



Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Liquor License Renewals

REQUEST:

Consider renewing the following licensed businesses for liquor licenses beginning August 1, 2024, and expiring July 31, 2025.

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.

Consider the approval of the following liquor license renewals:

- Amvets Post No. 9 (dba) Amvets Post No. 9 - 2402 Railroad Avenue
- Kirkwood Hotel, LLC (dba) Bismarck Hotel and Conference Center - 800 South 3rd Street
- Blarney Stone Pub, LLC (dba) Blarney Stone Pub - 408 East Main Avenue
- W & P of Bismarck, LLC (dba) Buffalo Wild Wings - 3420 North 14th Street
- W & P of Bismarck, LLC (dba) Buffalo Wild Wings - 218 South 3rd Street
- Coborn's Incorporated (dba) Captain Jack's #7046 - 800 South 2nd Street
- Coborn's Incorporated (dba) Captain Jack's #7047 - 3131 Weiss Avenue
- Coborn's Incorporated (dba) Captain Jack's #7048 - 1140 West Turnpike Avenue
- Coborn's Incorporated (dba) Cash Wise Liquor #3020 - 1144 Bismarck Expressway
- Coborn's Incorporated (dba) Cash Wise Liquor #3051 - 900 NE 43rd Avenue
- Coco Nails & Spa, LLC (dba) Coco Nails & Spa - 820 43rd Avenue, Suite 116
- CBOCS West, Inc. (dba) Cracker Barrel Old Country Store #447 - 1685 North Grandview Lane
- Tonka Holdings, LLP (dba) Elbow Room - 115 South 5th Street
- DTSG Bismarck, Inc. (dba) Famous Dave's - 401 East Bismarck Expressway
- Horizon Market, LLC (dba) Horizon Market - 125 Durango Drive
- Dakota Asian Fusion Cuisine, Inc. (dba) Ichiban Ramen Japanese & Asian Bistro - 1825 North 13th Street
- Sairam & Sons, Inc. (dba) India Clay Ocen Bar & Grill - 510 East Main Avenue
- JLB - BIS, Inc. (dba) JL Beers - 217 North 3rd Street

- Mini Mart, Inc. (dba) Loaf 'N Jug 685 - 2835 North Washington Street
- Eclectic Culinary Concepts, Inc. (dba) Lucky's 13 Pub - 915 South 3rd Street
- Nara Ramen and Izakaya, Inc. - 309 North 3rd Street
- Old 10 Bar & Grill Bismarck, LLC (dba) Old 10 Bar & Grill - 4100 North Washington Street
- Farmers Union Oil Company of Moorhead, Minnesota (dba) Petro Serve USA #077 - 1120 East Divide Avenue
- Doublewood of Bismarck, Inc. (dba) Ramada Hotel - 1400 East Inbterchange Avenue
- Leier Enterprises, Inc. (dba) Rock'n 50's Cafe - 2700 State Street
- Bismarck Cuisine, Inc. (dba) Ruby Tuesdays - 3520 State Street
- Runto Asian Cuisine, Inc. (dba) Shogun Japanese Steak House - 2700 State Street, H1
- Engelhardt Enterprises, LLC (dba) Taco Del Mar - 1024 South 12th Street
- Texas Roadhouse Holdings, LLC (dba) Texas Roadhouse 1505 Burnt Boat Drive
- The Domain, LLC - 307 North 3rd Street
- Faber, Coe & Gregg of Florida, Inc. (dba) The Junction - 2301 University Drive, Building 17, Space 223BCD
- Sanford Restaurants, Inc. (dba) The Walrus Restaurant - 1136 North 3rd Street

RECOMMENDED CITY COMMISSION ACTION:

Approve the liquor license renewals.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Amvets Club Post 9 Application
2. Bismarck Hotel and Conference Center Application
3. Blarney Stone Application
4. Buffalo Wild Wings North Application
5. Buffalo Wild Wings South Application
6. Captain Jacks 7046 Application
7. Captain Jacks 7047 Application
8. Coco Nails Application
9. Cash Wise Liquor 3020 Application
10. Cash Wise Liquor 3051 Application
11. Captain Jacks 7048 Application
12. Cracker Barrel Application
13. Elbow Room Application
14. Famous Daves Application
15. Horizon Market Application
16. Ichiban Ramen Japanese & Asian Bistro Application
17. India Clay Oven Bar and Grill Application
18. JL Beers Application
19. Loaf N Jug Application
20. Luckys 13 Pub Application
21. Nara Ramen & Izakaya Application
22. Old 10 Bar and Grill Application
23. Petro Serve USA No. 077 Application

24. Ramada Hotel Application
25. Rock'N 50's Cafe Application
26. Ruby Tuesday Application
27. Shogun Japanese Steakhouse Application
28. Taco Del Mar Application
29. Texas Roadhouse Application
30. The Domain Application
31. The Junction Application
32. The Walrus Restaurant Application

Print

Retail Alcohol Beverage License - Submission #22828

Date Submitted: 5/7/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

AMVETS Club Post 9

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

AMVETS Club Post 9

Date of Incorporation:*

1983

State of ND Liquor License No.:

AA-02127

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

- Yes
- No
- N/A

Location Address:*

2402 Railroad Ave.

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

701-258-8324

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

Rhonda Gall- General Manager

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Rhonda Gall

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Rhonda Gall

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Female

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

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

Name:*

Phil Miller

Date of Birth:*

[Redacted]/1950

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Trustee Chairman

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Nicole Frohlich

[Redacted]/1980

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

North Dakota

Female

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Mandan

North Dakota

58554

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Trustee

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Scott Langemo

[Redacted]/1963

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

North Dakota

Male

White

Home Address:

[Redacted]

City:

Bismarck

State:

North Dakota

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Trustee

Email address:

[Redacted]

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

Choose File 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:

[Empty text box]

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:

[Empty text box]

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:*

building floor plan (3).pdf

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:*

Rhonda Gall, General Manager

//

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

Date:*

5/7/2024

Electronic Signature

Payment Options:*

Check By Mail



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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

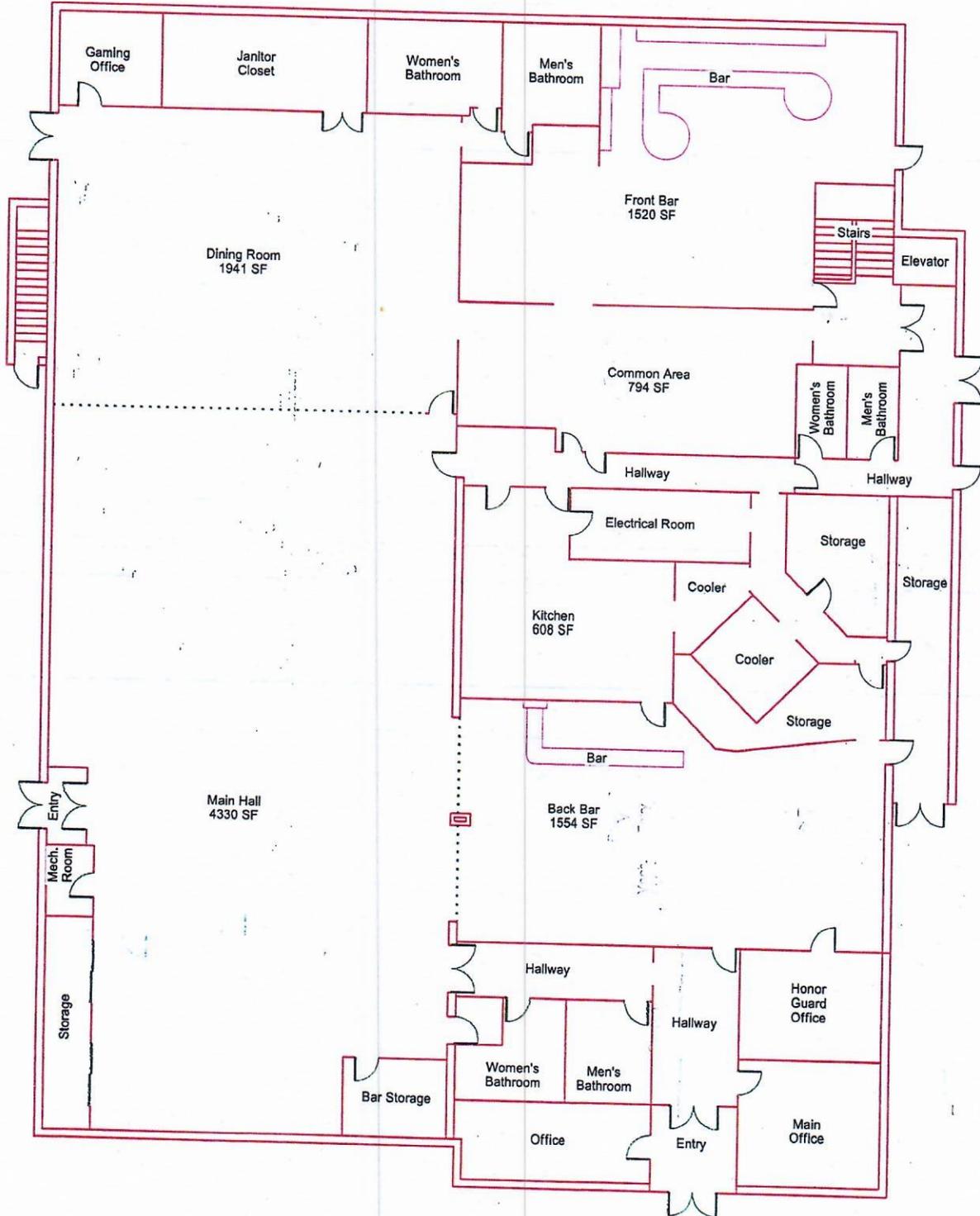
Choose File No file chosen

Mail Payments To:

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

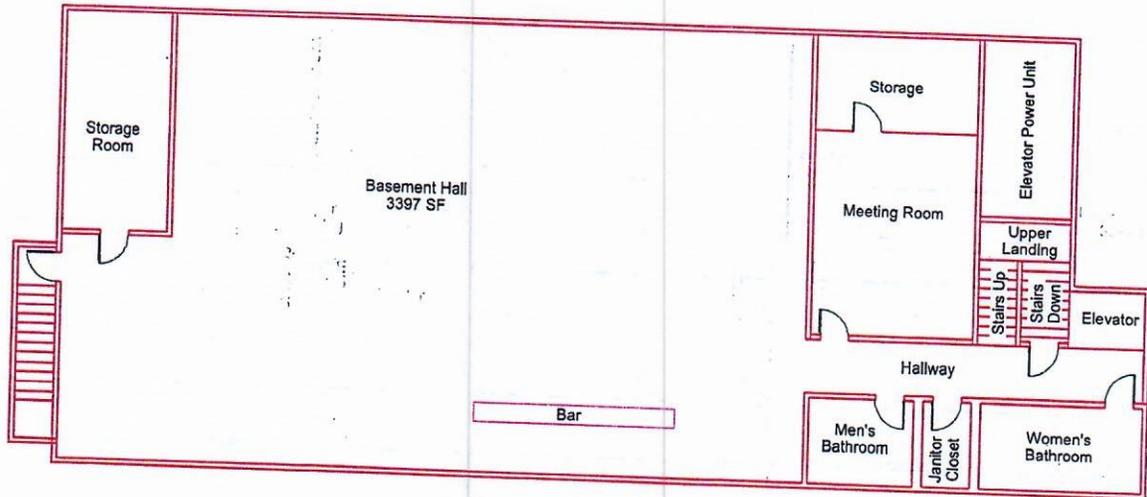
AMVETS Building Layout

2402 Railroad Ave
Bismarck, ND 58501



AMVETS Basement Layout

2402 Railroad Ave
Bismarck, ND 58501



Print

Retail Alcohol Beverage License - Submission #22908

Date Submitted: 5/13/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Bismarck Hotel and Conference Center

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

Bismarck Hotel and Conference Center

Date of Incorporation:*

03/22/2022

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

800 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

8018152336

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

Contact Information (Where correspondence is to be sent):

Primary Contact:*

WEISHAN JIN

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Manager's Name:*

WEISHAN JIN

Date of Birth:*

[REDACTED]/1958

Percentage of Ownership:*

100

Driver's License No.:*

[Redacted]

State Issued:*

MT

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

ADMINISTOR

Email Address:*

[Redacted]

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

Name:*

weishan Jin

Date of Birth:*

weishan jin

Percentage of Ownership:*

[Redacted]/1958

Driver's License No.:*

[Redacted]

State Issued:*

MT

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Member

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

weishan Jin

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:*

Please see the map on file from the previous application.pdf

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:*

weishan jin

//

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

Date:*

5/13/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300 ▼

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

Upload Credit Card Authorization Form

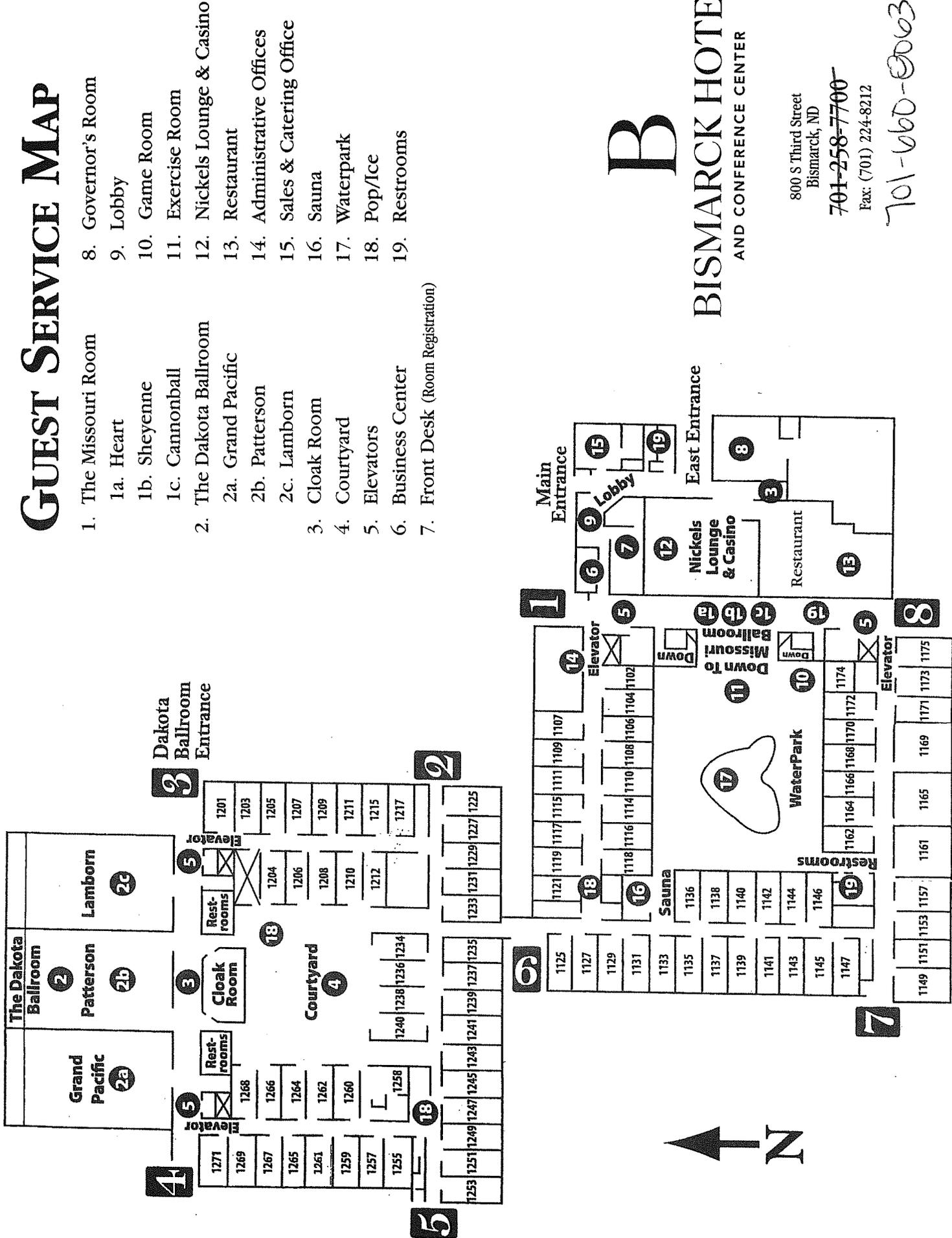
[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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

1ST FLOOR VIEW



GUEST SERVICE MAP

- 1. The Missouri Room
- 1a. Heart
- 1b. Sheyenne
- 1c. Cannonball
- 2. The Dakota Ballroom
- 2a. Grand Pacific
- 2b. Patterson
- 2c. Lamborn
- 3. Cloak Room
- 4. Courtyard
- 5. Elevators
- 6. Business Center
- 7. Front Desk (Room Registration)
- 8. Governor's Room
- 9. Lobby
- 10. Game Room
- 11. Exercise Room
- 12. Nickels Lounge & Casino
- 13. Restaurant
- 14. Administrative Offices
- 15. Sales & Catering Office
- 16. Sauna
- 17. Waterpark
- 18. Pop/Ice
- 19. Restrooms

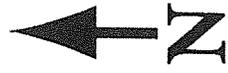
B
BISMARCK HOTEL
 AND CONFERENCE CENTER

800 S Third Street
 Bismarck, ND

701-258-7700

Fax: (701) 224-8212

701-660-8063



Print

Retail Alcohol Beverage License - Submission #22976

Date Submitted: 5/17/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Blarney Stone Pub, LLC

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

Blarney Stone Pub

Date of Incorporation:*

02/24/2009

State of ND Liquor License No.:

AA-02553

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

- Yes
- No
- N/A

Location Address:*

408 E Main Ave.

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

(701)751-7512

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

Chad Wachter

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Tim Conover

Email Address:*

[Redacted]

Mailing Address:*

408 E Main Ave.

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Tim Conover

Date of Birth:*

[Redacted]/1983

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

nd

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

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

Name:*

James Poolman

Date of Birth:*

[Redacted]/1970

Percentage of Ownership:*

45%

Driver's License No.:*

[Redacted]

State Issued:*

nd

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Pres

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Chad Wachter

[Redacted]/1973

30%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

nd

[Redacted]

[Redacted]

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Dustin Hollevoet

[Redacted]/1981

25%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

nd

[Redacted]

[Redacted]

Home Address:

[Redacted Home Address]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted Phone Number]

Officer/Director/Stockholder Title:

Secretary

Email address:

[Redacted Email Address]

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

Choose File 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

Blarney Stone Pub - Fargo LLC (Fargo, ND),
Blarney Stone Pub SF LLC (Sioux Falls, SD),
Blarney Stone Pub HD LLC (Fargo, ND) & Domain (Bis.)

