



Board of City Commissioners

The Board of City Commissioners is scheduled to meet in a special session on Friday, July 28, 2023, at 9:00 AM in the 4th Floor Mayor's Conference Room, City/County Office Building, 221 North Fifth Street, Bismarck, North Dakota.

Call to Order

SPECIAL MEETING OF THE BOARD OF CITY COMMISSION

1. Consider the request for approval from the Administration Department for the following:
 1. Liquor License Renewals.

Documents:

C) ADMIN - Liquor License Renewals.pdf

Adjourn

Phone: 701-355-1300 | 221 North 5th Street | P.O. Box 5503 | Bismarck, ND 58501
www.bismarcknd.gov | TDD 711 | An Equal Opportunity-Affirmative Action Employer





City Administration

DATE: July 27, 2023

FROM: Jason Tomanek, Assistant City Administrator

ITEM: Liquor License Renewals from August 1, 2023, through July 31, 2024

REQUEST:

Consider renewing the following licensed businesses for liquor licenses beginning August 1, 2023, and expiring July 31, 2024.

Please place this item on the July 28, 2023, City Commission meeting agenda.

BACKGROUND INFORMATION:

Alcohol licenses are renewed annually and expire each year on July 31. The City of Bismarck Administration Department and the Police Department work collectively to administer the annual alcohol license renewals.

RECOMMENDED CITY COMMISSION ACTION:

Consider the approval of the following liquor license renewals:

- Corral Bar – 211 East Main Avenue
- The Pier Bar & Grill – 1120 Riverwood Drive

STAFF CONTACT INFORMATION:

Jason Tomanek | Assistant City Administrator | 701-355-1300 | jtomanek@bismarcknd.gov

Print

Retail Alcohol Beverage License - Submission #20554

Date Submitted: 7/25/2023



License Information:

Application Type*

Renewal

License Type*

D: Sale at Retail of Alcoholic Beverages - \$4,100

Please select the type of license you are applying for.

Location Information:

Legal Business Name:*

Bricks N Ivy

Doing Business As (DBA) Name, if Applicable:*

Corral Bar

Date of Incorporation:*

2009

State of ND Liquor License No.:

ND

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

2111 East Main Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7014005387

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Lance Potter

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Lance Potter

Email Address:*

ecnal_rettop@yahoo.com

Mailing Address:*

2111 East Main Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7014005387

Manager's Name:*

Lance Potter

Date of Birth:*

02/12/1969

Percentage of Ownership:*

100%

Driver's License No.:*

POT-69-4528

State Issued:*

ND

Gender:

M

Race:

WHITE

Home Address:*

2111 East Main Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7014005387

Occupation:*

Self Employed

Title:*

Owner

Email Address:*

ecnal_rettop@yahoo.com

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Lance C Potter

Date of Birth:*

2/12/1969

Percentage of Ownership:*

100%

Driver's License No.:*

POT-69-4528

State Issued:*

ND

Gender:

M

Race:

WHT

Home Address:*

2111 East Main Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7014005387

Occupation:*

Self Employed

Title:*

Owner

Email Address:

ecnal_rettop@yahoo.com

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

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

1. Are manager and 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
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

2021- DUI Misdemeanor- 8/14/2021

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

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. 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?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. 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?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Corral Bar Blueprint.jpg

