

CITY OF BISMARCK
APPLICATION FOR RETAIL
ALCOHOLIC BEVERAGE LICENSE
(PARTNERSHIP OR CORPORATION)

LIQ2016-00119
8-2-16 *MSJ*

License AA-00262
Class D

New License Application
 Renewal
 Transfer
 Relocation

NOTE: This application must be made under oath and be accompanied by required fees.

CHECK ONE: Liquor and Beer
 Beer
 Wine (Restaurants)

CHECK ONE: On-Sale Only
 Off-Sale Only
 On and Off Sale

The undersigned states that the following information is true and correct.

NAME OF PARTNERSHIP OR CORPORATION Tonka Group Inc.
DATE OF INCORPORATION August 2016 PHONE [REDACTED]
ADDRESS [REDACTED] CITY, STATE, ZIP Bismarck, ND 58503
IF OUT OF STATE CORPORATION, IS CORPORATION REGISTERED IN NORTH DAKOTA?
NAME AND ADDRESS OF REGISTERED AGENT Patrick Koski
[REDACTED] Bismarck, ND 58503
PHONE [REDACTED]
CERTIFICATE NUMBER _____ PHONE [REDACTED]
NAME OF BUSINESS FOR WHICH LICENSE IS REQUESTED The Elbow Room
BUSINESS ADDRESS 115 S. 5th St. CITY, STATE, ZIP Bismarck, ND 58501
MAILING ADDRESS [REDACTED] CITY, STATE, ZIP Bismarck, ND 58503
PRIMARY CONTACT Patrick Koski PHONE [REDACTED]
EMAIL [REDACTED]

LIST ALL OFFICERS OR DIRECTOR OF CORPORATION OR PARTNERS, AND % OF OWNERSHIP (Attach separate sheet, if necessary)

NAME Patrick Koski ADDRESS/CITY/STATE [REDACTED]
DATE OF BIRTH [REDACTED] M/F M RACE W DRIVER'S LICENSE # AND STATE ISSUED [REDACTED] (ND)
OCCUPATION RETAILER TITLE Owner % OWNERSHIP 50%
NAME JASON FRANK ADDRESS/CITY/STATE [REDACTED]
DATE OF BIRTH [REDACTED] M/F M RACE W DRIVER'S LICENSE # AND STATE ISSUED [REDACTED] (ND)
OCCUPATION Builder/Contractor TITLE Owner % OWNERSHIP 50%
NAME _____ ADDRESS/CITY/STATE _____
DATE OF BIRTH _____ M/F _____ RACE _____ DRIVER'S LICENSE # AND STATE ISSUED _____
OCCUPATION _____ TITLE _____ % OWNERSHIP _____

MANAGER'S NAME Gwendolyn Jones ADDRESS/CITY/STATE [REDACTED] Bismarck ND 58504

DATE OF BIRTH [REDACTED] M/F F RACE W DRIVER'S LICENSE # AND STATE ISSUED [REDACTED]

OCCUPATION Bar Manager TITLE MANAGER

LIST NAMES/ADDRESS/PERCENTAGE OF OWNERSHIP OF ANY PERSON OWNING AN INTEREST IN THE BUSINESS
PATRICK Koski [REDACTED] Bismarck, ND 58503
JASON FRANK [REDACTED] Bismarck, ND 58554

OWNER OF BUILDING OR PREMISES LORAN Galphin

NOTE: If owner is other than applicant, attach a copy of lease or rental agreement. Also, all applicants must attach a copy of a blueprint or diagram on a separate sheet 11" x 8 1/2" in size, showing premises to be licensed. Show all exits, bars, dining areas, (if any) beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. Outline in different color ink, the area to be used for the sale and/or service of alcoholic beverages if entire building is not so used. Include the direction "North" on the diagram.