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:

Sale of beer, food sales

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:*

Blarney Stone Bismarck Floor Plan.pdf

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:*

Chad Wachter

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

Electronic Signature

Date:*

5/17/2024

Payment Options:*

Check By Mail ▼

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

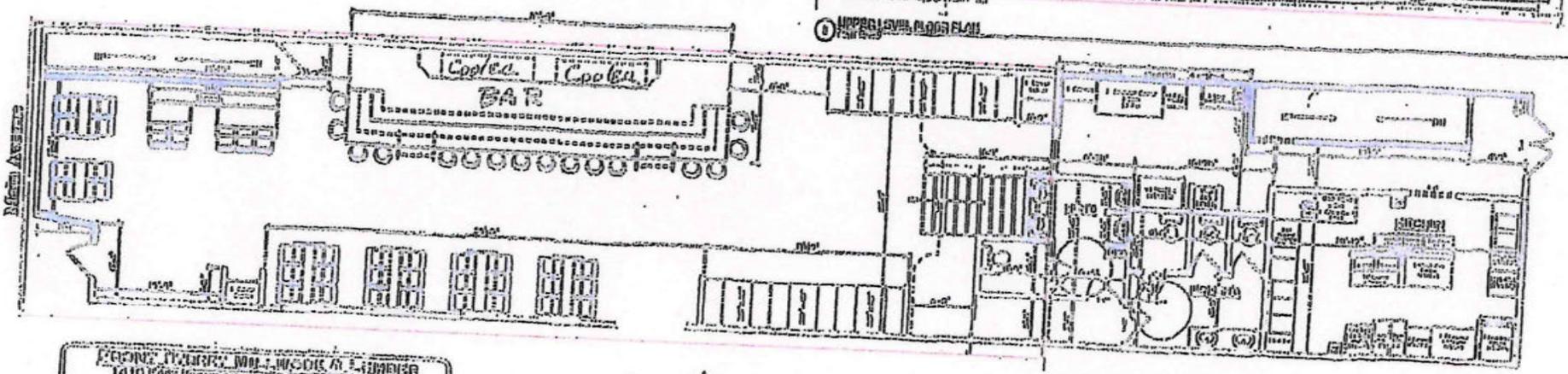
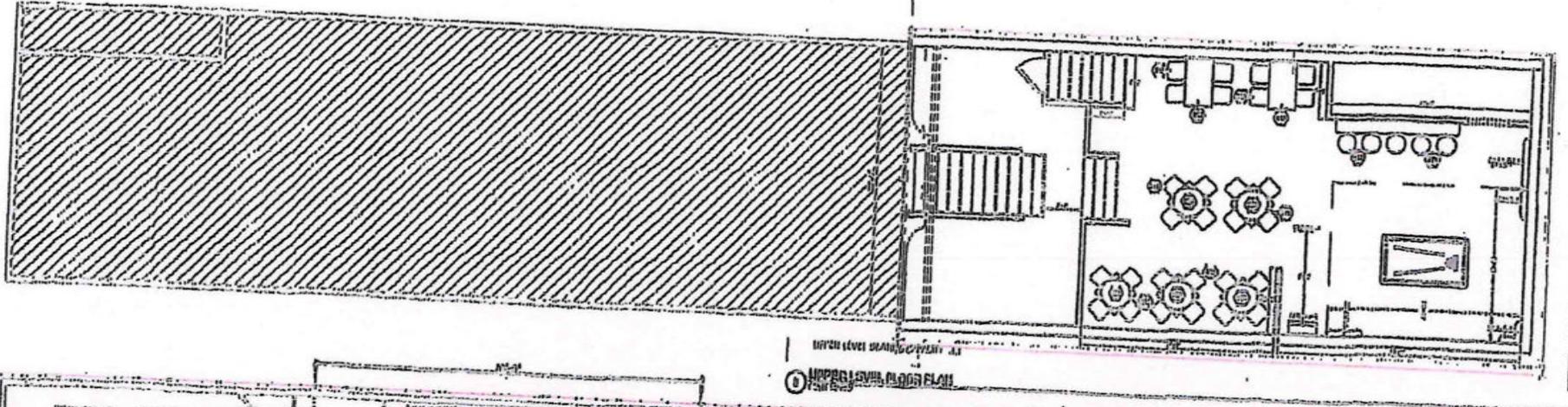
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

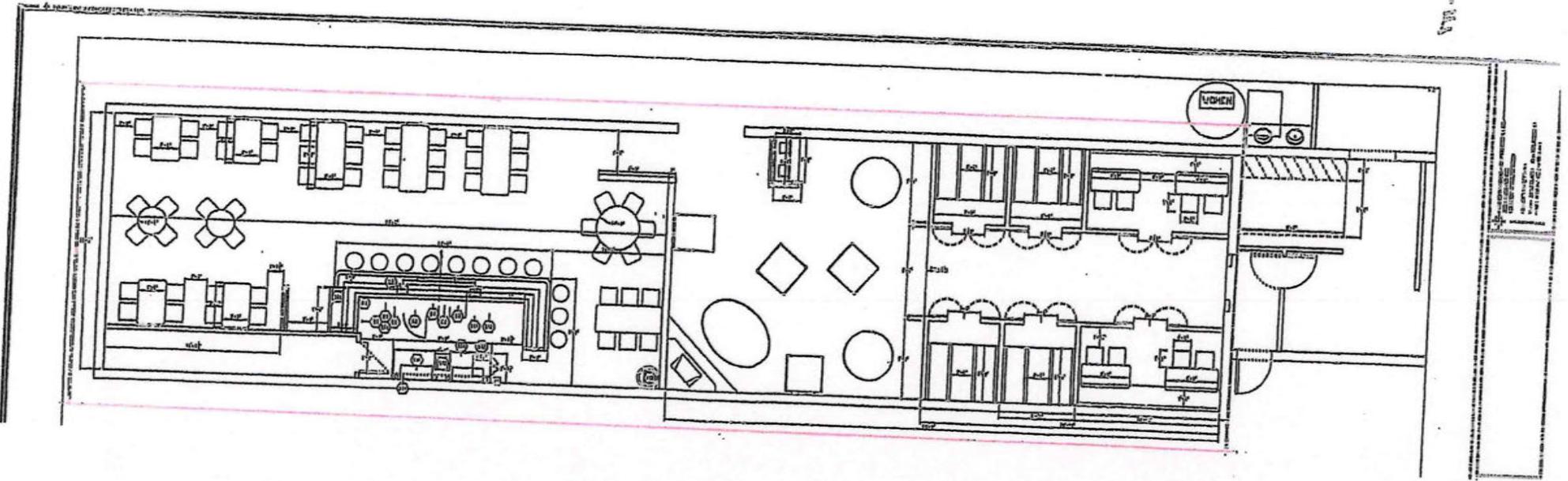
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



KONG TRAFFIC WILL ISSUE A PERMIT TO 10 DAY PERMIT AVAILABILITY: 10:00 AM - 5:00 PM PHONE: (701) 480-1000 FAX: (701) 480-0000 EMAIL: info@kongtraffic.com		
Permit 1/0" = 1'	DATE 1-28-2008	PROJECT RUCO BLURNEY
Issued JUNE 11, 2008	Permit Number 067-000 REMOVAL	
CAVALIER HOMES		

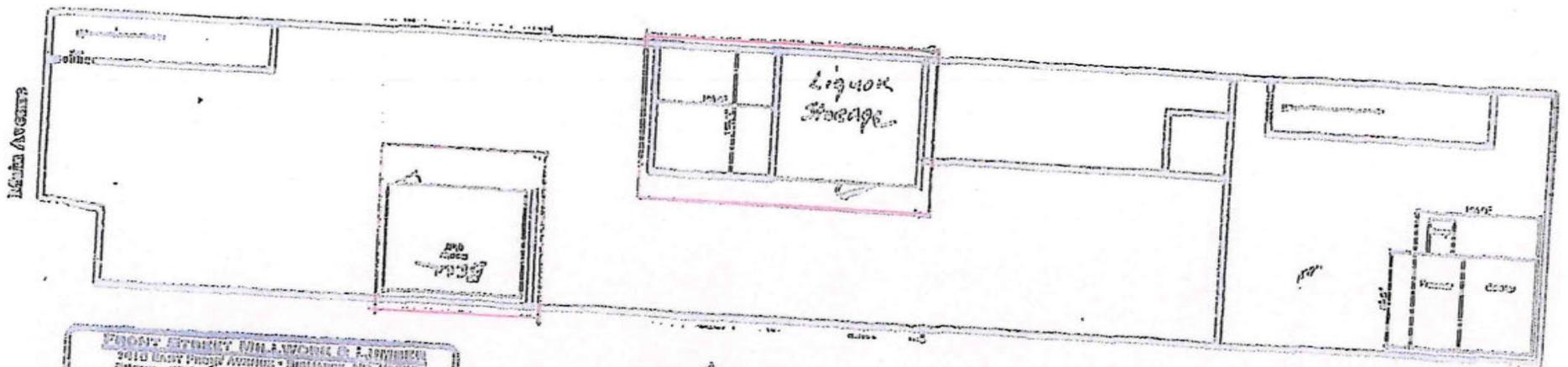

 Stanley Stone Pub
 400 E Main Ave
 Bismarck, ND

SCALE	AS SHOWN
PLAN	1/8" = 1'-0"
ELEVATION	1/4" = 1'-0"
SECTION	1/4" = 1'-0"



Blaney Stone Pub
408 E Main Ave
Bismarck, ND 58501

Basement



PROJECT: BIRNEY, 400 E. MAIN AVE., BISMARCK, ND 2010 WEST FRONT AVENUE - BISMARCK, ND 58103 PHONE: (701) 252-1000 • FAX: (701) 252-0000 EMAIL: BSM@BIRNEYARCHITECTS.COM		
SCALE: 1/8" = 1'	DATE: 1-18-2008	DRAWN BY: REGGIE GILFILLAN
PROJECT: JUNE 11, 2008	CLIENT/OWNER: GI-400 REMODEL	
ARCHITECT: CAVALIERE FORD		



Birney Stone Pub
400 E Main Ave
Bismarck, ND

Print

Retail Alcohol Beverage License - Submission #22848

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

W&P of Bismarck, LLC

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

Buffalo Wild Wings

Date of Incorporation:*

11/19/2003

State of ND Liquor License No.:

AA-02036

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

- Yes
- No
- N/A

Location Address:*

3420 14th St N

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-2568

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

Dean Bachmeier - VP Operations

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Todd LaHaise

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58102

Phone No.:*

[REDACTED]

Manager's Name:*

Ryan Lindstrom

Date of Birth:*

[REDACTED]/1983

Percentage of Ownership:*

0

Driver's License No.:*

State Issued:*

Gender:

Race:

Home Address:*

City:*

State:*

Zip:*

Phone No.:*

Officer/Director/Stockholder Title:*

Email Address:*

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

Name:*

Date of Birth:*

Percentage of Ownership:*

Driver's License No.:*

State Issued:*

Gender:

Race:

Home Address:*

City:*

State:*

Zip:*

Phone No.:*

Officer/Director/Stockholder Title:*

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Susan LaHaise

[Redacted]/1968

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

Caucasian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58102

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

Liquor license interest in other Buffalo Wild Wings in Bismarck, Fargo and Grand Forks in ND, Moorhead MN as well as Sioux Falls, Brookings, Watertown and Aberdeen SD.

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:

Buffalo+Wild+Wings+Return+Summary+33922400.pdf

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:*

Bismarck 2 EQ1 for City liquor renewal.pdf

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:*

Todd LaHaise

//

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

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Check By Mail



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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

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



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

09-May-2024

Return Summary

Account ID: 339224 00
Taxpayer: BUFFALO WILD WINGS
Beginning Period: 01-Jan-2023
Ending Period: 31-Dec-2023

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$1,370,608.00	\$3,340,352.00	\$4,710,960.00
Line 2	Total Exempt Sales	\$0.00	\$333,648.00	\$333,648.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$1,370,608.00	\$3,006,704.00	\$4,377,312.00
Line 5	State Tax	\$95,942.56	\$150,335.20	\$246,277.76
Line 6	Total State Tax			\$246,277.76
Line 7	Compensation Discount			\$1,320.00
Line 8	Net State Tax			\$244,957.76
Line 12	Net Local Option Tax			\$85,889.77

Print

Retail Alcohol Beverage License - Submission #22846

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

W&P of Bismarck, LLC

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

Buffalo Wild Wings

Date of Incorporation:*

11/29/2003

State of ND Liquor License No.:

AA-02142

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

- Yes
- No
- N/A

Location Address:*

218 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-323-9464

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

Dean Bachmeier - VP Operations

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Todd LaHaise

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58102

Phone No.:*

[Redacted]

Manager's Name:*

Ryan Lindstrom

Date of Birth:*

[Redacted]/1983

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

Caucasian

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Regional Manager

Email Address:

[Redacted]

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

Name:

Todd LaHaise

Date of Birth:

[Redacted]/1964

Percentage of Ownership:

50

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

Caucasian

Home Address:

[Redacted]

City:

Fargo

State:

ND

Zip:

58102

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Susan LaHaise

[Redacted]/1968

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

Caucasian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58102

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

Liquor license interest in other Buffalo Wild Wings in Bismarck, Fargo and Grand Forks in ND, Moorhead MN as well as Sioux Falls, Brookings, Watertown and Aberdeen SD.

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:

Lahaise+Management+Return+Summary+17500000.pdf

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:*

Bismarck 1 EQ1 for City Liquor renewal.pdf

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:*

Todd LaHaise

//

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

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

09-May-2024

Return Summary

Account ID: ██████████
Taxpayer: LAHAISE MANAGEMENT LLC
Beginning Period: 01-Jan-2023
Ending Period: 31-Dec-2023

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$738,085.00	\$2,994,564.00	\$3,732,649.00
Line 2	Total Exempt Sales	\$0.00	\$517,345.00	\$517,345.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$738,085.00	\$2,477,219.00	\$3,215,304.00
Line 5	State Tax	\$51,665.95	\$123,860.95	\$175,526.90
Line 6	Total State Tax			\$175,526.90
Line 7	Compensation Discount			\$1,320.00
Line 8	Net State Tax			\$174,206.90
Line 12	Net Local Option Tax			\$62,823.92



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: 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: Coborn's, Incorporated		Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00	
Doing Business As (DBA) Name, if Applicable: Captain Jack's #7046		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 808 S Second St	City: Bismarck	State: ND	Zip: 58504	Phone Number: 701-223-6546
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Joyce Schmidt		Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146		City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Marvin Sitter		Date of Birth: [REDACTED] / 1972	Percentage of Ownership: 0	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: M	Race: C
Home Address: [REDACTED]		City: Bismarck	State: ND	Zip: 58503
Occupation: Mgmt	Phone Number: [REDACTED]	Title: Liquor Mgr	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED] 1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED] 1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED] 1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED] 1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

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?

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:

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 a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?

Yes 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?

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 licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

see attached

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 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

5/6/24

Date

James Shaw, EVP, CFO

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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNbacher's WINE & SPIRITS

#2690 HORNbacher's WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNbacher's WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

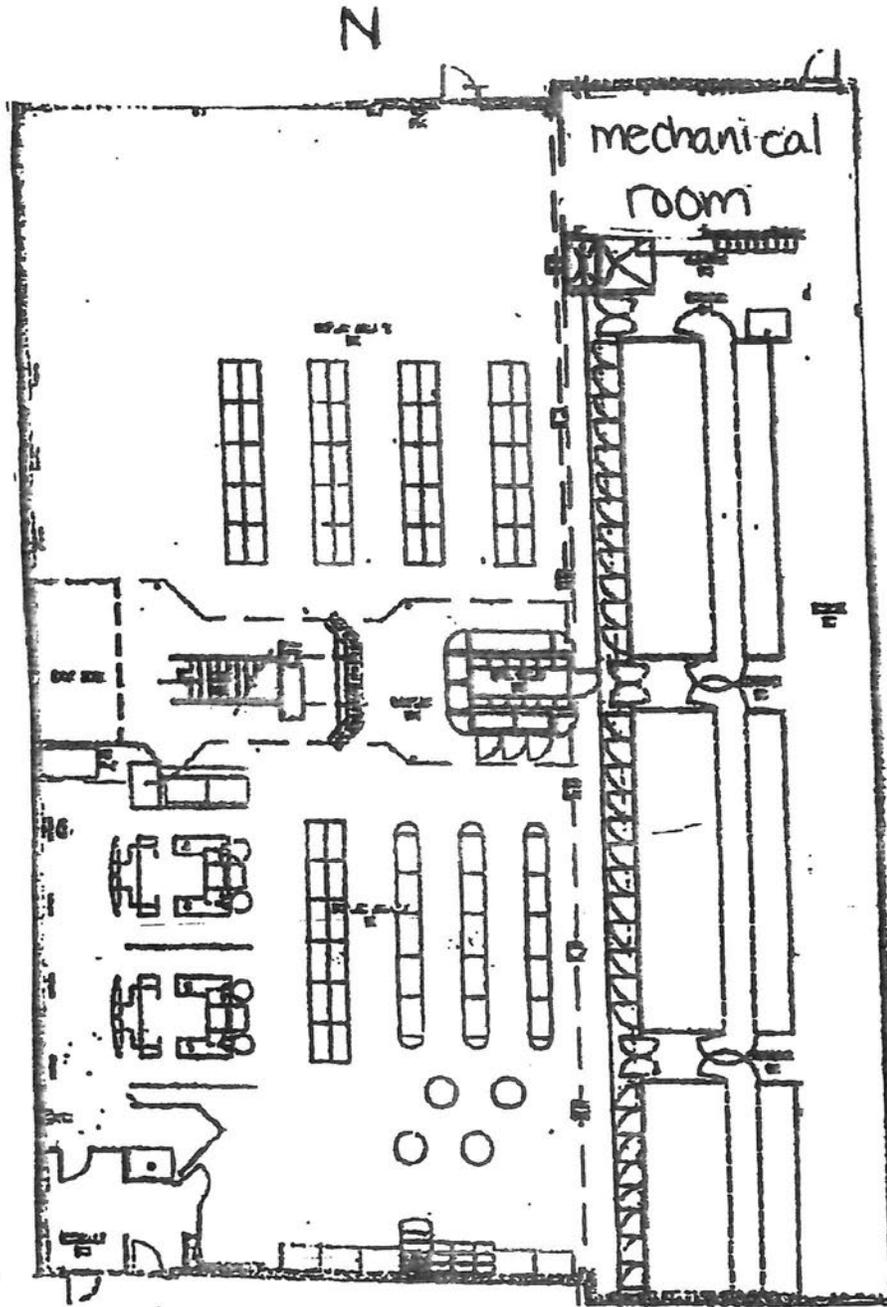
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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 be identified.

Site Diagram



CAPTAIN JACK'S 7046



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: 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: Coborn's, Incorporated		Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Captain Jack's #7047		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 3131 Weiss Ave	City: Bismarck	State: ND	Phone Number: 701-223-5113
Zip: 58504			
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw			

Contact Information (Where correspondence is to be sent):

Primary Contact: Joyce Schmidt	Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146	City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Ryan Mertz		Date of Birth: ██████ 1975	Percentage of Ownership: 0
Driver's License Number: ████████████████████		State Issued: ND	Gender: M
Home Address: ████████████████████		City: Bismarck	Race: C
State: ND		Zip: 58503	
Occupation: Mgmt	Phone Number: ████████████████	Title: Liquor Mgr	Email Address: ████████████████████

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

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?

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:

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 a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?

Yes 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?

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 licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

see attached

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 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

5/6/24

Date

James Shaw, EVP, CFO

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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

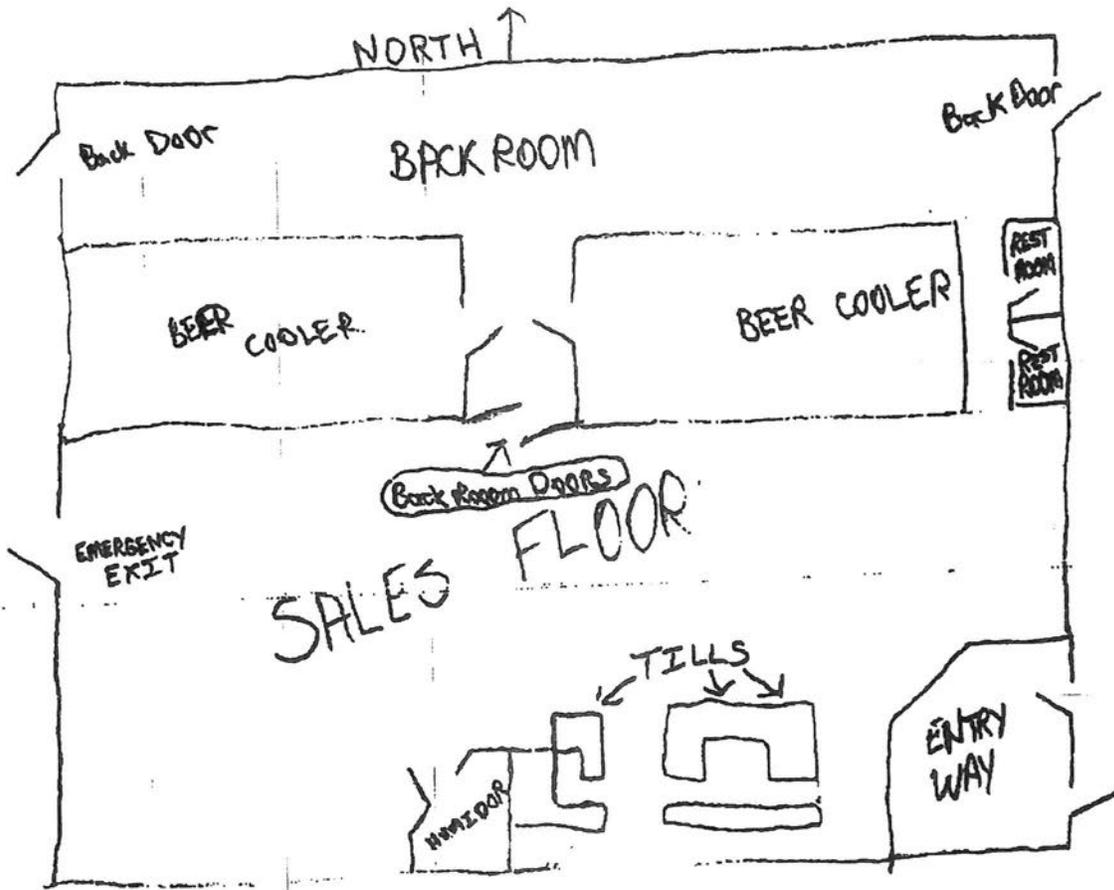
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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.

