

L102016-00122  
9-21-16  
NH

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

License \_\_\_\_\_  
Class F-1

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 GALPIN ENTERTAINMENT, LLC

DATE OF INCORPORATION July 27<sup>th</sup> 2016 PHONE [REDACTED]

ADDRESS [REDACTED] CITY, STATE, ZIP Bismarck, ND 58504

IF OUT OF STATE CORPORATION, IS CORPORATION REGISTERED IN NORTH DAKOTA? NO

NAME AND ADDRESS OF REGISTERED AGENT Neil Galpin [REDACTED]

Bismarck, ND 58504

CERTIFICATE NUMBER 41,608,200 PHONE [REDACTED]

NAME OF BUSINESS FOR WHICH LICENSE IS REQUESTED THE PIER

BUSINESS ADDRESS 1120 Riverwood Drive CITY, STATE, ZIP Bismarck, ND 58504

MAILING ADDRESS [REDACTED] CITY, STATE, ZIP Bismarck, ND 58504

PRIMARY CONTACT Tiffany Galpin PHONE [REDACTED]

EMAIL [REDACTED]

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

NAME Neil Galpin ADDRESS/CITY/STATE [REDACTED] Bismarck, ND

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

OCCUPATION District Manager TITLE OWNER % OWNERSHIP 50

NAME Tiffany Galpin ADDRESS/CITY/STATE 3308 Dortmund Drive Bismarck, ND

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

OCCUPATION Manager 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 Tiffany Galpin ADDRESS/CITY/STATE [REDACTED] Bismarck ND

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

OCCUPATION MANAGER TITLE OWNER/MANAGER

LIST NAMES/ADDRESS/PERCENTAGE OF OWNERSHIP OF ANY PERSON OWNING AN INTEREST IN THE BUSINESS \_\_\_\_\_

OWNER OF BUILDING OR PREMISES GALPIN ENTERTAINMENT LLC

**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.

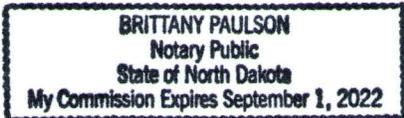
1. Are manager and all partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? YES If not, explain \_\_\_\_\_
2. Have any of the persons listed above been convicted of any crime within the past five years? If yes, list all convictions, dates, location and disposition or sentence of each NO
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 \_\_\_\_\_  
b. If a transfer or change in ownership, former owner must sign below:  
I hereby consent to the requested transfer of this license:  
\_\_\_\_\_ Date \_\_\_\_\_
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? NO  
If yes, give details \_\_\_\_\_
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 20 day of Sept, 2016

[Signature]  
Notary Public

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Recommend application be: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

Date: \_\_\_\_\_

\_\_\_\_\_  
City Administration



# License Reviews

## City of Bismarck

License Number: **LIQ2016-00122**

Licensee Name: **THE PIER**

Applied: **9/21/2016**

Issued:

Site Address: **1120 RIVERWOOD DR 1**

Expired:

City, State Zip Code: **BISMARCK, ND 58504**

Status: **PENDING**

Applicant: **GALPIN, NEIL**

Parent License:

Owner: **SOUTHPORT MARINA LLP**

Contractor: **<NONE>**

Details:

**TRANSFER CLASS F-1 LIQUOR LICENSE FROM CAPSCO ENTERTAINMENT INC TO GALPIN ENTERTAINMENT LLC. ESTABLISHMENT IS KEEPING SAME NAME, LOCATION, BUT SOLD TO NEW OWNERS/OFFICERS.**

### LIST OF REVIEWS

SENT DATE	RETURNED DATE	DUE DATE	TYPE	CONTACT	STATUS	REMARKS
Review Group: ADMIN-POLICE						
9/21/2016	9/22/2016	9/22/2016	COMPLETENESS CHECK POLICE	Tara Axtman	COMPLETE	background complete
Notes:						
9/22/2016	9/23/2016	9/23/2016	LT REVIEW	Gary Malo	COMPLETE	
Notes: Diagram attached. Owners and manager have clear records. Forward to DC.						
Review Group: AUTO						
9/21/2016	9/21/2016	9/22/2016	COMPLETENESS CHECK ADMIN	Marla Schroeder	COMPLETE	
Notes:						
9/23/2016	9/27/2016	9/24/2016	DC REVIEW	Randy Ziegler	COMPLETE	
Notes: Ok, Forward to Chief.						
9/27/2016	9/27/2016	9/28/2016	CITY ADMIN	Jason Tomanek	APPROVED	
Notes: Based on PD's review and approval, City Administration approves the request pending final approval by the Board of City Commissioners.						
9/27/2016	9/27/2016	9/28/2016	COMPLETENESS CHECK FINAL	Marla Schroeder	COMPLETE	
Notes:						