1. Are manager and all partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? yes If not, explain _____

2. Have any of the persons listed above been convicted of any crime within the past five years? If yes, list all convictions, dates, location and disposition or sentence of each _____

3. Does the building meet all state and local sanitation and safety requirements? yes

4. a. If a transfer or change in ownership or management, list former owner and manager James Walker - Owner
Denelle Walker - Owner
b. If a transfer or change in ownership, former owner must sign below: Terry Waelhof - Manager
I hereby consent to the requested transfer of this license: Effective December 1st, 2014
[Signature] Denelle Walker Date 7-22-2014

5. Has applicant, or any of the persons listed above, within the past five years had any license to engage in the sale of alcoholic beverages revoked or suspended? NO If yes, give details _____

6. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? NO If yes, give details _____

7. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal, state or local license of any type rejected or denied? If yes, give details NO

8. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? NO If yes, give details _____

9. Has the business been sold or leased, or is there any intention to sell or lease, the business to another? yes
If yes, give details Business is being sold to new owners

10. Has the applicant, or any of the persons listed above, any interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? NO If yes, give details _____

11. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? NO If yes, give details _____

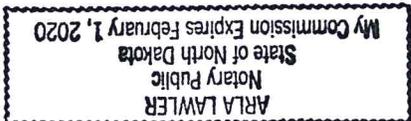
12. Have all property taxes and special assessments currently due been paid? yes If not, explain _____

I hereby agree and consent that authorized officers or representatives of the city 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 of 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 agree that I will not transfer to sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

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 city 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 or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that 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]
Signature of Applicant

Subscribed and sworn to before me this 2 day of August 2016
[Signature]
Notary Public