Site Diagram



CAPTAIN JACK'S

Print

Retail Alcohol Beverage License - Submission #22796

Date Submitted: 5/5/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Coco Nails & Spa

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

Coco nails & Spa

Date of Incorporation:*

5-1-2020

State of ND Liquor License No.:

LIQ2024-005

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

- Yes
- No
- N/A

Location Address:*

820 43rd Ave suite 116

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-805-6933

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

Randy Smid- owner

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Randy Smid

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Randy Smid

Date of Birth:*

[Redacted]-1973

Percentage of Ownership:*

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Owner

Email Address:

[Redacted]

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

Name:

Randy Smid

Date of Birth:

[Redacted] 1973

Percentage of Ownership:

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:*

IMG.jpeg

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:*

Randy Smid

//

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

Date:*

5/5/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300 ▼

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

Upload Credit Card Authorization Form

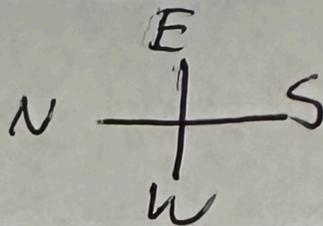
[Credit Card Authorization Form](#)

No file chosen

Mail Payments To:

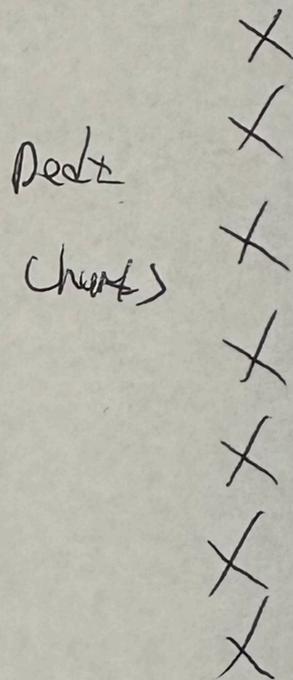
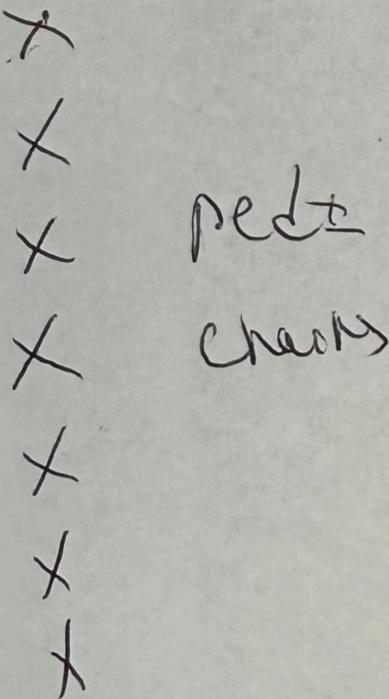
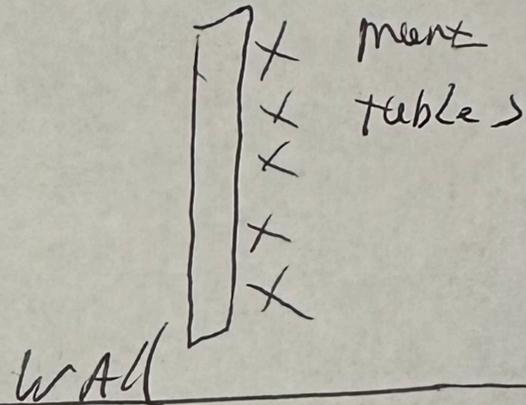
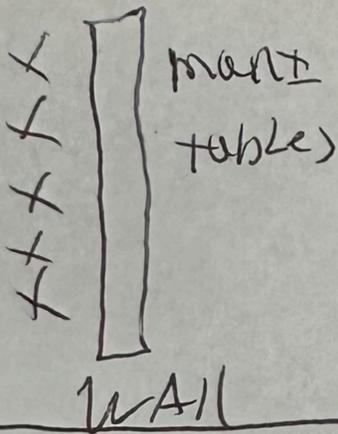
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Entrance

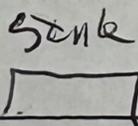


Front Desk

Wall



Complimentary Area



Sink



Storage Area

Bath Room

Break Room

Exit



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: 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800	
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350		

All Class F-1, F-2, & C-2 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: Coborn's, Incorporated			Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Cash Wise Liquor #3020			If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1144 Bismarck Exp	City: Bismarck	State: ND	Zip: 58504	Phone Number: 701-223-8771
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Joyce Schmidt		Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146	City: St. Cloud	State: MN	Zip: 56302-6146	

Manager's Name: Kevin Kyes		Date of Birth: ██████/1971	Percentage of Ownership: 0	
Driver's License Number: ██████████		State Issued: ND	Gender: M	Race: C
Home Address: ██████████		City: Bismarck	State: ND	Zip: 58503
Occupation: Mgmt	Phone Number: ██████████	Title: Liquor Manager	Email Address: ██████████	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: Plymouth	State: MN
		Zip: 55442	
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: St. Cloud	State: MN
		Zip: 56301	
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: Edina	State: MN
		Zip: 55424	
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]		City: Sioux Falls	State: SD
		Zip: 57103	
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

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 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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: see attached
---	---

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

5/6/24

Date

James Shaw, EVP, CFO

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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

day of _____

County of

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

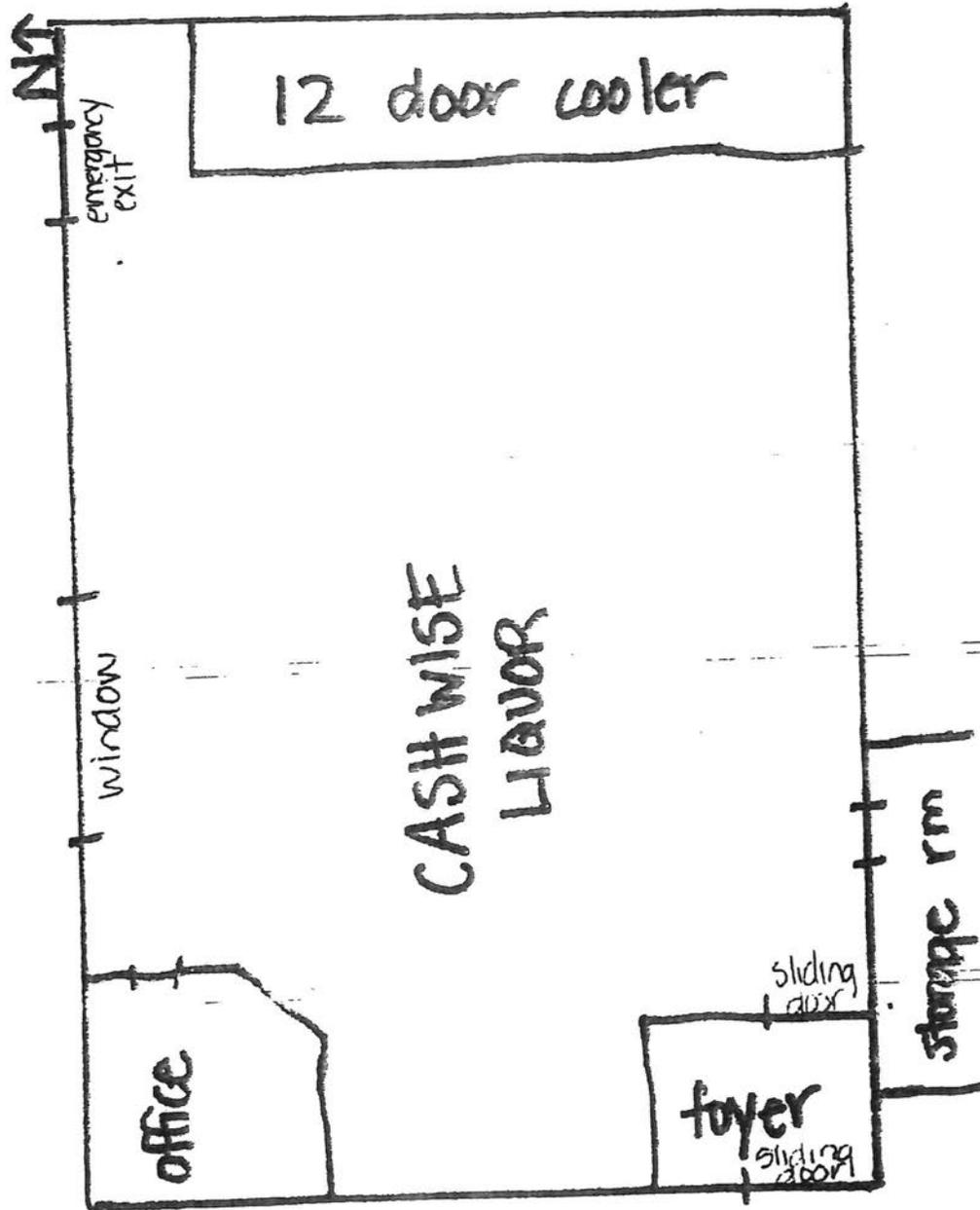
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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.

Site Diagram





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: 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: Coborn's, Incorporated			Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Cash Wise Liquor #3051			If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 900 NE 43rd Ave	City: Bismarck	State: ND	Zip: 58503	Phone Number: 701-223-6617
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Joyce Schmidt		Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146		City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Tammy Orvik		Date of Birth:	Percentage of Ownership:	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: F	Race: C
Home Address: [REDACTED]		City: Mandan	State: ND	Zip: 58554
Occupation: Mgmt	Phone Number: [REDACTED]	Title: Liquor Mgr	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

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 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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: see attached
---	---

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

5/6/24

Date

James Shaw, EVP, CFO

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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

day of _____

County of

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

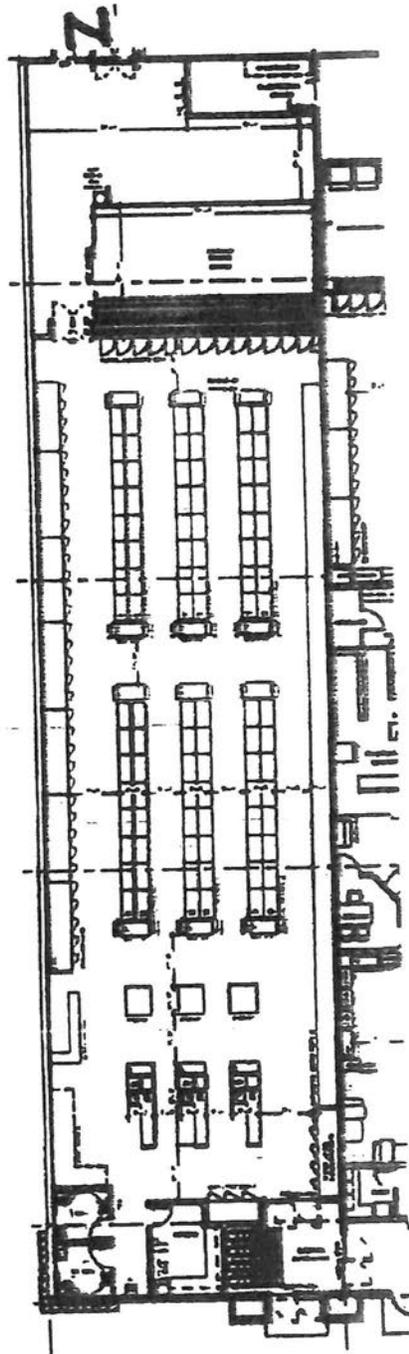
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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.

Site Diagram



SITE DIAGRAM

CASH WISE
LIQUOR



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 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: Coborn's, Incorporated		Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Captain Jack's #7048		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1140 W Turnpike Ave	City: Bismarck	State: ND	Zip: 58504
		Phone Number: 701-751-4418	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw			

Contact Information (Where correspondence is to be sent):

Primary Contact: Joyce Schmidt	Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146	City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Randy Himmelspach		Date of Birth: [REDACTED]/1964	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: C
Home Address: [REDACTED]	City: Mandan	State: ND	Zip: 58554
Occupation: Mgmt	Phone Number: [REDACTED]	Title: Liquor Mgr	Email Address: [REDACTED]

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

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?

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:

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 a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?

Yes 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?

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 licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

see attached

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 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

5/6/24

Date

James Shaw, EVP, CFO

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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 58545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

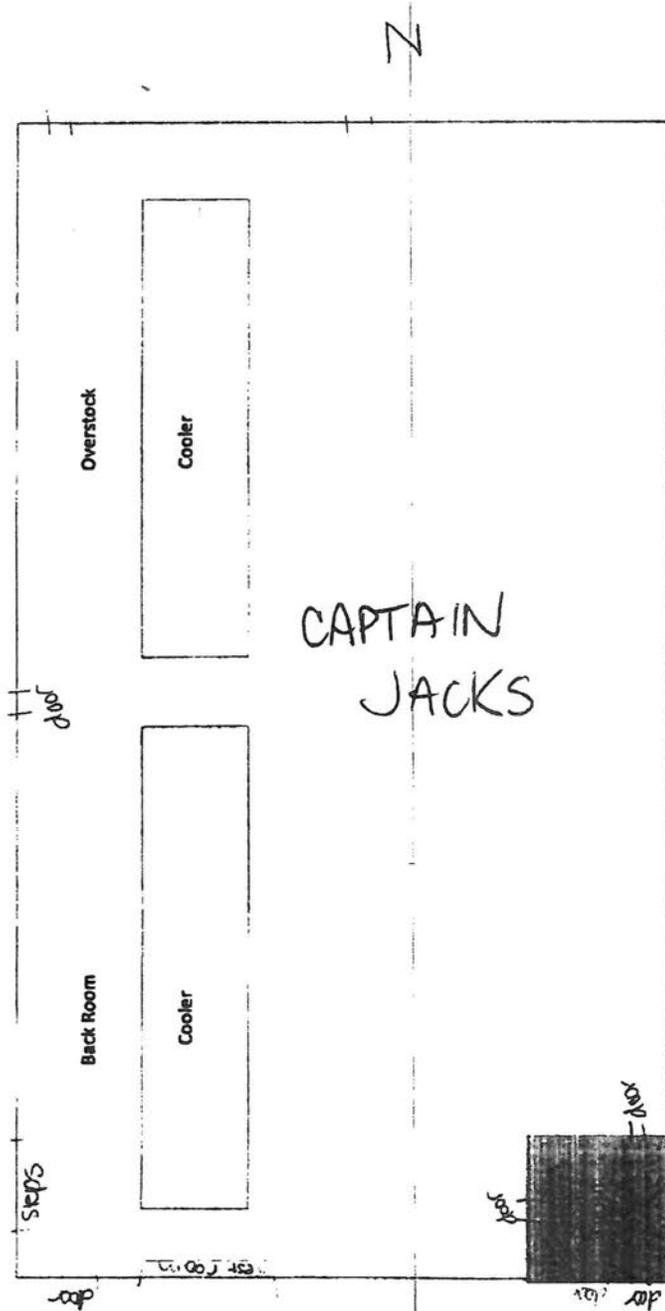
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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.

Site Diagram

#7048



second floor is
offices and
furnace room.

CAPTAIN
JACKS

Print

Retail Alcohol Beverage License - Submission #22811

Date Submitted: 5/6/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

CBOCS West, Inc.

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

Cracker Barrel Old Country Store #447

Date of Incorporation:*

12/9/1996

State of ND Liquor License No.:

AW-03367

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

- Yes
- No
- N/A

Location Address:*

1685 N. Grandview Lane

City:*

Bismark

State:*

ND

Zip:*

58503

Phone No.:*

701-223-2785

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

Craig Pommells: President & Treasurer

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Alexis Batey

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Lebanon

State:*

Tn

Zip:*

37087

Phone No.:*

[Redacted]

Manager's Name:*

Michael Vittel

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

N/A

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Bismark

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

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

Name:*

Craig Pommells

Date of Birth:*

[Redacted]/1975

Percentage of Ownership:*

N/A

Driver's License No.:*

[Redacted]

State Issued:*

FL

Gender:

Male

Race:

Black

Home Address:*

[Redacted]

City:*

Windermere

State:*

FL

Zip:*

34786

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Executive President & Treasurer

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Cammie Spillyards-Schaefer

[Redacted]/1976

N/A

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

TN

Female

Caucasian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Nashville

TN

37215

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Executive Vice President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Richard Wolfson

[Redacted]/1966

N/A

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

TN

Male

Caucasian

Home Address:

City:

Nashville

State:

TN

Zip:

37215

Phone No.:

Officer/Director/Stockholder Title:

Executive Secretary

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:

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:

Applicant's parent entity, Cracker Barrel Old Country Store, Inc. has previously had 1 license suspended for service to minors, relating to its restaurant in Athens, TN. The suspension period runs Dec. 1- Dec. 30 2023. Cracker Barrel is implementing new protocols to assist the store in its compliance efforts.

If you have further questions on this matter , please feel free to reach out to Jean Shuttleworth, Sr. Corporate Counsel.

Phone: 615-444-5533

Email: jean.shuttleworth@crackerbarrel.com

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:

Yes, CBOCS West, Inc. DBA Cracker Barrel Old Country Store #447 operates both a restaurant and retail store.

