



APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES

STATE OF NORTH DAKOTA
COUNTY OF CASS

The undersigned, being the individual alcoholic beverage applicant, or the partners in an application by a partnership, or an officer or officers of the corporation in an application by a corporation duly authorized to make such application and representations, and being first duly sworn on oath, represent and state the following: **(please type or print)**

The license is to be issued to: _____
(indicate whether an individual, partnership, or corporation)

The license is to be mailed to: _____
(mailing address)

The legal description of the proposed licensed premises is:

Type of license applied for: (please check)

Board of Commissioners to consider application for county alcoholic beverage license upon submission of the above completed documents, along with a check made payable to Cass County Finance based upon the following fee schedule*:

- On AND Off Sale Alcoholic Beverage \$1000
- On OR Off-Sale Alcoholic Beverage \$1000
- Beer and Wine \$ 500
- Half Year Beer and Wine \$ 250

The individual owner(s), all partners in a partnership, and all officers and shareholders in a corporation, whichever is applicable are applicants and are named as follows:

_____	_____
_____	_____
_____	_____

A personal information sheet is attached for each individual named above as well as a personal information sheet for the proposed manager or managers of the licensed premises.

The real estate taxes on the proposed licensed premises are paid and no taxes are due.

The applicant does hereby consent and agree that the Cass County Sheriff or any of his/her Deputies, the Cass County State's Attorney or any of his/her Assistants, and any of the Cass County Commissioners may enter upon the premises described in this application at any hour of the day or night and that they, or either, or any of them shall have free and unlimited access to the Premises for the purpose of inspecting the Premises and the records of this applicant relating to the purchase and sale of alcoholic beverages.

The applicant does hereby to agree to abide by the rules and regulations passed by the Board of County Commissioners, Title 5 of the North Dakota Century Code, and any future amendments to Title 5 or the County rules and regulations.

The applicant does further hereby acknowledge that any misrepresentation, false statement or omission in the application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Signed on the _____ day of _____, _____ at _____, _____.
(month) (year) (city or other location, and state) (country)

(printed name)

(signature)

Cass County checklist:

- | | | |
|--|-----|----|
| - Are Property Taxes Current? | Yes | No |
| - Personal Information Attachments | Yes | No |
| - Payment of Fee | Yes | No |
| - Township Board Consent | Yes | No |
| - Fire Marshall or Chief Approval | Yes | No |
| - 1st District Health Unit Approval (existing Bldg. Only) | Yes | No |
| - Scale drawing of proposed licensed premises - utilize SFN 14985 | Yes | No |
| - Does the building meet all state and local sanitation and safety requirements? | Yes | No |

State's Attorney's Review (initial where appropriate)

_____ comments attached

_____ reviewed without comment

Sheriff's Review: (initial where appropriate)

_____ comments attached

_____ reviewed without comment

**PERSONAL INFORMATION ATTACHMENT
TO APPLICATION FOR LICENSE TO SELL
ALCOHOLIC BEVERAGES**

STATE OF NORTH DAKOTA
COUNTY OF CASS

The applicant for a license to sell alcoholic beverages, as defined in Title 5 of the North Dakota Century Code, being duly sworn on oath represents and states: **(please type or print)**

License to be issued to the following: _____
(indicate whether an individual, partnership, or corporation)

Name of applicant: _____

Social Security No.: _____

Applicant's date of birth: _____

Applicant's legal residence: _____

Length of time applicant has resided in Cass County: _____

Applicant's mailing address: _____

Country of Citizenship _____

Place of Birth _____

Indicate one of the following:

- 1. an individual applicant _____
- 2. a partner in a partnership _____
- 3. position with corporation (specify) _____
- 4. manager of proposed licenses premises _____

Answer Yes or No to each of the following:

- 1. Have you been convicted of a felony in any jurisdiction within the past five years? _____
- 2. Are you on parole or probation for a felony conviction? _____
- 3. Have you been convicted within the past five years of corruption of a minor or contributing to the deprivation or delinquency of a minor? _____
- 4. Have you been convicted of three or more violations of Title 5 of the NDCC within the past five years? _____
- 5. Have you been convicted of an offense comparable to any of the above offenses in any jurisdiction within the past five years? _____
- 6. Have you operated, had a financial interest in, or been employed with an alcoholic beverage establishment? _____

Years (From/To) _____
Name of Establishment _____
Address _____
Your Involvement _____

The information provided in this attachment to the alcoholic beverage license application of the indicated licensee and my relationship to the licensee are true and accurate to the best of my knowledge. I understand that should these facts change, the County Auditor/Treasurer must be notified within 14 days.

The applicant does hereby to agree to abide by the rules and regulations passed by the Board of County Commissioners, Title 5 of the North Dakota Century Code, and any future amendments to Title 5 or the County rules and regulations.

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Signed on the _____ day of _____, _____ at _____, _____.
(month) (year) (city or other location, and state) (country)

(printed name)

(signature)

TO: The Cass County Commissioners

I hereby certify that the scale drawing of the licensed premises set forth below, and the parking lot serving said premises, have not changed since I last submitted the drawings to the County Commission.

Signed (owner, manager or president of
a Corporation)

Printed Name

Daytime Phone Number

Date

Name of Licensed Premises

Return to:
Cass County Commission Office
PO Box 2806
Fargo, ND 58108