



CITY OF DEVILS LAKE APPLICATION FOR RETAIL LIQUOR LICENSE

TO: The City Commission of the City of Devils Lake, North Dakota.

LICENSE # _____

I hereby make application for license to engage in the retail sale of alcohol and alcoholic beverages for consumption on and off the premises hereinafter described, for the period **beginning**, _____, **and ending**, _____, and as a basis therefore make the following representations:

1. Name of Retail Liquor License Applicant (Business Name): _____

Contact Person: _____ Daytime Phone Number: _____

Business Owner/Owners Information:

1). Name: _____ 2). Name: _____

Address: _____ Address: _____

Social Security Number: _____ Social Security Number: _____

Driver's License Number: _____ Driver's License Number: _____

Date of Birth: _____ Date of Birth: _____

3). Name: _____ 4). Name: _____

Address: _____ Address: _____

Social Security Number: _____ Social Security Number: _____

Driver's License Number: _____ Driver's License Number: _____

Date of Birth: _____ Date of Birth: _____

2. I am a citizen of the United States, and a resident of North Dakota. _____.

(Applicant, if an individual, must be a legal resident of U.S. and a resident of the State. If applicant is a partnership or a corporation, the manager of the licensed premises must be a resident of the state and the partners or officers, directors and stockholders must be legal residents of the U.S.)

3. If incorporated, give date of charter _____. Is it a North Dakota corporation of authorized capitalization? _____. If so, amount paid in capital _____. Is it a subsidiary of any other corporation? _____. Purpose for which incorporated? _____. Give names and addresses of all officers, directors and individuals holding 1% of capital stock with amount held by each: _____

4. Legal description of premises for which license is desired is located on _____ to the City of Devils Lake.

5. Street address of business is: _____.

6. Date applicant acquired title: _____. If lease, state name and address of owner: _____.

7. Have you ever been engaged in the sale or distribution of liquor prior to this application? _____. If renewal, give date first began business _____.

8. Is the diagram or blueprint of the licensed premise previously submitted on which alcoholic beverages are normally sold or dispensed current? _____. **If this is a new application, or a change in the licensed premise has occurred, a copy must be submitted with application.**

9. Have you ever had a license rejected by any municipality, state or federal authority? _____.

10. Have you ever been convicted of any violation of any law of the United States, or the State of North Dakota, or local ordinance governing the manufacture, sale, distribution, or possession of alcoholic beverages? _____.

11. Have you had a license for the sale of alcoholic beverages revoked for any violation of any state law or local ordinance? _____.

12. Ever been convicted of any crime other than that stated in 9/10 either in ND or any other state, or under any federal law? _____.

13. Information on any person who will have charge, management, or control of the establishment (must be a resident of the State):

Name: _____ Address: _____

Social Security Number: _____ Driver's License Number: _____

Date of Birth: _____ Daytime Phone Number: _____

14. Has any person, other than applicant, any right, title, estate, or interest in the leasehold, or in the furniture, fixtures or equipment in the premises for which license is sought? If yes, state name, address, and what interest is held. _____

15. Have you any interest whatsoever directly or indirectly, in any other establishment dispensing alcoholic beverages, either at wholesale or retail, within or without the state? _____.

16. List the occupations which you have followed the past five (5) years. _____

17. Give the names and addresses of at least three (3) business references. _____

18. Are you rated by any commercial agency? _____.

19. Will you be engaged in any other form of business than the sale of alcoholic beverages under the license applied for? _____.

20. The classification of license applied for is Class _____. Is the applicant a lodge or a club? _____.

21. Are the property taxes of the applicant delinquent? _____. Property taxes of the place of business delinquent? _____.

22. Do you consent to entry and inspection of the premises for which license is sought or any part thereof at any time by any police officer, sheriff, or any peace officer of the City of Devils Lake or of the state, and waive all rights, constitutional or otherwise, against unreasonable searches or seizures, and further consent that any alcoholic beverages or any other property found upon said premises which is held therein in violation of the laws of the state or in violation of the Municipal Code of the City of Devils Lake may be seized and taken away by such officer, and such alcoholic beverages or other property so seized may be received in evidence against you in any procedure brought pursuant to the laws of the state or the Municipal Code of the City of Devils Lake? _____.

23. Do you promise/agree to abide by each provision of Chapter 5.24 of the DL Municipal Code, and of any future amendments thereto? _____. Do you wish this application to include a Sunday Opening permit? _____.

The fee for the Liquor License is **\$2,250.00**. The fee for the Sunday Permit is **\$75.00**. Amount of remittance is _____.

Dated at Devils Lake, North Dakota, on this _____ day of _____ 20____.

STATE OF NORTH DAKOTA
County of Ramsey

(Applicant's Signature)

(Print Applicant Name)

_____, being first duly sworn, deposes and says that he/she is the applicant who is described in and who executed the foregoing and above application, that he/she read each question and statement therein contained and knows the contents thereof, and that he/she has made the answers set forth in said application, and that each one of said answers is true of his/her own knowledge.

Subscribed and sworn to before me on this _____ day of _____ 20____.

Notary Public for Ramsey County, North Dakota.
My commission expires _____. (SEAL)
_____.

RENEWAL REVIEWED
DATE: _____