions, and the disposition below) ◯ Yes ◯ No

Date	Offense	City	State	Disposition	Felony or Misdemeanor

***Privacy Act Notification**

Your social security number is requested to permit the North Dakota Attorney General to properly conduct a background investigation pursuant to NDCC section 5-02-02 and NDAC section 10-08-01-02 before the issuance of a state retail alcoholic beverage license. Disclosure of your social security number is voluntary, however, not providing this information may result in a delay in the issuance of the license due to misidentification or criminal records check requirements of other state, local, or federal agencies.

By signing this form, you permit the North Dakota Attorney General to conduct a background investigation pursuant to NDCC section 5-02-02 and NDAC section 10-08-01-02. Furthermore, the undersigned swears that the information on this form is true and correct to the best of your knowledge, information, and belief, and you acknowledge that false or misleading information is sufficient grounds for denial or revocation of the state retail alcoholic beverage license.

Applicant Signature

State of	County of
Signed and sworn before me	Date

Name(s) of Individual(s) Making Statement

Signature of Notary Public or Other Authorized Officer

Commission Expiration Date

Affix Notary Stamp

Return Form To:

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

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

Licensing Use Only