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

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 agree

I further agree that any 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.*

I agree

Signature of Applicant:*

Lance Potter

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

7/25/2023

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

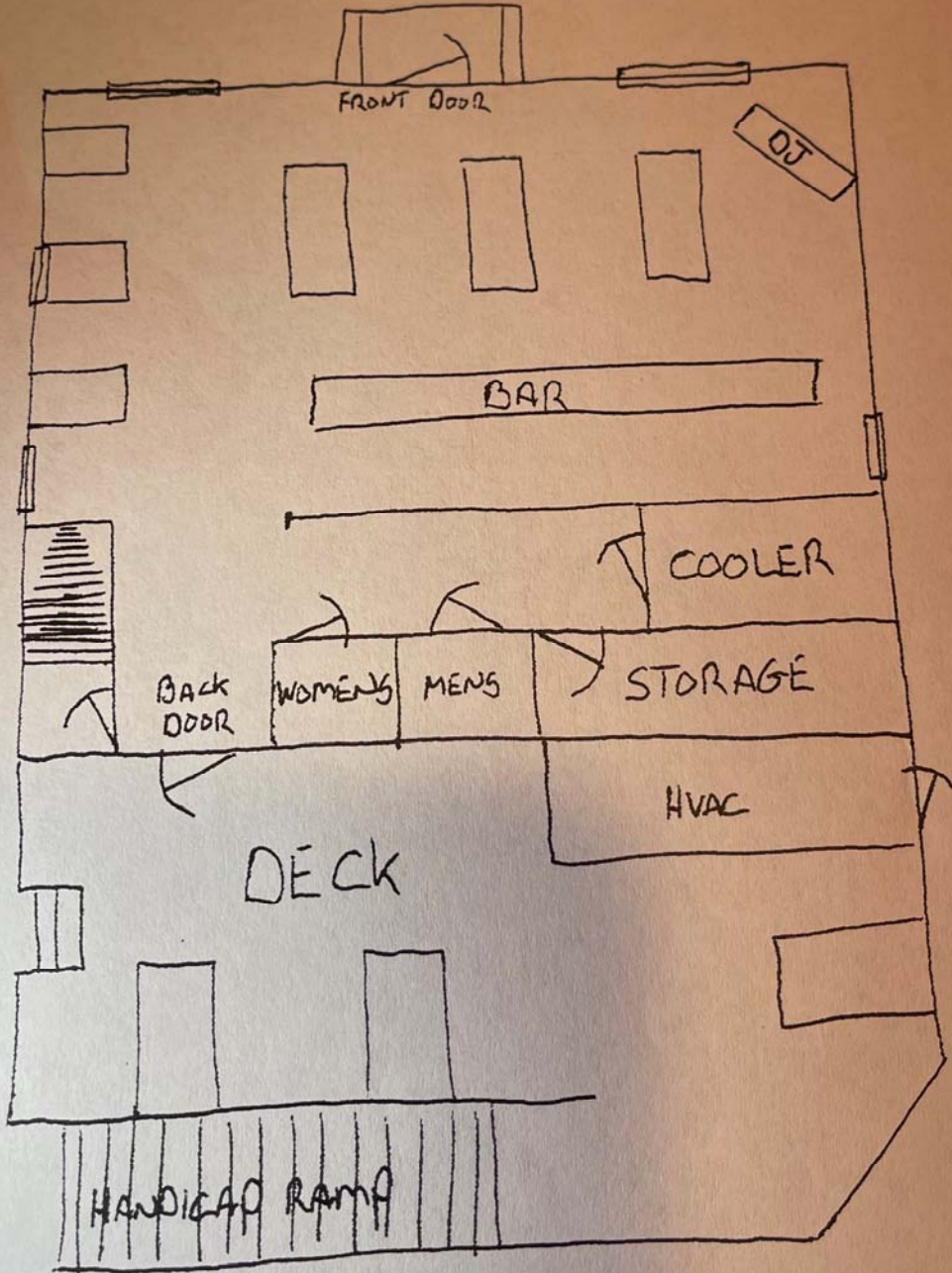
Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



CORRAL BAR
2111 E. MAIN





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 5/15/2023

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6: Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H: Domestic Brewery / Distillery / Winery <input type="checkbox"/> \$800
Class I: Senior Living Community / Complimentary <input type="checkbox"/> \$350	All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.			

Location Information:				
Legal Business Name: Galpin Entertainment LLC			Date of Incorporation: 07/27/2016	State Business ID Number: AA-02158
Doing Business As (DBA) Name, if Applicable: The Pier Bar & Grill			If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1120 Riverwood Dr	City: Bismarck	State: ND	Zip: 58504	Phone Number: (701) 751-4144
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Corey Schick, President				

Contact Information (Where correspondence is to be sent):			
Primary Contact: Corey Schick	Phone Number: (701) 250-6712	Email Address: bismarckcpa@gmail.com	
Mailing Address: 1120 Riverwood Dr	City: Bismarck	State: ND	Zip: 58504

Manager's Name: Corey Schick		Date of Birth: 07/12/2085	Percentage of Ownership: 20%
Driver's License Number: SCH-85-1071		State Issued: ND	Gender: Male
Home Address: 3005 Hillside Rd		City: Mandan	Race: White
Occupation: CPA		State: ND	Zip: 58554
Phone Number: (701) 250-6712	Title: President	Email Address: bismarckcpa@gmail.com	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: Ryan Deichert		Date of Birth: 03/17/1984	Percentage of Ownership: 20
Driver's License Number: DEI-84-8690		State Issued: ND	Gender: Male Race: White
Home Address: 5750 E Main Ave		City: Bismarck	State: ND Zip: 58501
Occupation: Banker	Phone Number: (701) 391-9489	Title: Member	Email Address: missourivalleyrentals@gmail.com

Name: Christopher Strand		Date of Birth: 08/12/1979	Percentage of Ownership: 20
Driver's License Number: STR-79-1322		State Issued: ND	Gender: Male Race: White
Home Address: 3406 Heartwood Dr SE		City: Mandan	State: ND Zip: 58554
Occupation: Sales	Phone Number: (701) 595-1673	Title: Member	Email Address: christophernstrand@gmail.com