# License Reviews City of Bismarck

9/27/2016	9/27/2016	9/28/2016	CHIEF REVIEW	Dan Donlin	APPROVED	
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Notes:

**APPLICATION FOR SUNDAY "ON SALE"  
ALCOHOL BEVERAGE LICENSE**

Name of Licensee GALPIN ENTERTAINMENT LLC / THE PIST

Class of City of Bismarck retail liquor license currently held F-1

Location of licensed premises 1120 RIVERWOOD DR. BISMARCK, ND. 58504

Name of manager or local contact person TIFFANY GALPIN

The fee for a Sunday alcoholic beverage license is 20% of the applicant's annual retail fee. Applications made for the remainder of a partial year are prorated. One fee covers on-sale, off-sale or both. Fee enclosed \_\_\_\_\_.

I am applying for both a Sunday on and off sale license. YES  NO   
If yes, both applications are completed and attached. YES  NO

The normal term for a Sunday alcoholic beverage license is August 1<sup>st</sup> through July 31<sup>st</sup>. Applications must be submitted by July 1<sup>st</sup> of each year. Any application submitted after July 1<sup>st</sup> of each year shall be for the remainder of the term.

The undersigned licensee certifies that it is now paying and will continuously pay the City's restaurant tax and by signing this application, consents to the release of the licensee's sales tax records by the North Dakota State Tax Department to the City of Bismarck. If such payment should cease during the term, this license shall be void and the licensee shall be ineligible for a Sunday alcoholic beverage license for the remainder of the term. The undersigned also agrees that it will observe all of the rules and regulations of its retail license in the use of this license and that this license permits only the "on sale" of alcoholic beverages.

Dated this 20<sup>TH</sup> day of SEPTEMBER, 2016

  
\_\_\_\_\_  
Applicant/Licensee

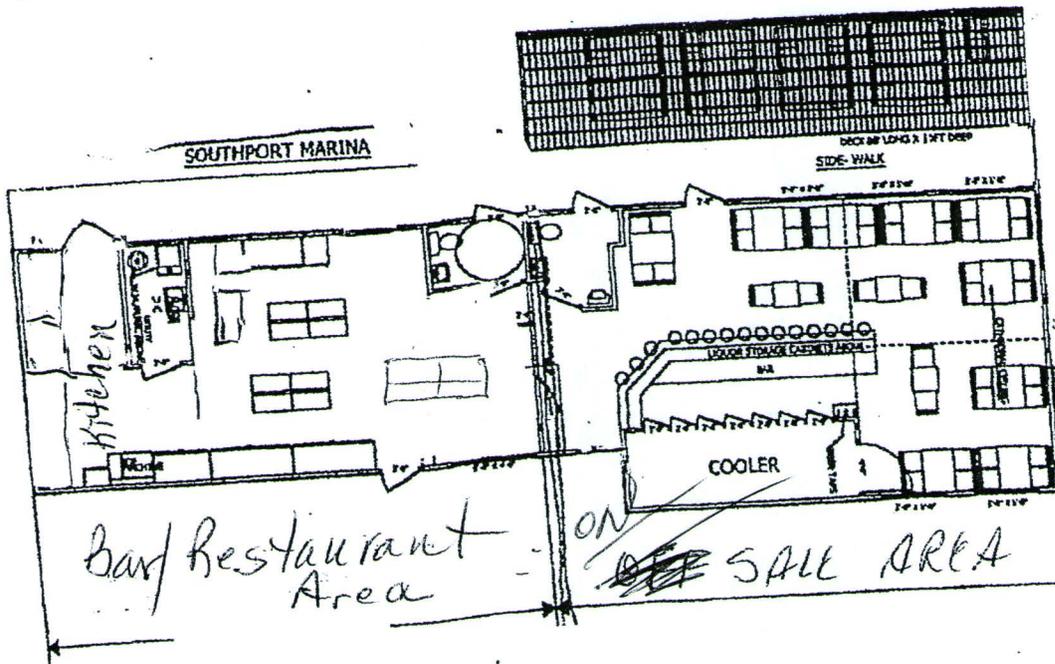
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\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Administration

\_\_\_\_\_  
Date

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North →