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:*

447- floor plan.pdf

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:*

Craig Pommells

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

Electronic Signature

Date:*

5/6/2024

Payment Options:*

Check By Mail

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

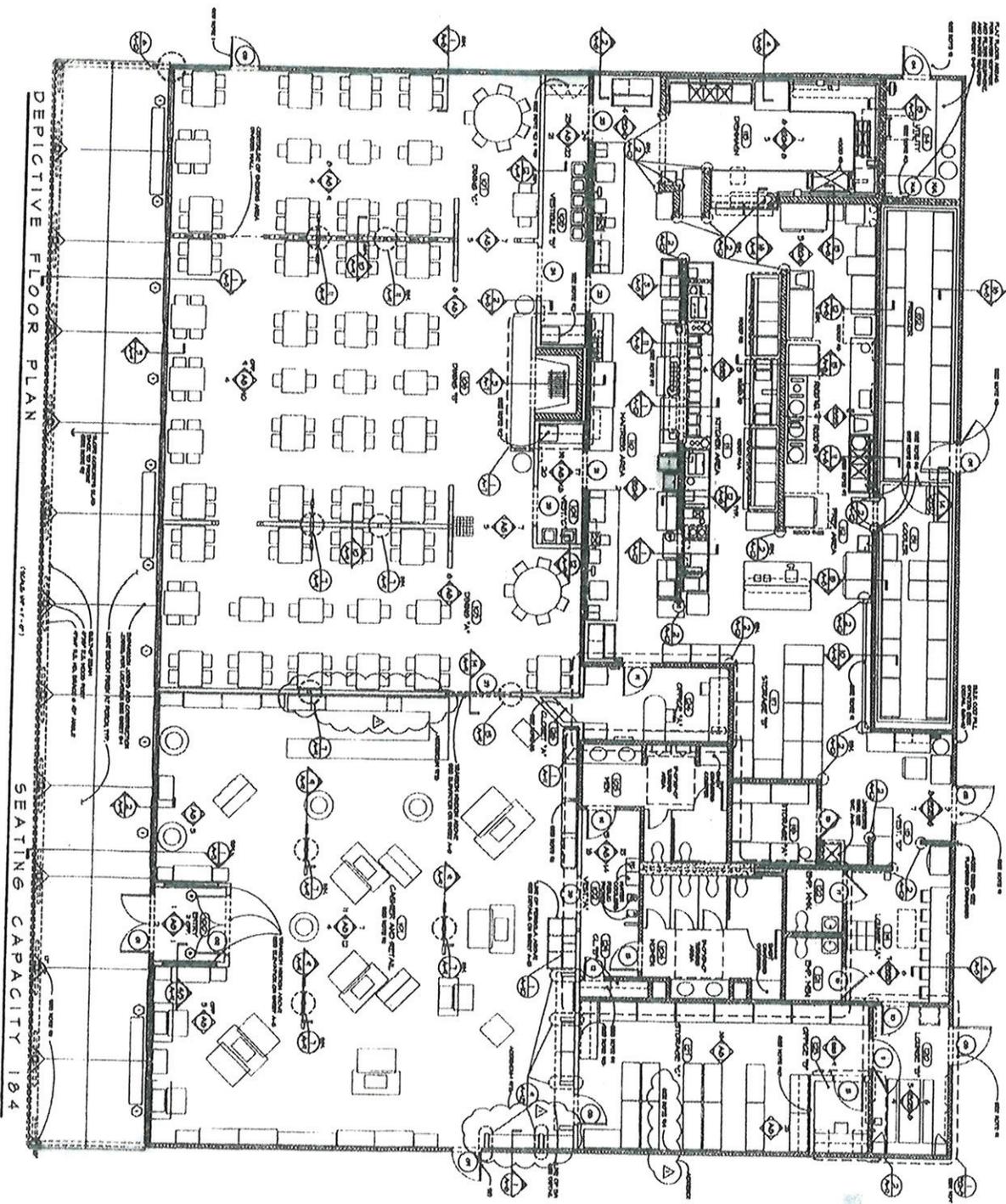
Choose File No file chosen

Mail Payments To:

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

Site Diagram

Cracker Barrel



DEPictIVE FLOOR PLAN

SEATING CAPACITY 184

North ↗

-Storage
Service
area
Mixing
areas

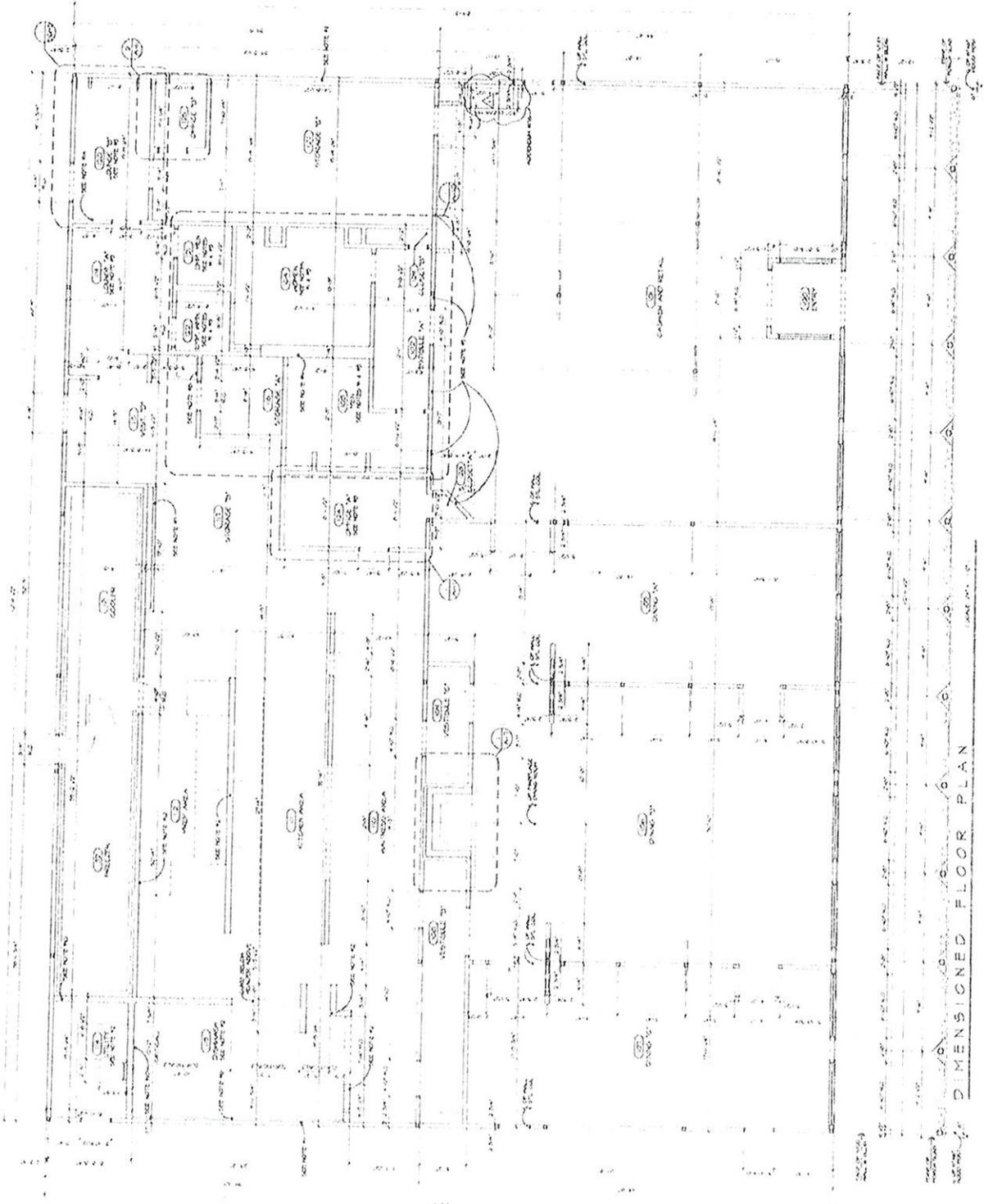
CRACKER BARRREL
 OLD COUNTY STONE
 INTERSTATE 86 A DIVIDE AVENUE
 BIRMIHAI, NORTH DAKOTA

Cracker Barrel
 Old County Stone, P.O. Box 787
 Western Hwy, Lebanon, TN, 37087



DIMENSIONED
 FLOOR PLAN

A-2
 A-2
 A-2



LEGEND

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

DIMENSIONED FLOOR PLAN

Print

Retail Alcohol Beverage License - Submission #22804

Date Submitted: 5/6/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Tonka Holdings

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

Elbow Room

Date of Incorporation:*

07/25/2016

State of ND Liquor License No.:

AA-02818

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

- Yes
- No
- N/A

Location Address:*

115 S 5TH ST

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012222140

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

Johnny Marquez

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Johnny Marquez

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Manager's Name:*

Johnny Marquez

Date of Birth:*

[REDACTED]/1991

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

MALE

Race:

WHITE

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

MANAGER

Email Address:

[Redacted]

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

Name:

JASON FRANK

Date of Birth:

[Redacted]/1974

Percentage of Ownership:

50

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

MALE

Race:

WHITE

Home Address:

[Redacted]

City:

MANDAN

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

OWNER

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

PAT KOSKI

[REDACTED]/1984

50

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

ND

MALE

WHITE

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

BISMARCK

ND

58503

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

OWNER

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder 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:

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:*

inside elbow.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:*

Johnny Marquez

//

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

Date:*

5/6/2024

Electronic Signature

Payment Options:*

Check By Mail



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

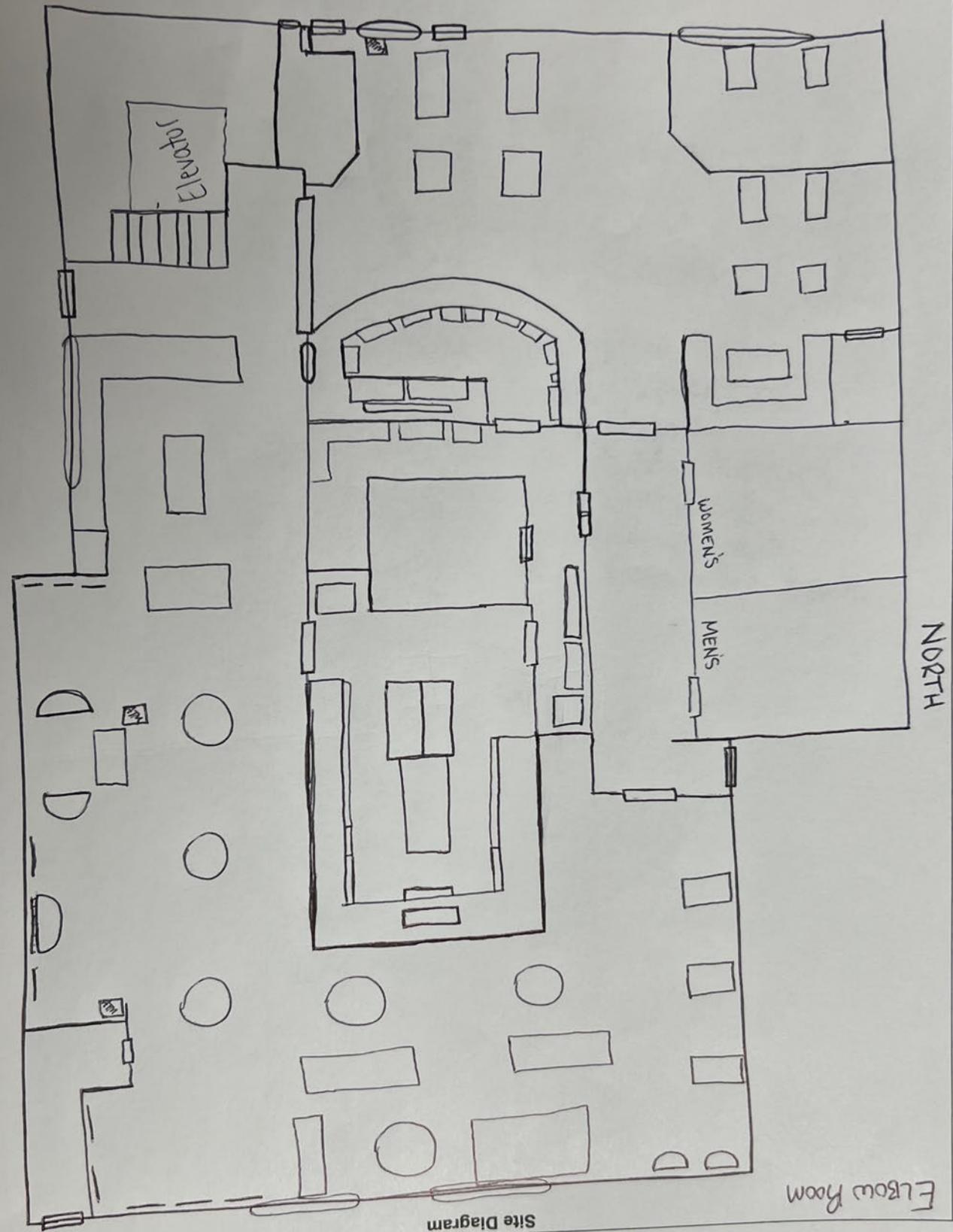
Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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



Site Diagram

Print

Retail Alcohol Beverage License - Submission #22832

Date Submitted: 5/8/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

DTSG Bismarck, Inc.

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

Famous Dave's

Date of Incorporation:*

1/29/2004

State of ND Liquor License No.:

AA-00330

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

- Yes
- No
- N/A

Location Address:*

401 East Bismarck Expressway

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

7015309800

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

Randy Thorson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

vonnie@jlbeersusa.com

Mailing Address:*

P.O. Box 2043

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

[REDACTED]

Manager's Name:*

Dan Gangl

Date of Birth:*

[REDACTED]/1983

Percentage of Ownership:*

0%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

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

Name:*

Randy Thorson

Date of Birth:*

[Redacted]/1954

Percentage of Ownership:*

100%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President/Secretary/Treasurer/Director

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

See Attached. (Attachment will be mailed with the renewal fee.)

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:

Food Sales

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:

Famous+Daves+Return+Summary.pdf

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:*

Floor Plan.pdf

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:*

Randy Thorson

//

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

Date:*

5/8/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

08-May-2024

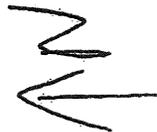
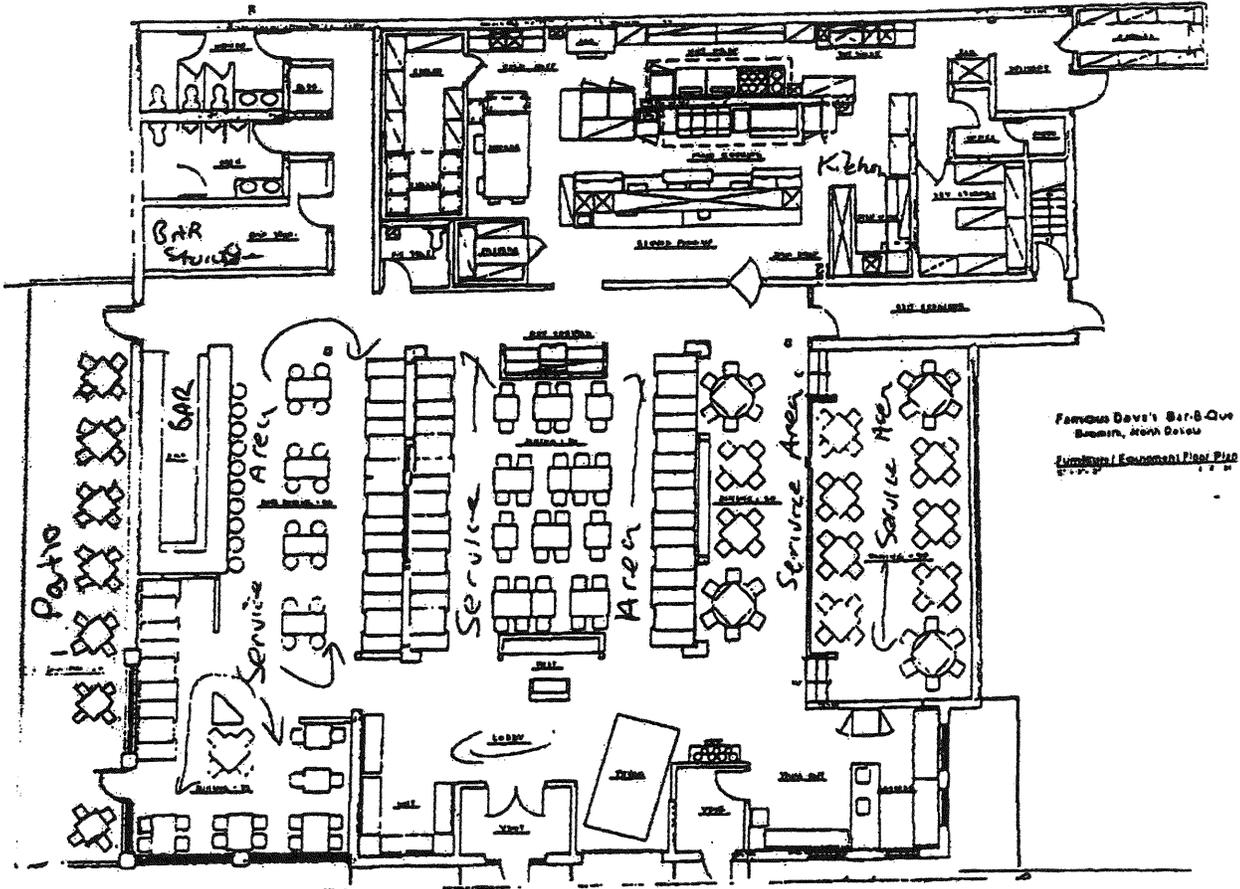
Return Summary

Account ID: 172801 00
Taxpayer: FAMOUS DAVES RESTAURANT
Beginning Period: 01-Apr-2023
Ending Period: 31-Mar-2024

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$108,355.00	\$1,762,076.00	\$1,870,431.00
Line 2	Total Exempt Sales	\$173.00	\$67,712.00	\$67,885.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$108,182.00	\$1,694,364.00	\$1,802,546.00
Line 5	State Tax	\$7,572.74	\$84,718.20	\$92,290.94
Line 6	Total State Tax			\$92,290.94
Line 7	Compensation Discount			\$1,273.68
Line 8	Net State Tax			\$91,017.26
Line 12	Net Local Option Tax			\$34,969.57

Famous Dave's - Bismarck, ND

DTSG Bismarck, Inc.



Print

Retail Alcohol Beverage License - Submission #22781

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Horizon Market, LLC

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

Horizon Market, LLC

Date of Incorporation:*

05/02/2013

State of ND Liquor License No.:

AB-02020

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

- Yes
- No
- N/A

Location Address:*

125 Durango DR

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-425-0615

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

Kristin Jangula - Accounting Specialist

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Casey Clement

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Manager's Name:*

Patrick Shannon

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

General Manager

Email Address:

[Redacted]

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

Name:

Casey Clement

Date of Birth:

[Redacted]/1979

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Males

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Spencer Wilkinson, JR

[Redacted]/1966

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

Native American

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Don Clement

[Redacted]/1949

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Secretary/Treasurer

Email address:

[Redacted]

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

Additional Ownership for Horizon Market City Alcoholic Beverage License.docx

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:

[Redacted]

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:

[Redacted]

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:*

Diagram for State Liquor License Renewal - Horizon Market.pdf

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:*

Casey Clement

//

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

Date:*

5/3/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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

Additional Ownership for Horizon Market City Alcoholic Beverage License

Babylon Family Investments -50% Ownership

Address: 250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

Owners

Casey Clement: 40%

Kelly Clement: 40%

Don Clement: 10%

Pat Clement: 10%

Sooner Enterprises- 50% Ownership

Address: 3250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

Owner

Spencer Wilkinson, JR: 100%



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: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club □ \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ \$650	Class B-2: Concession at the Bismarck Municipal Country Club □ \$650	Class B-3: Commercial passenger vessels on the Missouri River □ \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ \$650	Class B-6: Commercial Airline □ \$650	Class C-1: Hotel or Motel Full Service □ \$3,800	Class C-2: Hotel or Motel □ \$1,000	Class D: Sale at Retail of Alcoholic Beverages □ \$4,100
Class E: Sale at Retail of Beer Only □ \$800	Class F-1: Restaurant - Alcoholic Beverages □ \$3,500	Class F-2: Restaurant - Beer & Wine Only <input checked="" type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor □ \$650	Class H-1: Domestic Winery □ \$800
Class H-2: Domestic Brewery □ \$800	Class H-3: Domestic Distillery □ \$800	Class I-1: Senior Living Community □ \$350	Class I-2: Complimentary □ \$350	

All Class F-1, F-2, & C-2 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: <i>DAKOTA ASIAN FUSION CUISINE INC</i>		Date of Incorporation: <i>08/25/2023</i>	State Business ID Number: <i>37755900</i>
Doing Business As (DBA) Name, if Applicable: <i>ICHIBAN RAMEN JAPANESE & ASIAN BISTRO</i>		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: <i>1825 N 13th ST</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>
		Phone Number: <i>701-223-1688</i>	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>LiFang Lin</i>			

Contact Information (Where correspondence is to be sent):

Primary Contact: <i>YiWu Xie</i>	Phone Number: [REDACTED]	Email Address: [REDACTED]
Mailing Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>
		Zip: <i>58503</i>

Manager's Name: <i>LiFang Lin</i>	Date of Birth: [REDACTED]	Percentage of Ownership:
Driver's License Number: [REDACTED]	State Issued: <i>ND</i>	Gender: <i>Female</i>
		Race: <i>Asian</i>
Home Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>
		Zip: <i>58503</i>
Occupation: <i>Manager</i>	Phone Number: [REDACTED]	Title: <i>Manager</i>
		Email Address: [REDACTED]

List all officers or directors of corporation or partners and percentage of ownership:

