

**APPLICATION FOR LIQUOR LICENSE**

Name of Applicant \_\_\_\_\_ Classification of License \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth/Incorporation \_\_\_\_\_

Is this a renewal of liquor license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date of original application \_\_\_\_\_

Check one of the following to indicate who is applying for the license:

- \_\_\_\_\_ 1. A physical resident and citizen of the State of North Dakota; or
- \_\_\_\_\_ 2. A domestic private corporation organized under the laws of the State of North Dakota with primary place of business in Burleigh County; or
- \_\_\_\_\_ 3. A co-partnership, all members of which are over 21 years of age and residents and citizens of North Dakota.

Answer the number below (1, 2 or 3) which corresponds to the number checked above:

1. Name of applicant \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

2. List name, residence and post office address of all holding one or more percent of capital stock in Domestic, Private Corporation:

Name	Residence	P.O. Address	Percent
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3. List name, residence and post office address of all co-partners:

Name	Residence	P.O. Address	Percent
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4. List the name and residence of anyone having a financial interest in the proposed enterprise:

Name	Residence	P. O. Address
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Date and type of any prior or present liquor business:

Exact legal description of proposed enterprise:

Does building meet all state and local sanitation and safety requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a liquor license revoked or rejected by any authority? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date and details:

Have you ever been convicted of the violation of any local, state or Federal law regarding liquor:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date and details:

Have you ever been charged with or convicted of any crime in this state (do not include minor traffic violations), or any other state, or under any Federal Law? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date and details:

List three business references, including one bank, and state briefly the nature and extent of business relations with each:

1.

2.

3.

The following two items shall accompany this application:

1. The receipt from the County Treasurer indicating that the prescribed fee for the license has been deposited with the County Treasurer.
2. A statement from the County Treasurer indicating that all property taxes and special assessments of the applicant(s) have been paid.

I hereby agree and consent that authorized officers or representatives of the County may enter the premises licensed at any time to inspect the same and records of the business, and hereby waive any and all rights under the Constitution of the United States or State of North Dakota, relative to searches and seizures without issuance or use of a search warrant, and agree that I will not claim such immunities, and that such search, inspection and seizure may be made at any time without a warrant.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform County officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership during the period of the license, prior approval of the Board of County Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_

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Recommend application be approved \_\_\_\_\_ denied \_\_\_\_\_

Reasons for negative recommendation  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
County Auditor