



City of West Fargo Phone: 701-433-5304  
 Attn: Liquor Control Board Email: stanna.flom@westfargond.gov  
 800 Fourth Ave. E., Suite 1  
 West Fargo, ND 58078

## 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 Buisness 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](http://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