Name: Yi Wu Xie		Date of Birth: [Redacted] 1/1986	Percentage of Ownership: 100%
Driver's License Number: [Redacted]	State Issued: ND	Gender: Male	Race: Asian
Home Address: [Redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Owner	Phone Number: [Redacted]	Title: [Redacted]	Email Address: [Redacted]

Name: Li Fang Lin		Date of Birth: [Redacted] 1/1988	Percentage of Ownership: [Redacted]
Driver's License Number: [Redacted]	State Issued: ND	Gender: Female	Race: Asian
Home Address: [Redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Manager	Phone Number: [Redacted]	Title: [Redacted]	Email Address: [Redacted]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

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?	If no, please explain:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Have any of the persons listed above been convicted of any crime within the past five years?	If yes, list all convictions and the dates, locations and sentence of disposition of each:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Have all property taxes and special assessments currently due been paid?	If no, please give details:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

Lifang Lin

Signature of Applicant

05/08/2024
Date

Lifang Lin / Manager

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 _____

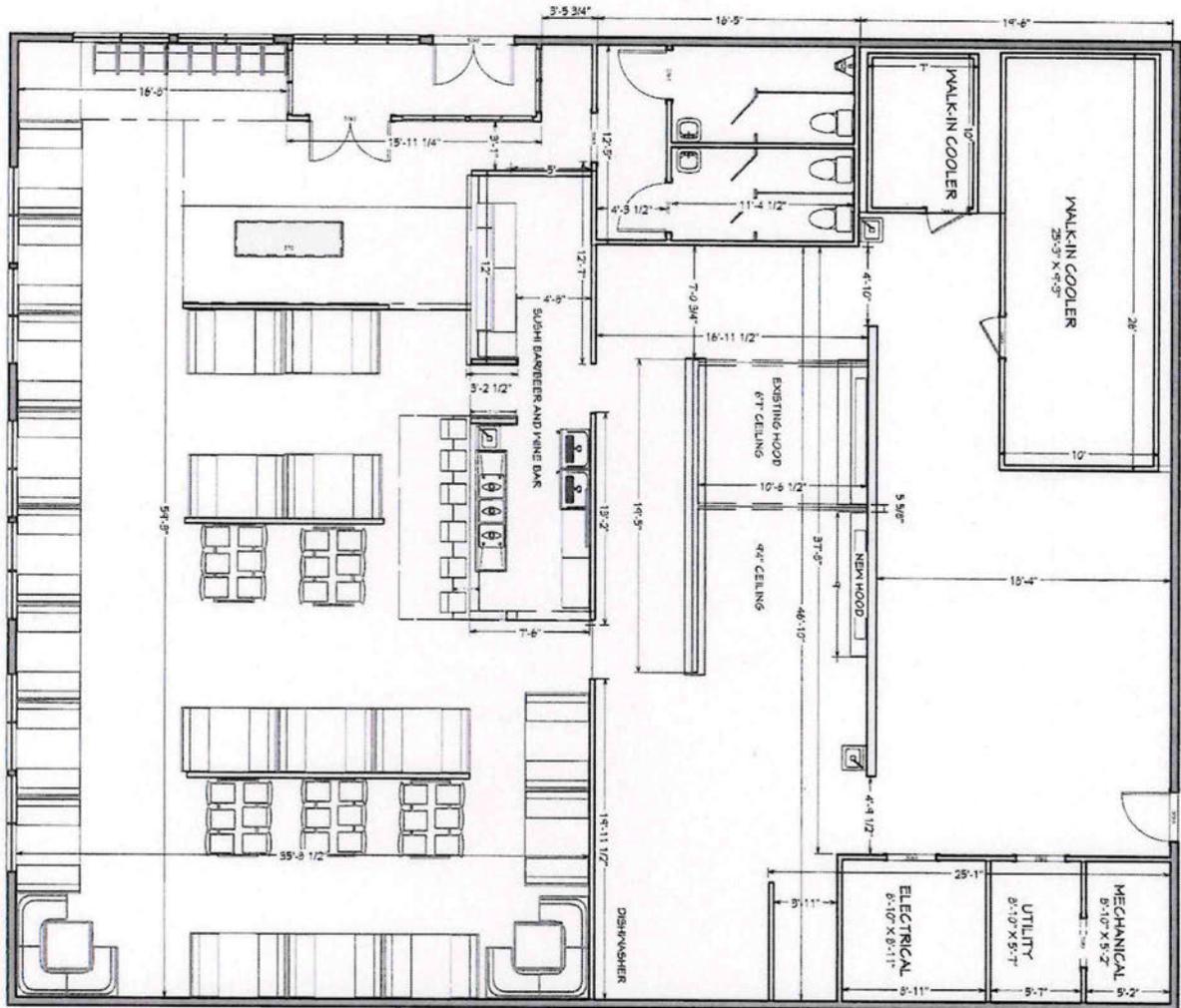
County of _____

day of _____

Notary Seal

Notary Public

My Commission Expires



GROSS LEASABLE
4346 SQ. FT.



SHEET:	SCALE: 1/8" = 1'	DATE: 11/9/2023	DRAWINGS PROVIDED BY: TOBIAS MARMAN CONSTRUCTION	ICHIBAN RESTAURANT REMODEL 1823 N. 13TH ST. BISMARCK, ND 58501	REVISION TABLE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">NUMBER</th> <th style="font-size: small;">DATE</th> <th style="font-size: small;">REVISED BY</th> <th style="font-size: small;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NUMBER	DATE	REVISED BY	DESCRIPTION																
NUMBER	DATE	REVISED BY	DESCRIPTION																						



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: 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800	
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350		

All Class F-1, F-2, & C-2 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: SAIRAM AND SONS INC		Date of Incorporation: OCT. 4. 2021	State Business ID Number: 36456700	
Doing Business As (DBA) Name, if Applicable: INDIA CRAY OVEN BAR AND GRILL		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 510 E MAIN AVE	City: BISMARCK	State: ND	Zip: 58501	Phone Number: 701.751.2975
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): SURJIT SAROYA (OWNER)				

Contact Information (Where correspondence is to be sent):				
Primary Contact: SURJIT SAROYA		Phone Number: 701-751-2975	Email Address: SSURJIT98@icloud.com	
Mailing Address: 510 E MAIN AVE	City: BISMARCK	State: ND	Zip: 58501	

Manager's Name: SURJIT SAROYA		Date of Birth: [REDACTED] 1984	Percentage of Ownership: 100%	
Driver's License Number: [REDACTED]	State Issued: [REDACTED]	Gender: MALE	Race: ASIAN	
Home Address: [REDACTED]		City: BISMARCK	State: ND	Zip: 58501
Occupation: CHEF / MANAGER	Phone Number: [REDACTED]	Title: OWNER	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:	
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 licensed liquor establishment within or without the State of North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

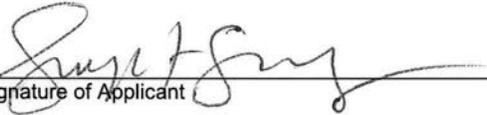
11. Have all property taxes and special assessments currently due been paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, please give details:
---	-----------------------------

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

MAY 10, 24
Date

SURJIT SAROYA (OWNER)
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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Seal

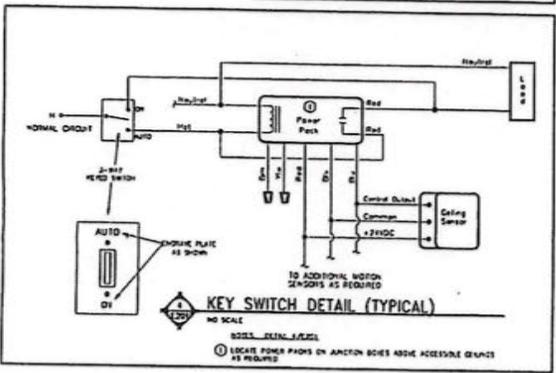
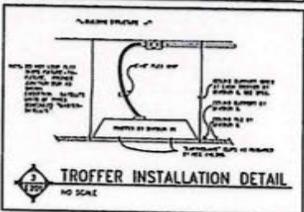
Notary Public

My Commission Expires

ROOM SCHEDULE			
ROOM NO.	ROOM NAME	ROOM NO.	ROOM NAME
001	BASEMENT	108	RESTROOM
002	ELEVATOR ESCAP	109	CONFERENCE
003	LOBBY	110	STAIR C
004	LOBBY	111	STAIR C
005	OFFICE	112	STAIR C
006	OFFICE	113	STAIR C
007	OFFICE	114	STAIR C
008	OFFICE	115	STAIR C
009	OFFICE	116	STAIR C
010	OFFICE	117	STAIR C
011	OFFICE	118	STAIR C
012	OFFICE	119	STAIR C
013	OFFICE	120	STAIR C
014	OFFICE	121	STAIR C
015	OFFICE	122	STAIR C
016	OFFICE	123	STAIR C
017	OFFICE	124	STAIR C
018	OFFICE	125	STAIR C
019	OFFICE	126	STAIR C
020	OFFICE	127	STAIR C
021	OFFICE	128	STAIR C
022	OFFICE	129	STAIR C
023	OFFICE	130	STAIR C
024	OFFICE	131	STAIR C
025	OFFICE	132	STAIR C
026	OFFICE	133	STAIR C
027	OFFICE	134	STAIR C
028	OFFICE	135	STAIR C
029	OFFICE	136	STAIR C
030	OFFICE	137	STAIR C
031	OFFICE	138	STAIR C
032	OFFICE	139	STAIR C
033	OFFICE	140	STAIR C
034	OFFICE	141	STAIR C
035	OFFICE	142	STAIR C
036	OFFICE	143	STAIR C
037	OFFICE	144	STAIR C
038	OFFICE	145	STAIR C
039	OFFICE	146	STAIR C
040	OFFICE	147	STAIR C
041	OFFICE	148	STAIR C
042	OFFICE	149	STAIR C
043	OFFICE	150	STAIR C
044	OFFICE	151	STAIR C
045	OFFICE	152	STAIR C
046	OFFICE	153	STAIR C
047	OFFICE	154	STAIR C
048	OFFICE	155	STAIR C
049	OFFICE	156	STAIR C
050	OFFICE	157	STAIR C
051	OFFICE	158	STAIR C
052	OFFICE	159	STAIR C
053	OFFICE	160	STAIR C
054	OFFICE	161	STAIR C
055	OFFICE	162	STAIR C
056	OFFICE	163	STAIR C
057	OFFICE	164	STAIR C
058	OFFICE	165	STAIR C
059	OFFICE	166	STAIR C
060	OFFICE	167	STAIR C
061	OFFICE	168	STAIR C
062	OFFICE	169	STAIR C
063	OFFICE	170	STAIR C
064	OFFICE	171	STAIR C
065	OFFICE	172	STAIR C
066	OFFICE	173	STAIR C
067	OFFICE	174	STAIR C
068	OFFICE	175	STAIR C
069	OFFICE	176	STAIR C
070	OFFICE	177	STAIR C
071	OFFICE	178	STAIR C
072	OFFICE	179	STAIR C
073	OFFICE	180	STAIR C
074	OFFICE	181	STAIR C
075	OFFICE	182	STAIR C
076	OFFICE	183	STAIR C
077	OFFICE	184	STAIR C
078	OFFICE	185	STAIR C
079	OFFICE	186	STAIR C
080	OFFICE	187	STAIR C
081	OFFICE	188	STAIR C
082	OFFICE	189	STAIR C
083	OFFICE	190	STAIR C
084	OFFICE	191	STAIR C
085	OFFICE	192	STAIR C
086	OFFICE	193	STAIR C
087	OFFICE	194	STAIR C
088	OFFICE	195	STAIR C
089	OFFICE	196	STAIR C
090	OFFICE	197	STAIR C
091	OFFICE	198	STAIR C
092	OFFICE	199	STAIR C
093	OFFICE	200	STAIR C

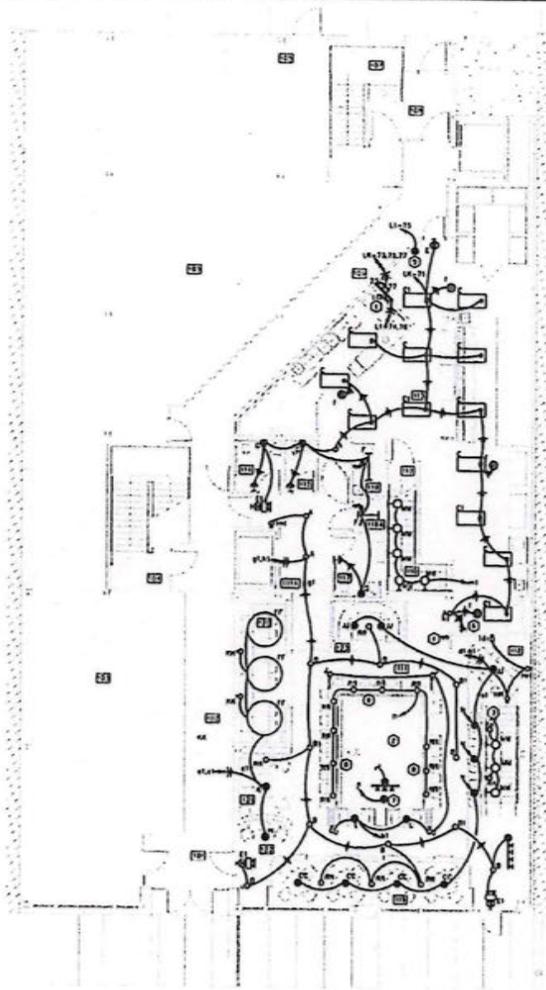
MOTION SENSOR SCHEDULE						
DESC.	MANUFACTURER	CATALOG NO.	TYPE	FINISH	MOUNTING	REMARKS
1	BAIT STOPPER	0-100 SERIES	302 SENSITIVE PIR SENSOR	WHITE	CEILING	PIR SENSOR WITH ISOLATED RELAY FOR 0VAC. 800 EXTENDED RANGE LENS
2	BAIT STOPPER	0-100 SERIES	302 SENSITIVE PIR SENSOR	WHITE	CEILING	PIR SENSOR WITH HIGH DENSITY LENS
3	BAIT STOPPER	91-2333 SERIES	ULTRASONIC OCCUPANCY SENSOR	WHITE	CEILING	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR
4	BAIT STOPPER	91-2308 SERIES	ULTRASONIC OCCUPANCY SENSOR	WHITE	CEILING	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR
5	BAIT STOPPER	91-343 SERIES	DUAL TECHNOLOGY PIR/ULTRASONIC	WHITE	PANEL TO MTP	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR WITH ISOLATED RELAY
6	BAIT STOPPER	91-300 SERIES	DUAL TECHNOLOGY PIR/ULTRASONIC	WHITE	CEILING	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR WITH ISOLATED RELAY

- NOTES:**
- LETTER NEXT TO MOTION SENSOR ON PLANS INDICATES TYPE, AND IF PRESENT, SECOND LETTER INDICATES DIMENSIONS TO BE SWAPPED. EXAMPLE: "A" INDICATES TYPE "A" MOTION SENSOR CONTROLLING DIMENSIONS WITH AN "A" DESIGNATION, AND HAVING DIMENSIONS SWAPPED KEY SYMBOL WITH "A" DESIGNATION (WHERE SHOWN). MOTION SENSORS SHALL USE 82-SERIES POWER PADS.
 - VERIFY ALL THAT RELAY SYMBOLS WITH OWNER. COMMON AND RESTROOM MOTION SENSORS TO BE SET AS A SWAP IN 15 MINUTES.
 - ALL MOTION SENSORS SHALL BE SET TO FAIL IN THE "ON" POSITION SUCH THAT SWAPMAKERS ARE GUARANTEED IF MOTION SENSOR FAILS.
 - PROVIDE MINIMUM 1 INCH MOTION SENSORS FOR EACH TYPE USED.
 - EQUIPMENT SHEETS BY GC AND SENSOR WHICH ACCEPTABLE. MANUFACTURERS OF EQUIPMENT UNITS SHALL VERIFY MOTION SENSOR LAYOUT SHOWN ON DRAWINGS MEETS COORDINATE LISTINGS OF EACH EQUIPMENT MANUFACTURER. IT SHALL PROVIDE TO WITH ALTERNATE LIGHTING CONTROLLER AND WIRING DIAGRAMS AS REQUIRED TO MEET THEIR SPECIFIC EQUIPMENT COORDINATE CAPABILITIES AND WIRING REQUIREMENTS.



LOWER LEVEL LIGHTING PLAN
 1/8" = 1'-0"
 1. LIGHTING CONTROL STATION SEE DETAIL 1/2023 FOR ZONES

FIRST FLOOR LIGHTING PLAN
 1/8" = 1'-0"
 1. LIGHTING CONTROL PANELS SEE DETAIL 1/2023
 2. EDGE DIMS FROM BASEMENT PHOTO BAR FOR ACCESS TO ROOMS N, N, Z, AND W AS REQUIRED
 3. CONTROL CONTINUES TO STRIP LIGHTS ON SHEET E202, DETAIL 1
 4. LIGHTING CONTROL STATION SEE DETAIL 1/2023 FOR ZONES
 5. DIVERT ROOM CONTROLLER SEE DETAIL 1/2023
 6. SEE DETAIL 1/2023 FOR KEY SWITCH DETAIL
 7. SWAPMAKERS FOR BURN DOWN LIGHTING PROVIDED BY GC
 8. SWAPMAKERS FOR UPPER EXHIBIT ABOVE BAR PROVIDED BY GC



leaf
 LEAF DESIGN STUDIO
 ARCHITECT
 1415 South 17th St
 Bismarck, ND 58501
 Phone: 701.254.3094
 Fax: 701.272.3458

12540
 HUBBARD

HUMPBACK SALLY TAVERN
 Bismarck, North Dakota

PROJECT NUMBER
 LEAF 2012.02
 PHASE
 CONSTRUCTION DOCUMENTS
 DATE
 02.11.2013
 DRAWING NAME
 BASEMENT & FIRST LIGHTING PLAN
 SHEET NUMBER
 E201

Print

Retail Alcohol Beverage License - Submission #22833

Date Submitted: 5/8/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

JLB-BIS, Inc.

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

JL Beers

Date of Incorporation:*

6/29/2011

State of ND Liquor License No.:

AA-02276

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

- Yes
- No
- N/A

Location Address:*

217 North 3rd Street

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-751-4855

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

Lance Thorson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

[REDACTED]

Manager's Name:*

Jon Rings

Date of Birth:*

[REDACTED]/1993

Percentage of Ownership:*

0%

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

General Manager

Email Address:

[Redacted]

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

Name:

Lance Thorson

Date of Birth:

/1982

Percentage of Ownership:

16.67%

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

West Fargo

State:

ND

Zip:

58078

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President/Direcctor

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Randy Thorson

[Redacted]/1954

33.33%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58104

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Secretary/Treasurer/Director

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Warren Ackley

[Redacted]/1953

33.33%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

Fargo

State:

ND

Zip:

58103

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Vice President/Director

Email address:

[Redacted]

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

Shawn Thorson.pdf

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:

[Redacted]

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:

[Redacted]

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:

See Attached. (Attachment will be forwarded with check payment.)