Name: Jeran Thomson		Date of Birth: 05/30/1982	Percentage of Ownership: 20
Driver's License Number: THO-82-9532		State Issued: ND	Gender: Male Race: White
Home Address: 2100 Frisco Way		City: Bismarck	State: ND Zip: 58503
Occupation: Home Builder	Phone Number: (701) 595-2926	Title: Member	Email Address: jeran@jehomesnd.com

Name: Daniel Anderson		Date of Birth: 08/13/1985	Percentage of Ownership: 20
Driver's License Number: AND-85-8850		State Issued: ND	Gender: Male Race: White
Home Address: 500 Augsburg Ave		City: Bismarck	State: ND Zip: 58504
Occupation: Attorney	Phone Number: (701) 202-8695	Title: Member	Email Address: dan.anderson@legacylawfirmpllp.com

The undersigned states that the following information is true and correct.	
1. Are the manager and 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
7. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: The ownership listed on the previous pages took over operations on July 1, 2023.
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: Ryan Deichert is 50% owner of Blackstone Ridge LLC and 50% owner of Bar Operators LLC, both currently operating in Mandan.
10. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:

Signature:

- I agree that I will not transfer or 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 any 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 of Applicant

7/27/20

Date

Corey Schick, President

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current License Holder

Signature of New Applicant

Print Name

Print Name

State of _____

Subscribed and sworn to before me this _____

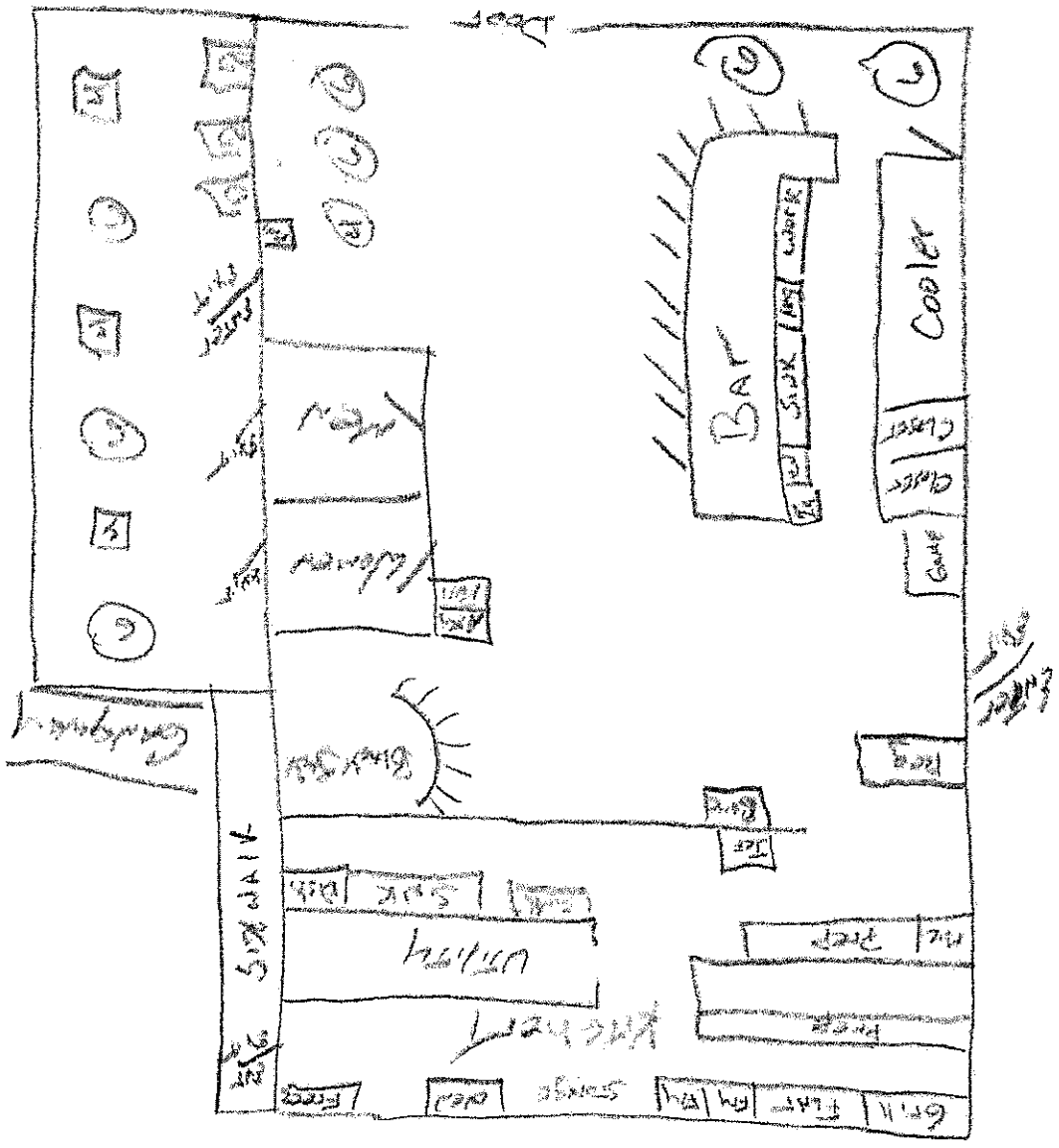
day of _____

County of _____

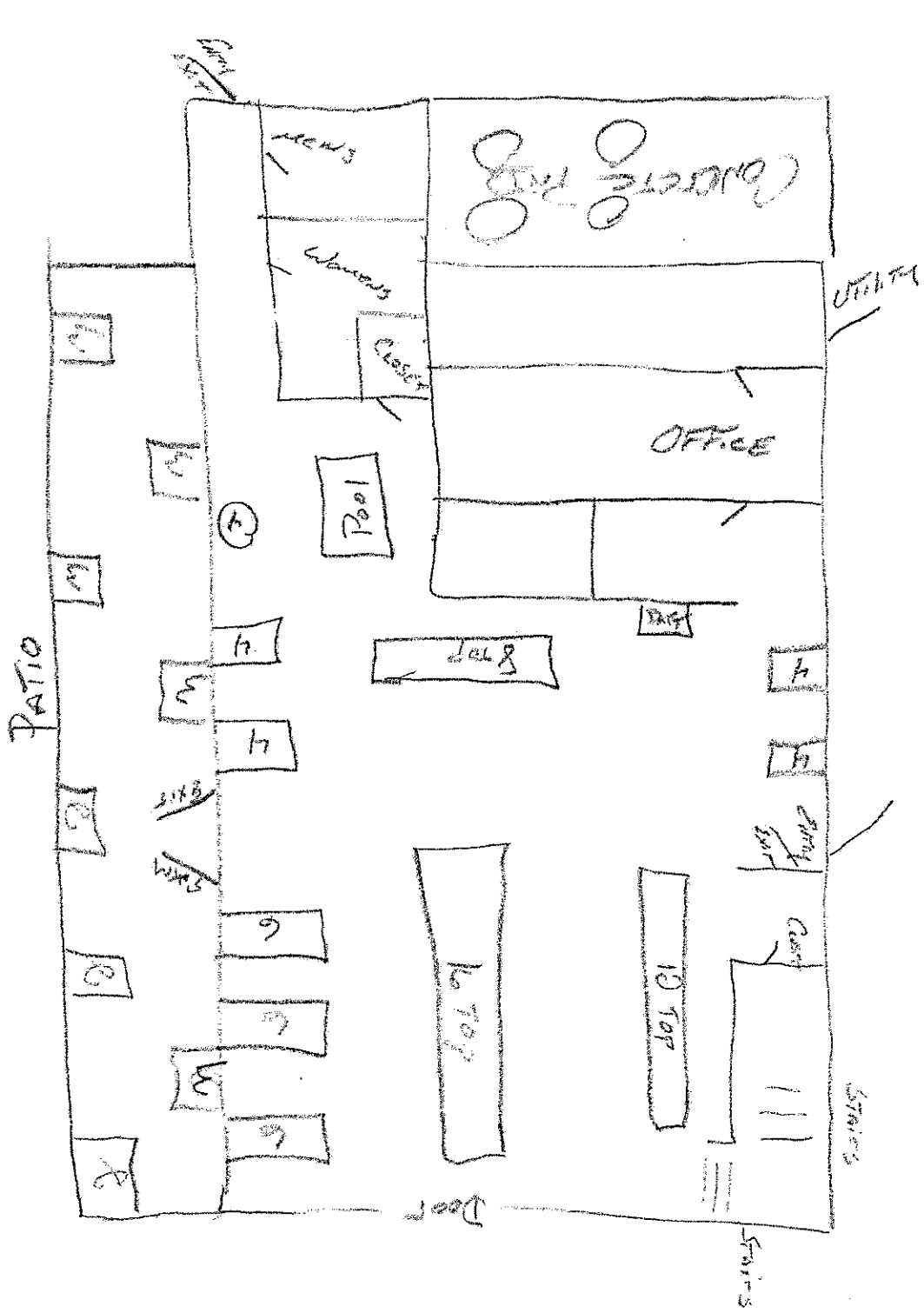
Notary Public

My Commission Expires _____

West



South



North ↑
Down