Recommend application be: APPROVED _____ DENIED _____

Reasons for negative recommendation _____

Date: _____

Chief of Police

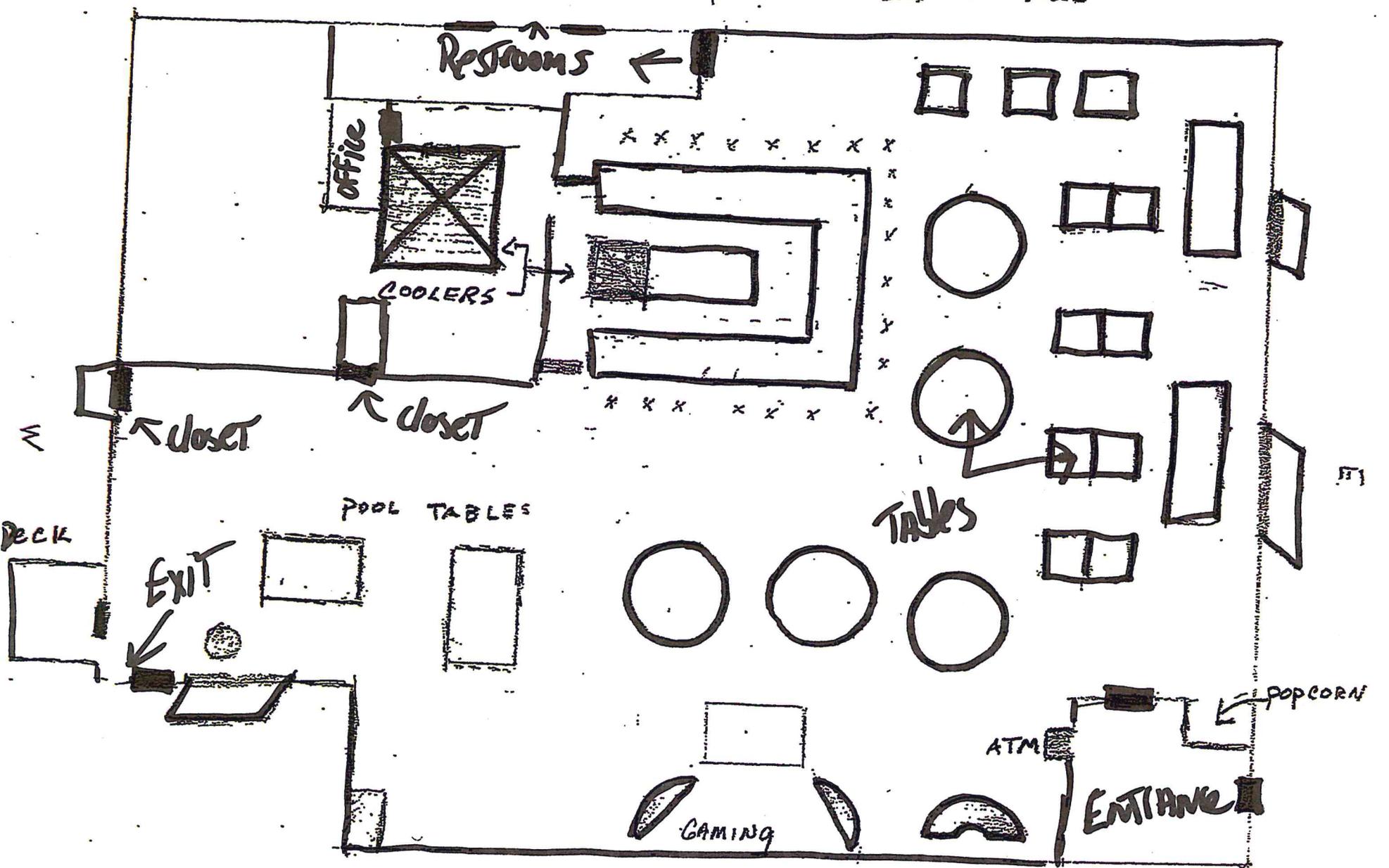
Date: _____

City Administration

ELBOW ROOM



▬ - DOORS
▭ - WINDOWS





License Reviews

City of Bismarck

License Number: **LIQ2016-00119**

Licensee Name: **THE ELBOW ROOM**

Applied: **8/3/2016**

Issued:

Site Address: **115 S 5TH ST**

Expired:

City, State Zip Code: **BISMARCK, ND 58501**

Status: **PENDING**

Applicant: **KOSKI, PATRICK M & SHANNON T**

Parent License:

Owner: **5 MAIN DAKOTA BUILDING PARTNE**

Contractor: **<NONE>**

Details:

TRANSFER OF CLASS D LIQUOR LICENSE TO NEW OWNERS. COMPANY NAME AND LOCATION REMAIN THE SAME.

LIST OF REVIEWS

SENT DATE	RETURNED DATE	DUE DATE	TYPE	CONTACT	STATUS	REMARKS
Review Group: ADMIN-POLICE						
8/3/2016	8/4/2016	8/4/2016	COMPLETENESS CHECK POLICE	Tara Axtman	COMPLETE	background complete
Notes:						
8/4/2016	8/4/2016	8/5/2016	LT REVIEW	Gary Malo	COMPLETE	
Notes: Diagram Attached. Owner/Manager Background Clear. Forward to DC. Completed by Sgt. Gaddis for Lt. Malo.						
Review Group: AUTO						
8/3/2016	8/3/2016	8/4/2016	COMPLETENESS CHECK ADMIN	Marla Schroeder	COMPLETE	
Notes:						
8/4/2016	8/4/2016	8/5/2016	CITY ADMIN	Jason Tomanek	APPROVED	
Notes: Based on PD's review and approval, Administration approves as well.						
Please note, on the application submitted, the entity listed is TONK Group, Inc.- the actual name of the entity is TONKA GROUP, Inc., the applicant did not write out the entire company name.						
8/4/2016	8/4/2016	8/5/2016	DC REVIEW	Randy Ziegler	COMPLETE	
Notes: Ok, forward to Chief.						



License Reviews City of Bismarck

8/4/2016	8/8/2016	8/5/2016	COMPLETENESS CHECK FINAL	Marla Schroeder	COMPLETE	
Notes:						
8/4/2016	8/4/2016	8/5/2016	CHIEF REVIEW	Dan Donlin	APPROVED	
Notes:						