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:

Food Sales

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:

JL+Beers+Return+Summary.pdf

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:*

Floor Plan.pdf

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 Thorson

//

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

Date:*

5/8/2024

Electronic Signature

Payment Options:*

Check By Mail



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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

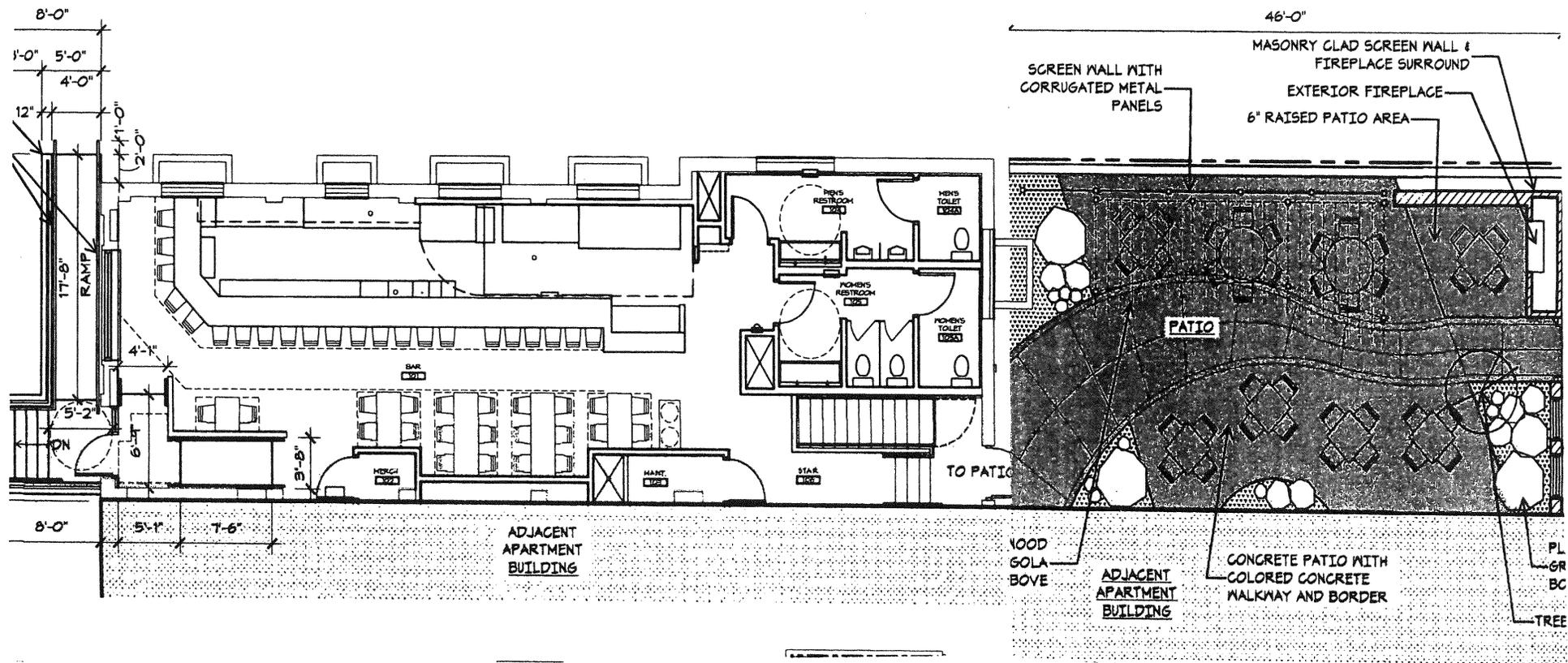
07-May-2024

Return Summary

Account ID: 281073 00
Taxpayer: JL BEERS
Beginning Period: 01-Apr-2023
Ending Period: 31-Mar-2024

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$364,504.00	\$1,086,485.00	\$1,450,989.00
Line 2	Total Exempt Sales	\$1,237.00	\$10,115.00	\$11,352.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$363,267.00	\$1,076,370.00	\$1,439,637.00
Line 5	State Tax	\$25,428.69	\$53,818.50	\$79,247.19
Line 6	Total State Tax			\$79,247.19
Line 7	Compensation Discount			\$1,188.72
Line 8	Net State Tax			\$78,058.47
Line 12	Net Local Option Tax			\$27,928.97

JLB-BIS, Inc. dba JL Beers



Print

Retail Alcohol Beverage License - Submission #22815

Date Submitted: 5/7/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Mini Mart Inc.

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

Loaf 'N Jug 685

Date of Incorporation:*

4/21/1960

State of ND Liquor License No.:

AB-02536

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

- Yes
- No
- N/A

Location Address:*

2835 N Washington St.

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-258-3680

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

Alex Blank

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Alex Blank

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Westborough

State:*

Massachusetts

Zip:*

01581

Phone No.:*

[Redacted]

Manager's Name:*

Calvin Ostert

Date of Birth:*

[Redacted]/1967

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

SD

Gender:

Race:

Home Address:*

[Redacted]

City:*

Rapid City

State:*

SD

Zip:*

57701

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

District Manager

Email Address:*

[Redacted]

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

Name:*

John Carey

Date of Birth:*

[Redacted] 1962

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

MA

Gender:

Race:

Home Address:*

[Redacted]

City:*

Westborough

State:*

Massachusetts

Zip:*

01581

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

Name:

Date of Birth:

Percentage of Ownership:

Nicholas Unkovic

█/78

0

Driver's License No.:

State Issued:

Gender:

Race:

█

MA

Home Address:

City:

State:

Zip:

Phone No.:

█

Officer/Director/Stockholder Title:

Email Address:

Secretary and General Counsel

Name:

Date of Birth:

Percentage of Ownership:

Lisa N'Chonon

█/75

0

Driver's License No.:

State Issued:

Gender:

Race:

█

CT

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Redacted text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

Treasurer

[Empty text box for Email address]

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

Choose File 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:

Mini Mart, Inc. is a corporation based out of Massachusetts. All managers and officers are legal residents of the united states.

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:

[Empty text box for listing convictions]

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:

We have 1700 stores and many of them are licensed to sell package liquor. One other store in North Dakota is licensed to sell alcohol:

Loaf N Jug 673
810 N Broadway
Minot ND
AB-02253

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:

This location is a gas station/convenience store that sells alcohol.

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:*

750685 - LNJ - ND - City of Bismarck - Diagram - Store Layout.pdf

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:*

Alexandra Blank

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

Electronic Signature

Date:*

5/7/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

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

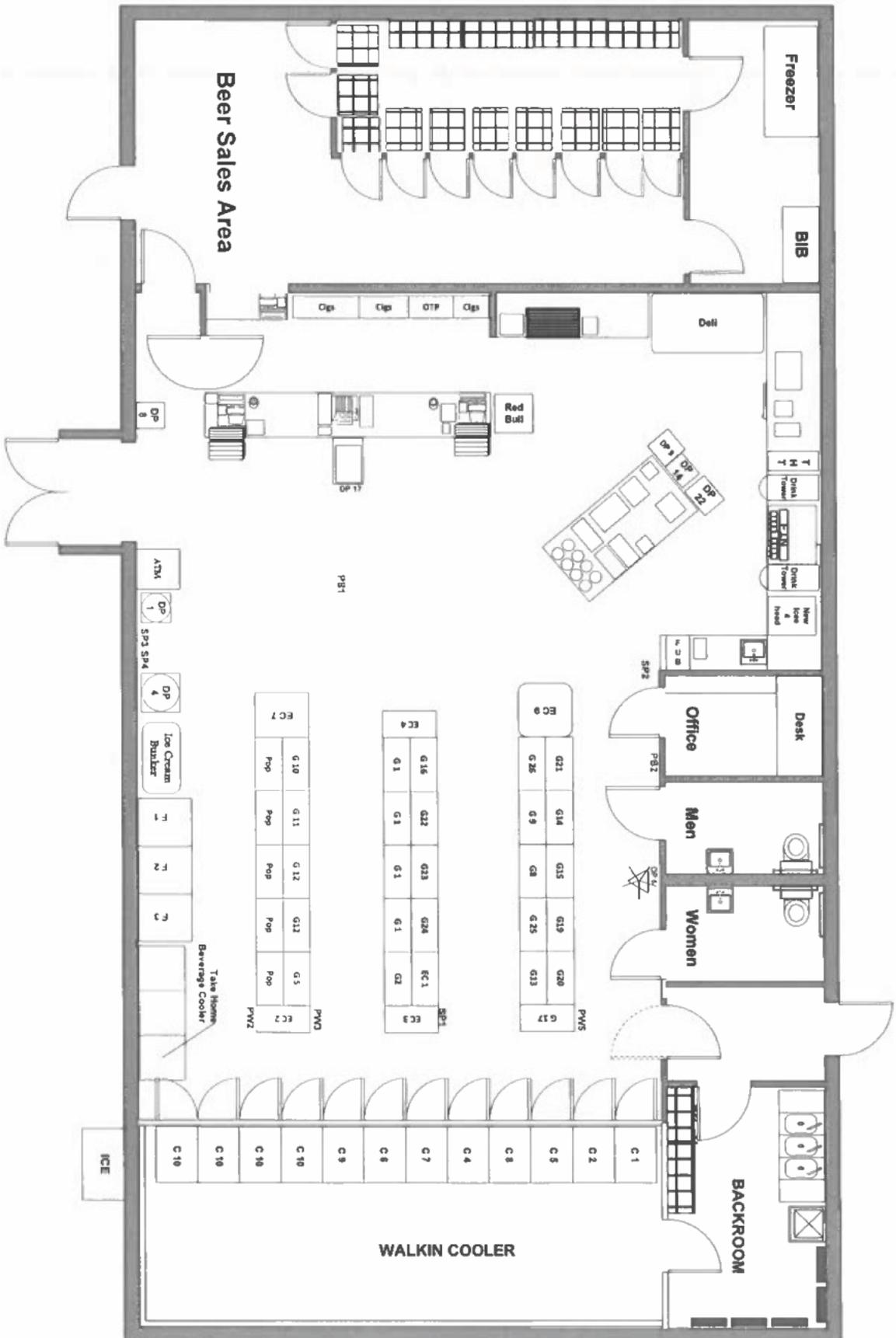
[Credit Card Authorization Form](#)

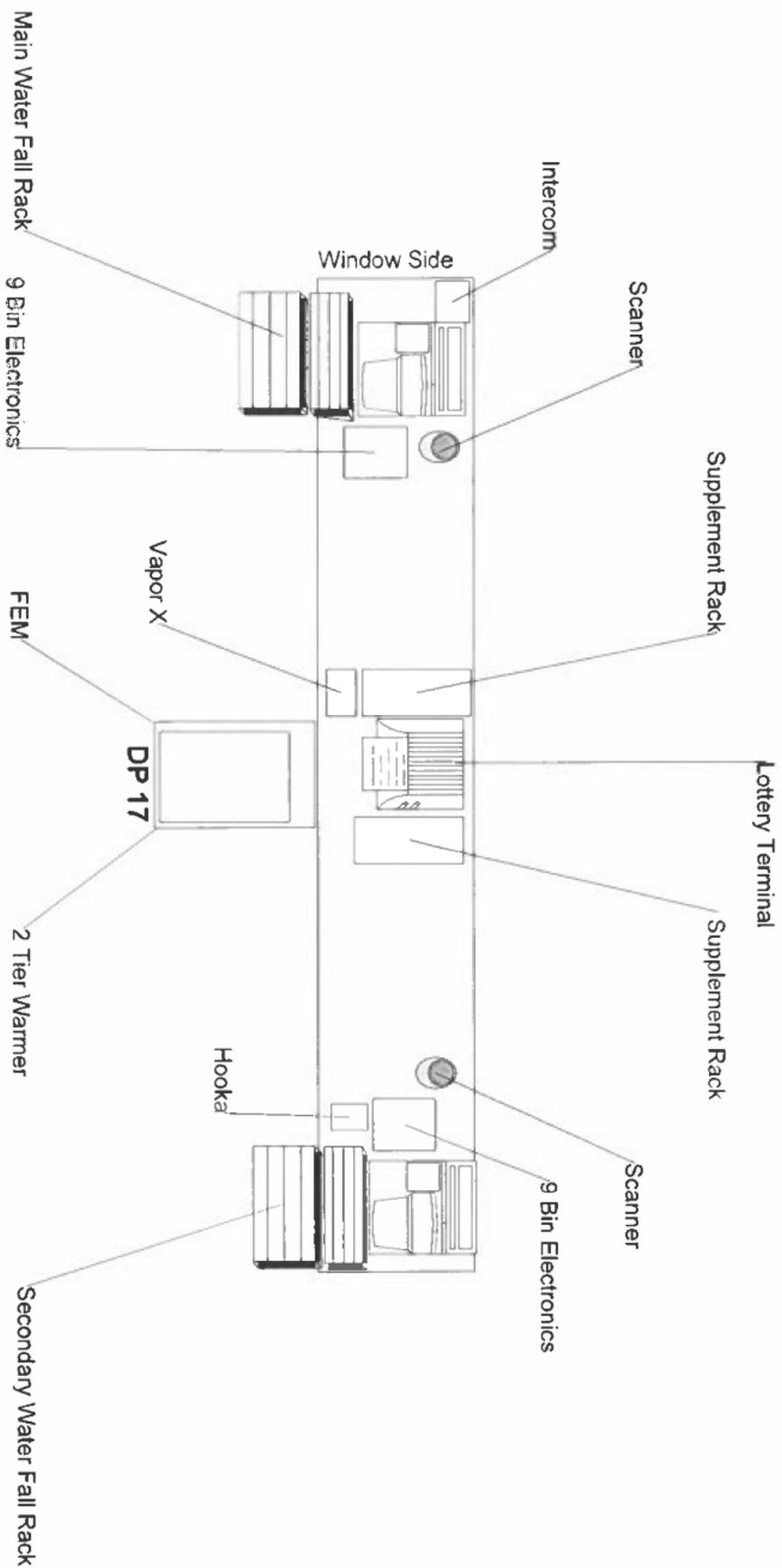
Upload Credit Card Authorization Form

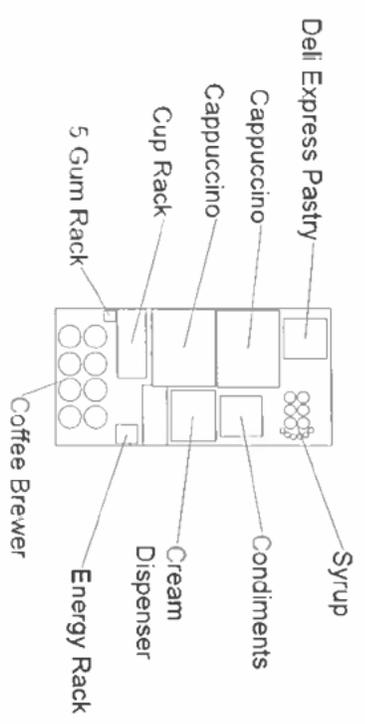
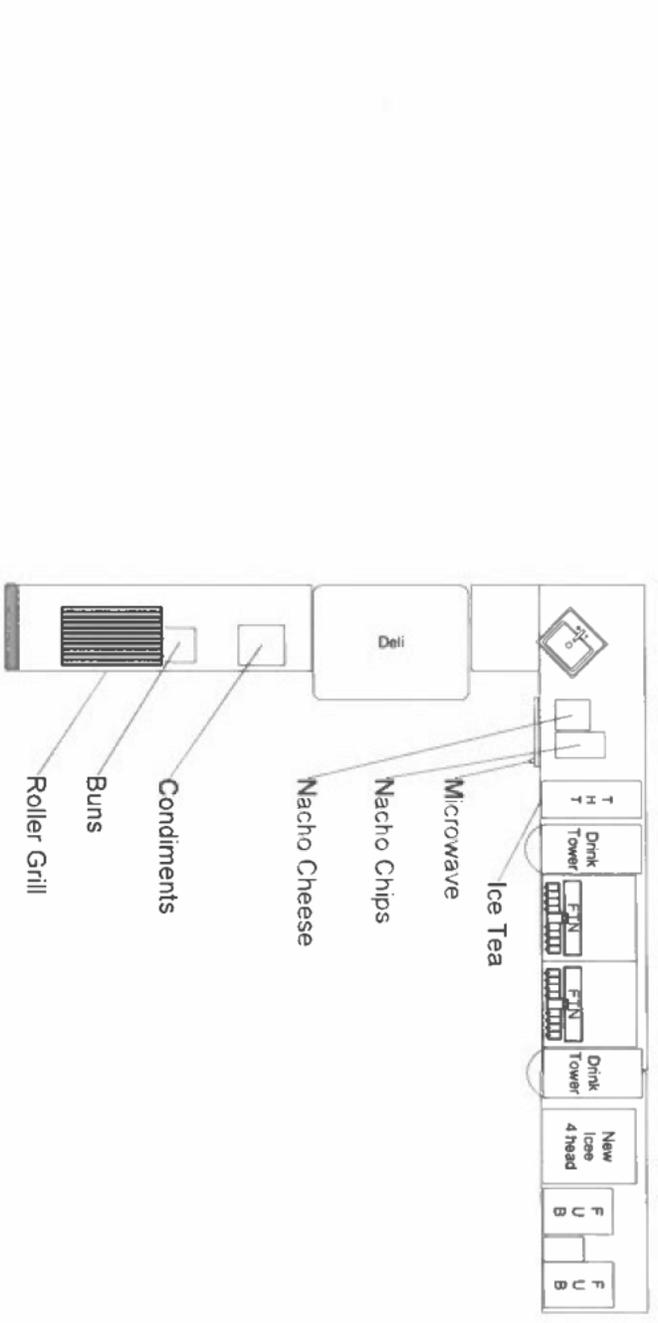
Choose File No file chosen

Mail Payments To:

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







Print

Retail Alcohol Beverage License - Submission #22780

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Eclectic Culinary Concepts, Inc.

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

Luckys 13 Pub

Date of Incorporation:*

07/19/2016

State of ND Liquor License No.:

AA-03436

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

- Yes
- No
- N/A

Location Address:*

915 S #rd Street

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-751-7913

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

Charles Burrows

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Dee-Dee Sanford

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Mendota

State:*

Minnesota

Zip:*

55150

Phone No.:*

[REDACTED]

Manager's Name:*

Alicia Boeckel

Date of Birth:*

[REDACTED]/1977

Percentage of Ownership:*

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

Caucasion

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

owner/manager

[Redacted]

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

Name:

Date of Birth:

Percentage of Ownership:

Charlies Burrows

[Redacted]/1958

40

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Caucation

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Inver Grove Heights

MN

55077

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Steve Hesse

[Redacted]/1978

30

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Caucation

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Cottage Grove

MN

55016

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Tyge Nelson

[Redacted]/1975

30

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Caucation

Home Address:

[Redacted]

City:

Stillwater

State:

MN

Zip:

55082

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Owner

Email address:

[Redacted]

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

Choose File 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:

The Manager lives in ND. The Owners live in MN

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:

[Empty]

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:

Eclectic Culinary Concepts own a total of 13 operating restaurants. Two located in ND, one located in WI and Ten located in MN

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:

Bismarck percentage sales.pdf

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:*

Bismarck Floor plan.pdf

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:*

Charlie Burrows

//

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

Date:*

5/3/2024

Electronic Signature

Payment Options:*

Check By Mail



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

Upload Credit Card Authorization Form

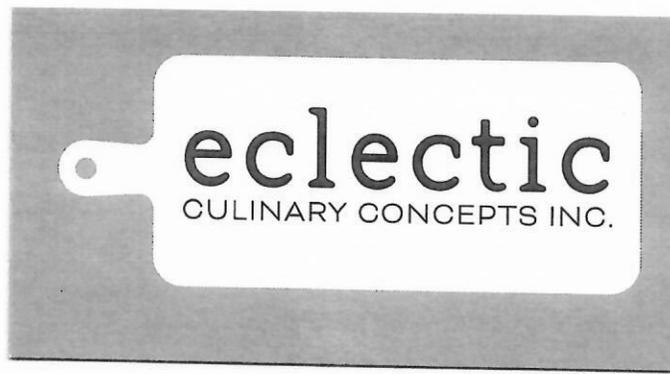
[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

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



PO Box 50794
Mendota, MN 55150

May 3, 2024

City of Bismarck
PO Box 5503
Bismarck, ND 58501

Re: Luckys 13 Pub liquor license renewal - Gross Food Sales Report

Total sales for the past year are \$3,234,079.61

Of those total sales \$2,469,106.56 are for food sales and
\$764,973.05 make up the total liquor sales.

This comes out to a total food cost of 76.35% and Liquor sales of 23.65%

Please refer to the attached CPA firm financial statement for support
to these numbers.

Sincerely,

A handwritten signature in cursive script that reads "Dee-Dee Sanford".

Dee-Dee Sanford
Acct/Admin

Yankee Tavern in Eagan - - Me & Julio in Hastings and Madison
Luckys 13 Pub in Mendota, Bloomington, Plymouth, Roseville, Burnsville, Bismarck and Fargo
Pajarito in St. Paul and Edina - - The Clover in Rosemount - - JoJo's in West Fargo

Eclectic Culinary Concepts Inc
Unadjusted Year End Comparative Statement of Income
For the Twelve Months Ended December 31, 2023

Bismarck Luckys

	\$ Amount		% Sales		\$ Amount		% Sales	
	1 Month Ended Dec 31		1 Month Ended Dec 31		12 Months Ended Dec 31		12 Months Ended Dec 31	
	2023	2022	2023	2022	2023	2022	2023	2022
Food								
Revenue								
Sales - Food - Gross	215,203.19	194,903.60	101.9	102.4	2,469,106.56	2,387,382.61	101.8	102.2
Sales - Food - Comp/Discount	(3,918.01)	(4,486.49)	(1.9)	(2.4)	(43,388.02)	(51,873.54)	(1.8)	(2.2)
Total Revenue	211,285.18	190,417.11	100.0	100.0	2,425,718.54	2,335,509.07	100.0	100.0
Cost of Sales								
COGS Meats	23,820.26	22,635.58	11.3	11.9	269,243.82	323,972.17	11.1	13.9
COGS Seafood	4,367.74	5,084.86	2.1	2.7	66,577.12	66,928.15	2.7	2.9
COGS Produce	11,226.17	13,300.11	5.3	7.0	125,183.38	150,958.43	5.2	6.5
COGS Gen Groc	15,751.28	15,565.96	7.5	8.2	179,569.73	166,281.53	7.4	7.1
COGS Dairy	11,496.96	10,479.45	5.4	5.5	119,807.59	128,366.48	4.9	5.5
COGS Desserts	493.36	543.04	0.2	0.3	9,947.48	8,922.59	0.4	0.4
COGS Breads	4,411.09	2,310.82	2.1	1.2	58,010.65	59,828.71	2.4	2.6
COGS Happy Hr	3,710.00	3,094.28	1.8	1.6	15,391.00	16,663.04	0.6	0.7
COGS N/A Bev	3,598.67	3,940.40	1.7	2.1	43,805.92	43,375.15	1.8	1.9
Total Cost of Sales	78,875.53	76,954.50	37.3	40.4	887,536.69	965,296.25	36.6	41.3
Gross Profit Food	132,409.65	113,462.61	62.7	59.6	1,538,181.85	1,370,212.82	63.4	58.7
Liquor/Beverage								
Revenue								
Sales - Liquor - Gross	71,190.17	68,740.15	101.6	101.4	764,973.05	786,185.19	101.3	101.2
Sales - Liquor - Comp/Discount	(1,133.89)	(957.87)	(1.6)	(1.4)	(9,612.19)	(9,380.14)	(1.3)	(1.2)
Total Revenue	70,056.28	67,782.28	100.0	100.0	755,360.86	776,805.05	100.0	100.0
Cost of Sales								
COGS Beer	11,122.41	8,951.29	15.9	13.2	104,011.89	104,355.17	13.8	13.4
COGS Liquor	4,698.12	4,446.82	6.7	6.6	44,221.24	41,653.18	5.9	5.4
COGS Wine	1,711.83	1,125.93	2.4	1.7	15,368.61	14,706.20	2.0	1.9
COGS Condiments	582.14	357.21	0.8	0.5	6,546.10	6,466.69	0.9	0.8
Total Cost of Sales	18,114.50	14,881.25	25.9	22.0	170,147.84	167,181.24	22.5	21.5
Gross Profit Liquor/Beverage	51,941.78	52,901.03	74.1	78.0	585,213.02	609,623.81	77.5	78.5
Revenue								
Sales - Retail - Gross	32.00	56.00	100.0	100.0	332.00	534.10	100.0	100.0
Total Revenue	32.00	56.00	100.0	100.0	332.00	534.10	100.0	100.0
Total Sales	281,373.46	258,255.39	100.0	100.0	3,181,411.40	3,112,848.22	100.0	100.0
Total Cost of Sales	96,990.03	91,835.75	34.5	35.6	1,057,684.53	1,132,477.49	33.2	36.4
Gross Profit	184,383.43	166,419.64	65.5	64.4	2,123,726.87	1,980,370.73	66.8	63.6

See Accountant's Report. This report is compiled from records furnished by the client and has not been audited or verified.

Haworth & Company, Ltd.

Haworth & Company, Ltd.

Certified Public Accountants

1880 Livingston Avenue, Suite 201
West St Paul, MN 55118
Telephone: 651-451-9373
Fax: 651-451-5923

ACCOUNTANT'S COMPILATION REPORT

To Management
Eclectic Culinary Concepts Inc
Mendota, MN

Management is responsible for the accompanying financial statements of Eclectic Culinary Concepts Inc, which is comprised of the statement of assets, liabilities and equity -- income tax basis of Eclectic Culinary Concepts Inc (an S corporation) as of 12/31/2023 and the related statement of revenue and expenses - income tax basis for the periods then ended in accordance with the income tax basis of accounting, and for determining that the income tax basis of accounting is an acceptable financial reporting framework. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the income tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the company's assets, liabilities, equity, revenue and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Eclectic Culinary Concepts Inc.

Haworth and Company, Ltd.

Haworth & Company, Ltd.
Certified Public Accountants
1880 Livingston Avenue
Suite 201
West St Paul, MN 55118

January 15, 2024

See Accountant's Report. This report is compiled from records furnished by the client and has not been audited or verified.

Haworth & Company, Ltd.

1880 Livingston Avenue Suite 201 West St Paul, MN 55118



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: 2/6/2024

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 checked="" type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: <i>Nava Ramen And Izakaya Inc.</i>		Date of Incorporation: <i>09/17/2021</i>	State Business ID Number: <i>0005600117</i>	
Doing Business As (DBA) Name, if Applicable:		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: <i>309 N 3rd ST.</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>	Phone Number: <i>701-751-5006</i>
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>Amy / Manager</i>				

Contact Information (Where correspondence is to be sent):				
Primary Contact: <i>Amy</i>		Phone Number: <i>701-751-5006</i>	Email Address: <i>navabismarck@gmail.com</i>	
Mailing Address: <i>309 N 3rd ST.</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>	

Manager's Name: <i>Jiaslu Zheng / Amy</i>		Date of Birth: [Redacted] <i>1981</i>	Percentage of Ownership: <i>0</i>	
Driver's License Number: [Redacted]	State Issued: <i>ND</i>	Gender: <i>F</i>	Race: <i>Asian</i>	
Home Address: [Redacted]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>	
Occupation: <i>Food Service</i>	Phone Number: [Redacted]	Title: <i>Manager</i>	Email Address: [Redacted]	

List all officers or directors of corporation or partners and percentage of ownership:

Name: Wozhong Xu (Rocky)		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

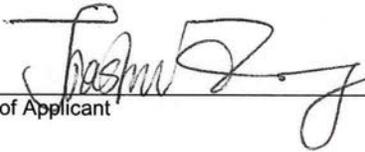
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

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? <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.

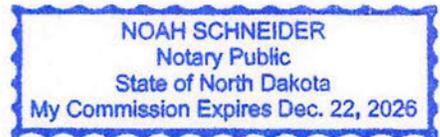


Signature of Applicant

5/15/2024
Date



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.

Business Name _____

Applicant Business Name _____

Original License Holder Name Printed _____

Transfer Applicant Name Printed _____

Original License Holder Signature _____

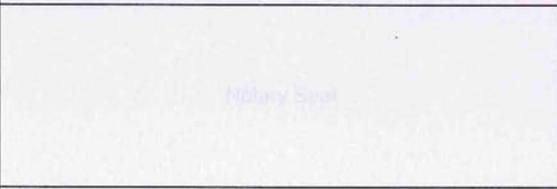
Transfer Applicant Signature _____

State of _____

Subscribed and sworn to before me this _____

County of _____

day of _____



Notary Public

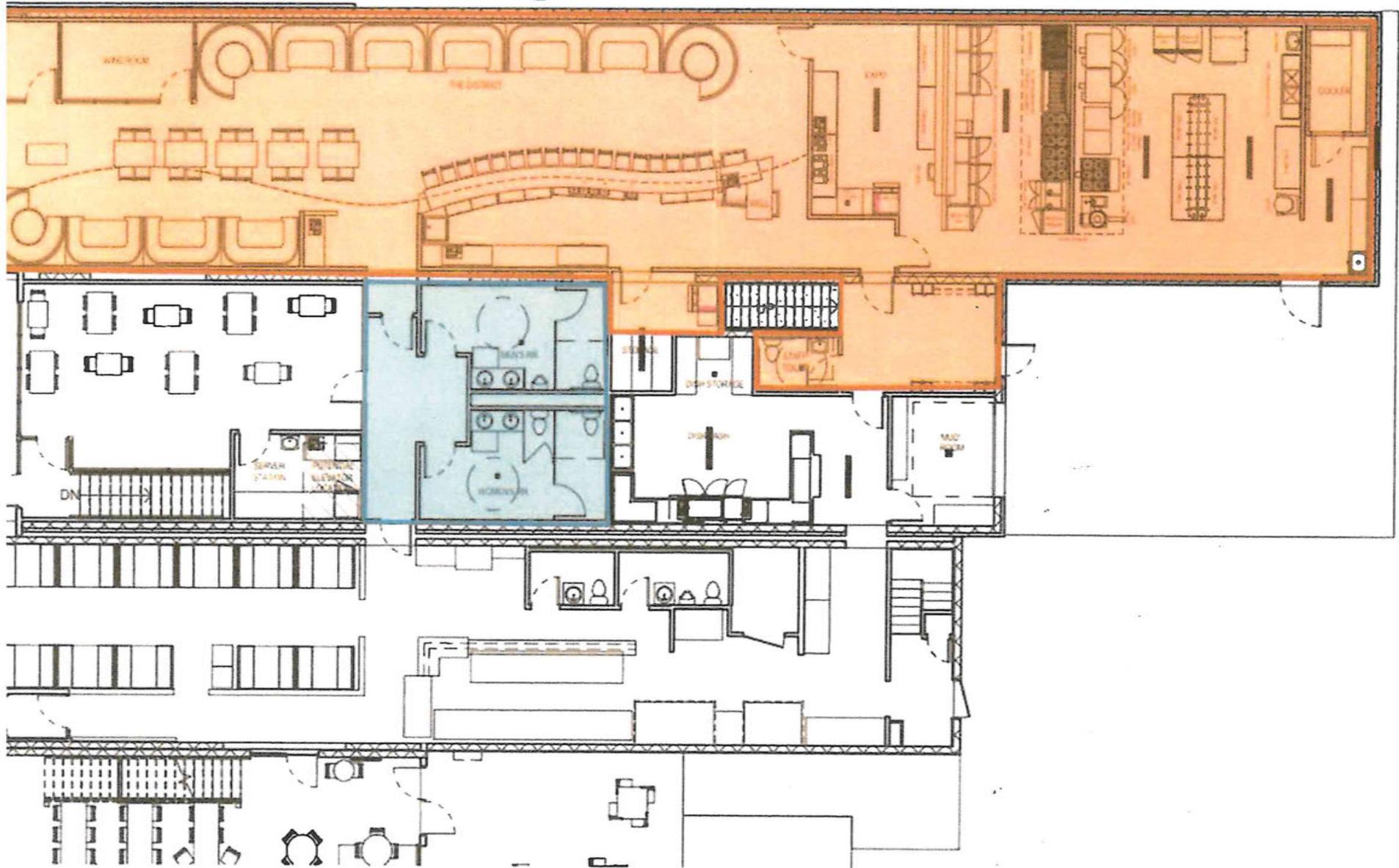
My Commission Expires _____

Main Floor Nara Ramen Space

Sketch is for illustrative purposes only; no exactness or scale is implied

○ Nara Ramen Leased Space

○ Common Area Bathrooms



Print

Retail Alcohol Beverage License - Submission #22782

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Old10 Bar & Grill Bismarck LLC

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

Old 10 Bar & Grill

Date of Incorporation:*

02/17/2022

State of ND Liquor License No.:

AA-03699

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

- Yes
- No
- N/A

Location Address:*

4100 N Washington St

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-0737

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

Nathan Wolf

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Tracy Wolf

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Nathan Wolf

Date of Birth:*

[Redacted]/1984

Percentage of Ownership:*

25

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

C

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

President

Email Address:

[Redacted]

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

Name:

Allan Miller

Date of Birth:

[Redacted] 1983

Percentage of Ownership:

25

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

C

Home Address:

[Redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Vice-President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Curtis Miller

[Redacted]/1980

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

C

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Mandan

ND

58554

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice-President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Cody Stern

[Redacted]/1983

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

C

Home Address:

[Redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Vice-President

Email address:

[Redacted]

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

Choose File 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:

[Empty text box]

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:

[Empty text box]

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:

The listed owners also own Old Ten Bar & Grill LLC located in Mandan, ND

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:

The applicant business is a family restaurant, and two of the four owners own a construction business named Anyleaks, Inc.

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:

Old 10 Bismarck Gross Food Sales Report A.pdf

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:*

Old 10 Bismarck Site Diagram.PDF

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:*

Nathan Wolf

//

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

Date:*

5/3/2024

Electronic Signature

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

Old 10 Bismarck Credit Card Authorization 2024.PDF

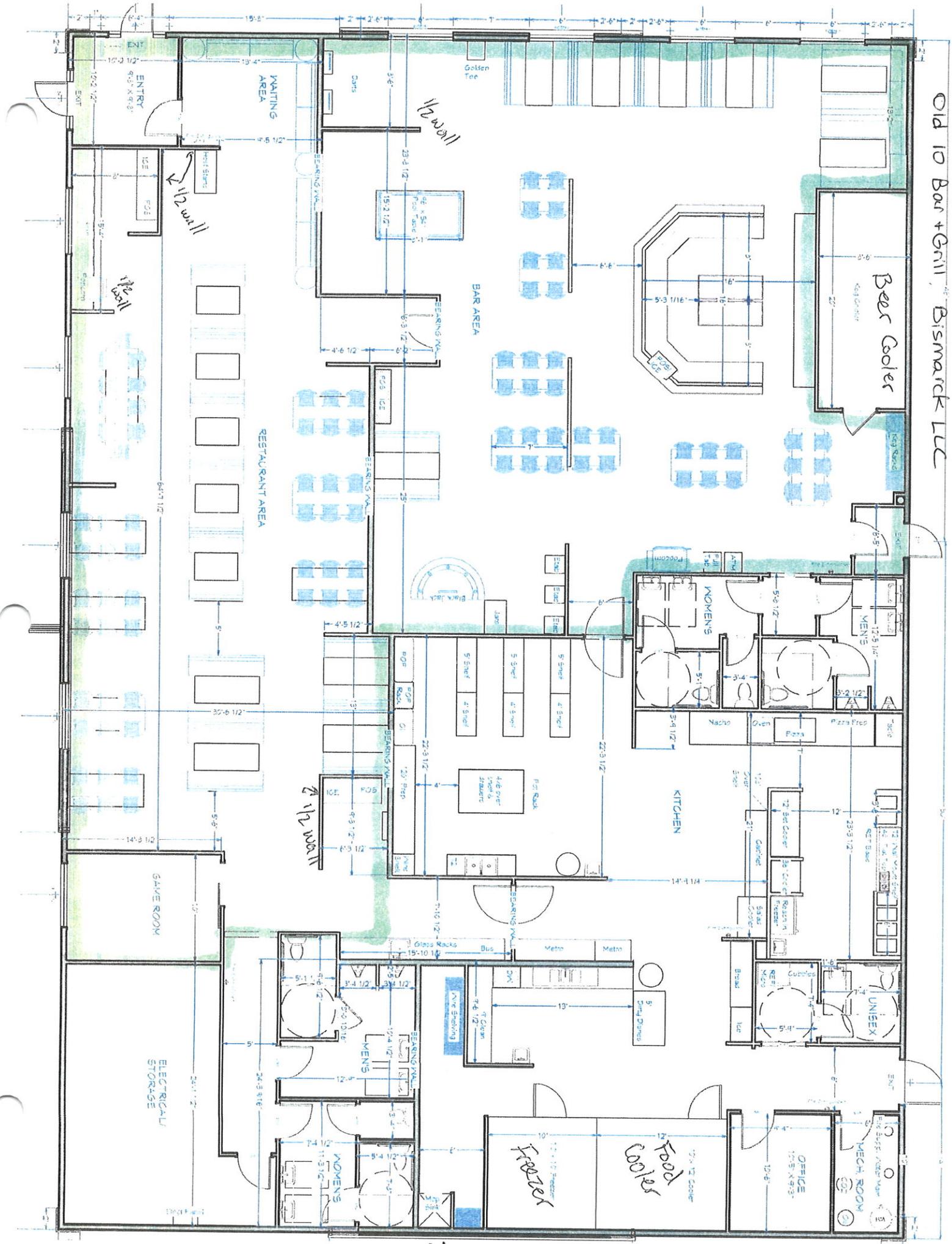
Mail Payments To:

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

Old 10 Bar & Grill Bismarck LLC

	<u>May 1 - 29, 23</u>	
Income		
Total Wine Sales	\$	1,762.86
Total Liquor Sales	\$	27,919.59
Total Beer Sales	\$	55,333.90
Total Food Sales	\$	196,853.25
Total Non-Alcoholic Beverage Sales	\$	9,234.13
Total Merchandise Sales	\$	190.80
Total Income	\$	291,294.53

Note: We only opened in the middle of April 2023 so have no prior calendar years numbers to submit with this renewal form



Beer Cooler

BAR AREA

RESTAURANT AREA

KITCHEN

UNISEX

OFFICE

MECH. ROOM

Food Cooler

Freezer

ELECTRICAL STORAGE

SHOE ROOM

ENTRY

WAITING AREA

11'0" wall

11'0" wall

2' 1/2" wall

12'5" X 9'5"

12'5" X 9'5"

12' X 12' Cooler

12' X 12' Freezer

11'3" X 12"

9'6" X 12"

9'6" X 12"

26'1" X 7"

26'1" X 7"

26'1" X 7"

12'5" X 14"

5'6" X 12"

3'4"

5'1"

3'4" X 12"

5'6" X 12"

27'3" X 12"

22'3" X 12"

9'6" X 12"

35'6" X 12"

64'1" X 12"

16'2" X 12"

16'2" X 12"

9'0"

20'

5'

19'

5'3" X 5'

5'

29'3" X 12"

15'2" X 12"

6'3" X 12"

4'6" X 12"

25'

4'5" X 5' 1/2"

4'5" X 5' 1/2"

19'2"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

2'6"

10' X 12' Cooler

Print

Retail Alcohol Beverage License - Submission #22850

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Farmers Union Oil Company of Moorhead, MN

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

Petro Serve USA #077

Date of Incorporation:*

1934

State of ND Liquor License No.:

AB-01374

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

- Yes
- No
- N/A

Location Address:*

1120 East Divide Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-223-1949

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

Clark Erickson - COO

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jenni Chadduck

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

West Fargo

State:*

ND

Zip:*

58078

Phone No.:*

[Redacted]

Manager's Name:*

Grace Aaker

Date of Birth:*

[Redacted]/1974

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

Caucasian

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Store Manager

Email Address:

[Redacted]

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

Name:

Dale Fischer

Date of Birth:

[Redacted]/1954

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

MN

Gender:

Male

Race:

Caucasian

Home Address:

[Redacted]

City:

Glyndon

State:

MN

Zip:

56547

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Board President

Name:

Date of Birth:

Percentage of Ownership:

See Uploaded list of other Officers & Directors

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder 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.:

Officer/Director/Stockholder Title:

Email address:

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

DIR W LICENSE INFO.pdf

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:

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:

City of Mandan - Petro Serve USA #078 & #079 also sell beer

City of Bemidji, MN - Petro Serve USA #057 used to have a beer license to sell 3:2 offsale beer. We no longer carry this license or any alcohol products at this location and haven't for several years.

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:*

77 OFFSALE DIAGRAM.pdf

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:*

Clark Erickson

//

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

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300 ▼

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

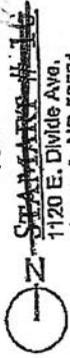
Mail Payments To:

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

Customer Ref.	Name	Address 1	Address 2	City	ST	Zip Code	Phone #
0260099	FISCHER, DALE L	PO BOX 36		GLYNDON	MN	56547-0036	218-498-2533
	Phone #: 218-498-2533	Fax #: LP AG 2009					
	Birth: 06/01/1954	<i>MN-E335066510811</i>	<i>white-male-farmer</i>				Contact: Director - President - 2021
0654501	NELSON, JAMES C	4567 70TH AVE S		MOORHEAD	MN	56560-7607	701-866-0597
	Email: jamesjill14602@msn.com						
	Phone #: 701-866-0597	Fax #:					
	Birth: 08/03/1979	<i>MN-T860221759814</i>	<i>white-male-farmer</i>				Contact: Director - 2021 - Vice President
0717050	SCHROEDER, DAVID A	7500 80TH ST SO		SABIN	MN	56580-9515	218-789-7654
	Email: toneseker1@gmail.com						
	Phone #: 218-789-7654	Fax #: 218-790-8827 Cell					
	Birth: 12/31/1954	<i>MN-m553185299313</i>	<i>white-male-farmer</i>				Contact: DIRECTOR - 2020
0884221	SUNDE, TIM J	1112 6th AVENUE NE		DILWORTH	MN	56529	701-261-6673
	Email: anitaflatt@hotmail.com						
	Phone #: 701-261-6673	Fax #: CARDS 0001,0002,0003					
	Birth: 03/24/1956	<i>MN-P716122861014</i>	<i>white-male-farmer</i>				Contact: Director - 2022
0896470	TANG, WAYNE K	25226 TOWN & COUNTRY		DETROIT LAKES	MN	56501	218-847-2180
	Email: wtang69252@aol.com						
	Phone #: 218-847-2180	Fax #: cell 701-866-2003					
	Birth: 09/18/1954	<i>ND-TAN-54-4169</i>	<i>white-male-farmer</i>				Contact: Director - 2020
State: ND							
0230470	ERICKSON, CLARK	ERICKSON, SHERRI	310 51ST AVE E	WEST FARGO	ND	58078	701-238-2338
	Email: cerickson@businessoperationsinc.com						
	Phone #: 701-238-2338	Fax #: CELL					
	Birth: 02/24/1964	<i>ND-ERI-64-7492</i>	<i>white-male-C.O.O.</i>				Contact: COO
1410837	HEJL, JOHN A	15560 28TH STREET		AMENIA	ND	58044-9746	USE HEJL FARM
	Phone #: USE HEJL FARM	Fax #: 1410640					
	Birth: 06/24/1985	<i>ND-HEJ-85-2466</i>	<i>white-male-farmer</i>				Contact: 1410640 Secretary
1588174	MADSEN, DALE R	P O BOX 384	361 6TH AVE S	CASSELTON	ND	58012-0384	701-347-5615
	Email: dmadsen636@aol.com						
	Phone #: 701-347-5615	Fax #: CELL 367-4631					
	Birth: 04/02/1949	<i>ND-MAD-49-7885</i>	<i>white-male-farmer</i>				Contact: Director - 2020
0801500	SATRANG, KENT G	3343 Maple Leaf Loop		FARGO	ND	58104	701-790-5075
	Email: sat711rang@aol.com						
	Phone #: 701-790-5075	Fax #: CELL					
	Birth: 11/07/1957	<i>ND-SAT-57-8423</i>	<i>white-male-CEO</i>				Contact: CEO/GM

All are 0% ownership- company is a customer-owned coop.

PENLO SERVICE NORTH
USA



1120 E. Divide Ave.
Bismarck, ND 58501
4,727 S.F. 11/2/05

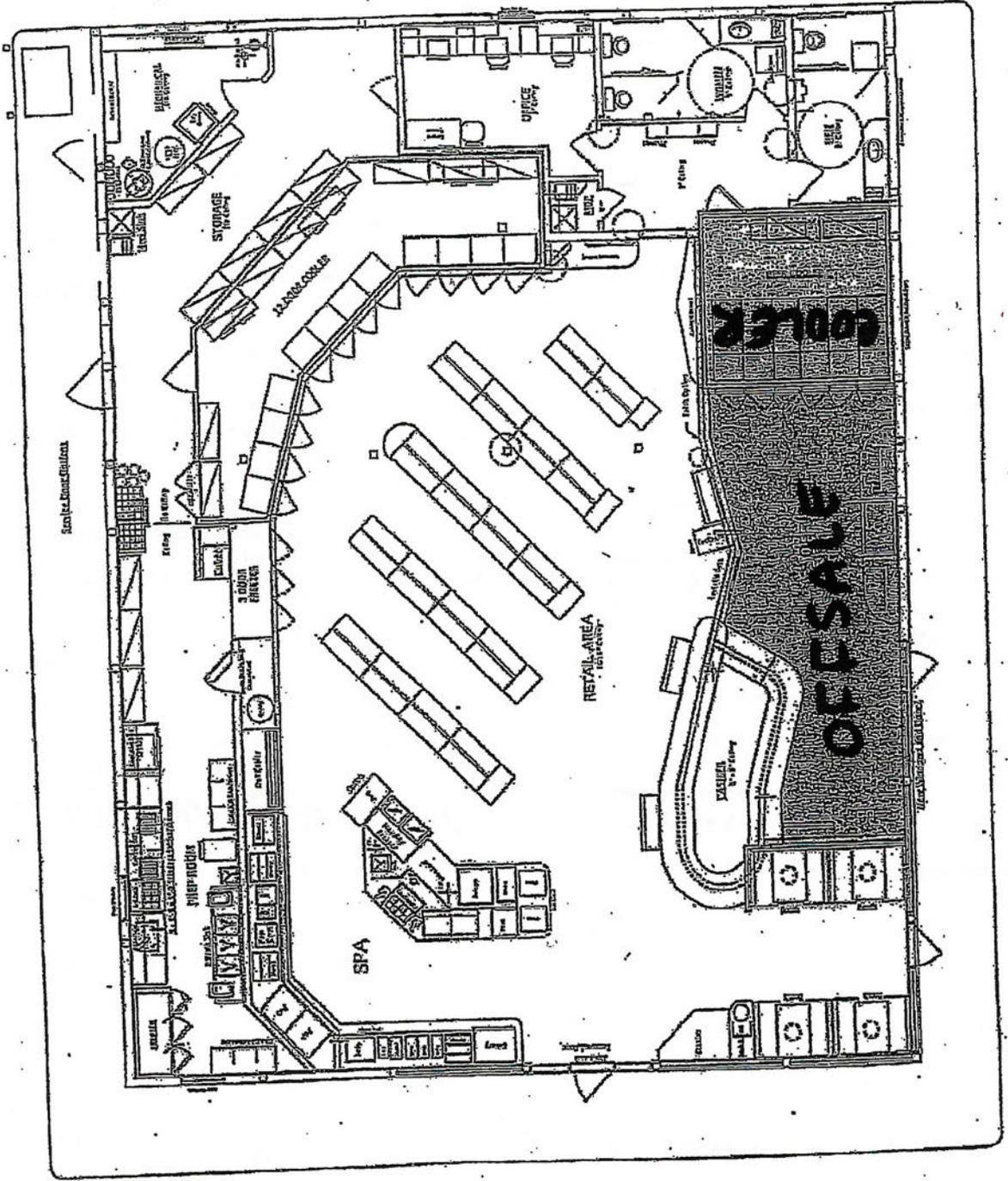
Sales

DISPENSING OF LIQUOR / BEER:
370 S.F. controlled area

STORAGE OF LIQUOR / BEER:
193 S.F. Walk-In Cooler

CONSUMPTION OF LIQUOR / BEER:
Nonat off-site only

North



South

Print

Retail Alcohol Beverage License - Submission #22840

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Doublewood of Bismarck Inc

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

Ramada Hotel

Date of Incorporation:*

06/08/1982

State of ND Liquor License No.:

North Dakota

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

- Yes
- No
- N/A

Location Address:*

1400 EAST INTERCHANGE AVE

City:*

Bismarck

State:*

North Dakota

Zip:*

58501-2077

Phone No.:*

7012587000

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

Heather Link, Controller

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Heather Link

Email Address:*

[Redacted]

Mailing Address:*

3333 13th Ave S

City:*

Fargo

State:*

ND

Zip:*

58103

Phone No.:*

[Redacted]

Manager's Name:*

Tyler Gangl

Date of Birth:*

[Redacted]/1998

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

male

Race:

caucasian

Home Address:*

[Redacted]

City:*

Mandan

State:*

ND

Zip:*

58554

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Hotel Management

Email Address:*

[Redacted]

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

Name:*

Stacy Gangl

Date of Birth:*

[Redacted]/1970

Percentage of Ownership:*

100

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

female

Race:

caucasian

Home Address:*

[Redacted]

City:*

Mandan

State:*

ND

Zip:*

58554

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

[Empty text box for City]

State:

[Empty text box for State]

Zip:

[Empty text box for Zip]

Phone No.:

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

[Empty text box for Officer/Director/Stockholder Title]

Email address:

[Empty text box for Email address]

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

Choose File 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

Fargo Doublewood Lounge, Baymont Inn Mandan, Minot Microtel

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:*

AR_20210525.pdf

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:*

Stacy Gangl

//

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

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

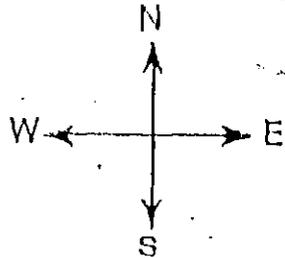
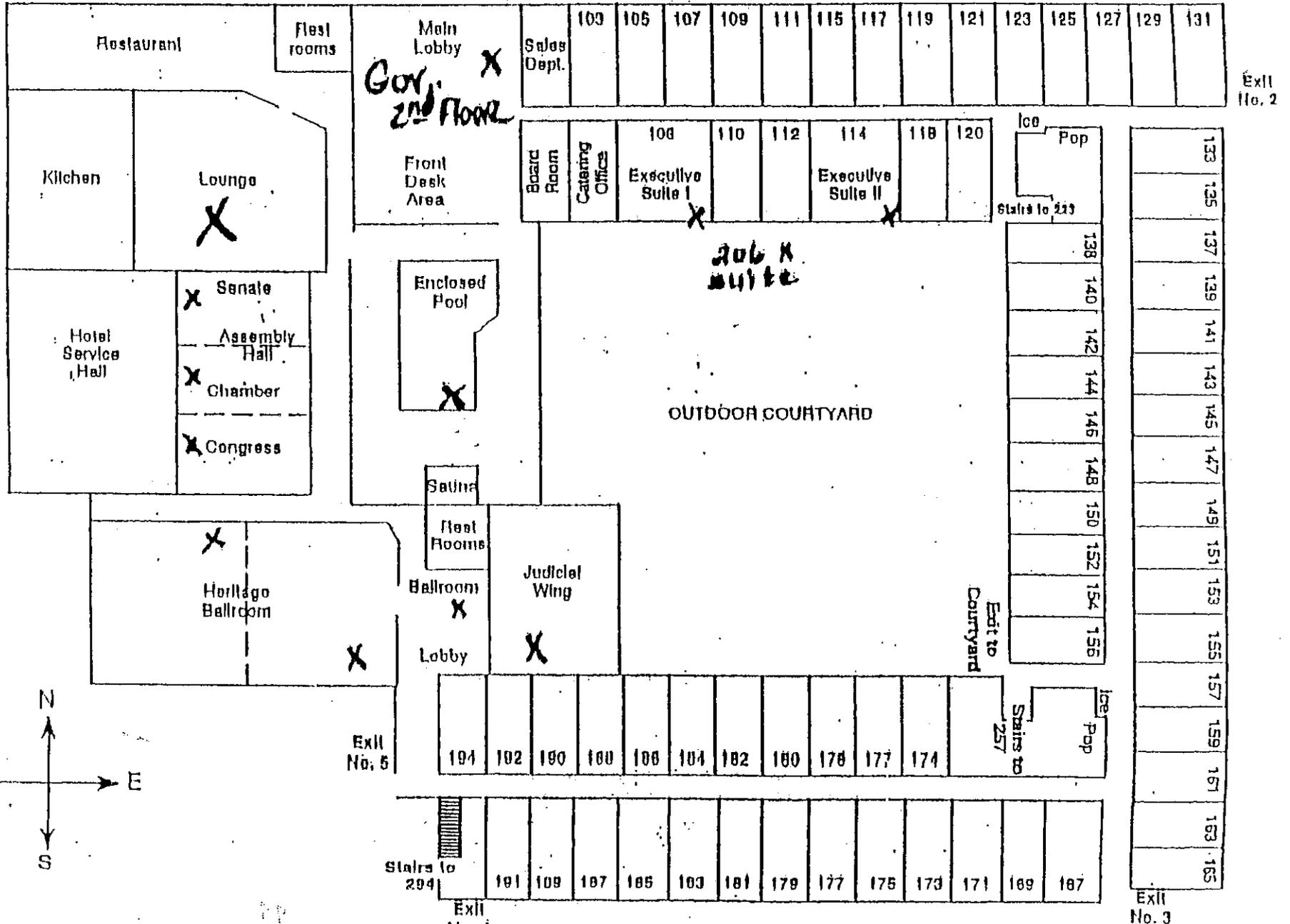
Mail Payments To:

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

indicates
location of
Banquet BAR / Lounge

Ramada Bismarck Hotel GUEST SERVICE MAP

1400 East Interchange • Bismarck, ND • 258-7000
1-800-554-7077





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: 2/6/2024

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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: LEIER ENTERPRISES INC		Date of Incorporation: 3-4-92	State Business ID Number: 7,880,800	
Doing Business As (DBA) Name, if Applicable: ROCK'N 50'S CAFE		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 2700 STATE ST.	City: BISMARCK	State: ND	Zip: 58503	Phone Number: 701-222-4612
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): DARWIN LEIER, PRESIDENT				

Contact Information (Where correspondence is to be sent):				
Primary Contact: DARWIN LEIER		Phone Number: 701-222-4612	Email Address: [REDACTED]	
Mailing Address: 2700 STATE ST		City: BISMARCK	State: ND	Zip: 58503

Manager's Name: DARWIN LEIER		Date of Birth: [REDACTED]-55	Percentage of Ownership: 50%	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: MALE	Race: White
Home Address: [REDACTED]		City: BISMARCK	State: ND	Zip: 58503
Occupation: RESTAURANT MGR.	Phone Number: [REDACTED]	Title: PRESIDENT	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:

Name: BECKY KADRMAS		Date of Birth: [REDACTED]-60	Percentage of Ownership: 50%
Driver's License Number: [REDACTED]		State Issued: ND	Gender: FEMALE
Home Address: [REDACTED]		City: BISMARCK	Race: White
Occupation: Flight ATTENDANT		State: ND	Zip: 58503
Phone Number: [REDACTED]	Title: SECRETARY	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:
Home Address:		City:	Race:
Occupation:		State:	Zip:
Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:
Home Address:		City:	Race:
Occupation:		State:	Zip:
Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:
Home Address:		City:	Race:
Occupation:		State:	Zip:
Phone Number:	Title:	Email Address:	

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 licensed liquor establishment within or without the State of North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <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.

Darwin L. Leier, Pres.

Signature of Applicant

5-10-24

Date

Darwin L. Leier, Pres.

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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

North Dakota

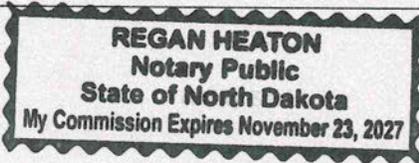
State of

Subscribed and sworn to before me this *10th*

Burleigh

County of

day of *May 2024*



Regan Heaton

Notary Public

My Commission Expires

Rock'n SD'S CAFE

Dishwashing
AREA

Kitchen

Liquor storage

Liquor

BEER

BEER
COOLER

Rest
room

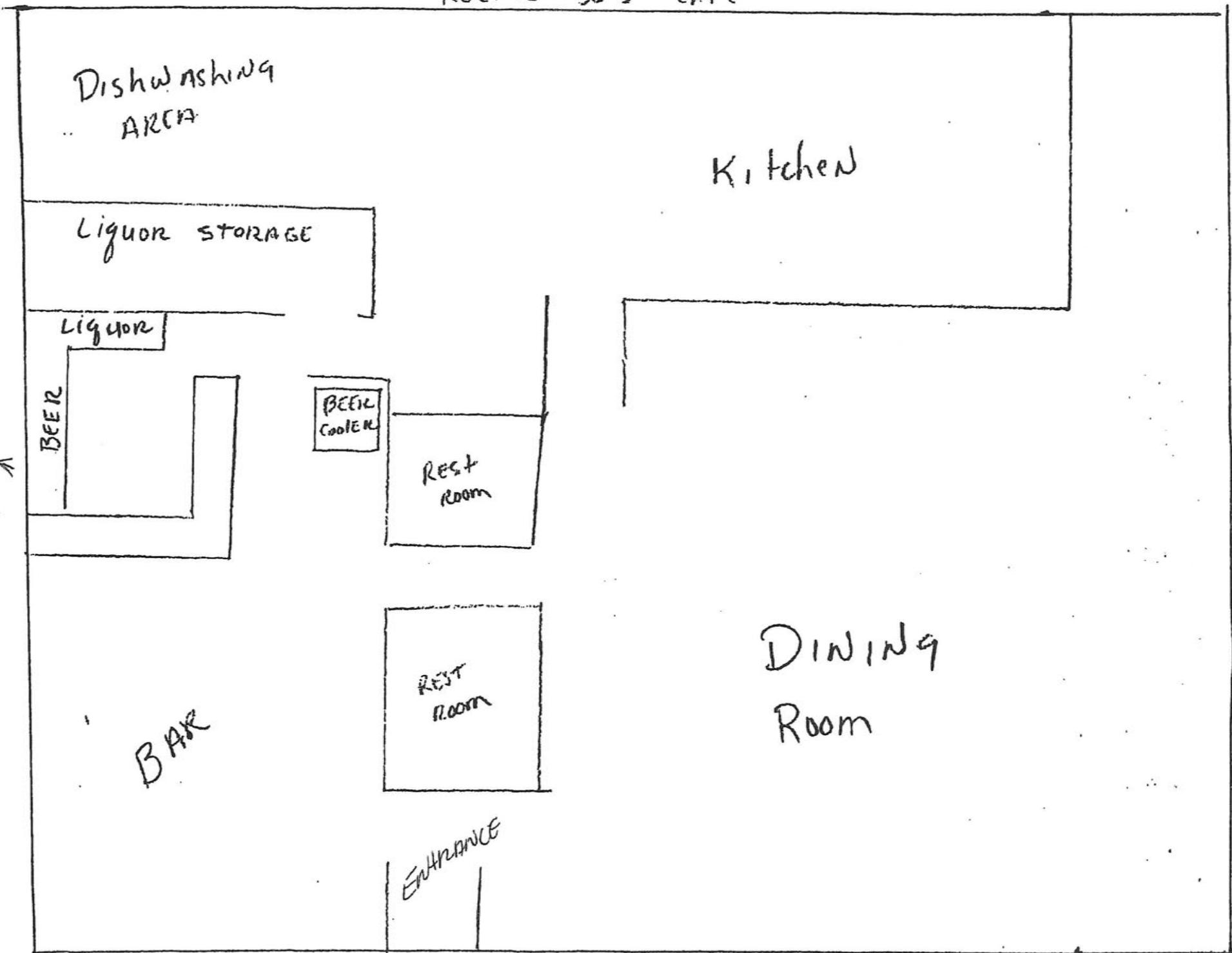
REST
ROOM

DINING
Room

BAR

ENTRANCE

North
↑



Print

Retail Alcohol Beverage License - Submission #22970

Date Submitted: 5/17/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Bismarck Cuisine Inc

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

Ruby

Date of Incorporation:*

3-1-2007

State of ND Liquor License No.:

AA-02440

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

- Yes
- No
- N/A

Location Address:*

3520 State Street

City:*

Bismarck

State:*

NORTH DAKOTA

Zip:*

58503

Phone No.:*

701-751-4100

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

Todd Hoekstra Vice President

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Todd Hoekstra

Email Address:*

[REDACTED]

Mailing Address:*

3130 W 57th Street Ste 100B

City:*

Sioux Falls

State:*

SD

Zip:*

57108

Phone No.:*

6052613699

Manager's Name:*

Grant Geerdes

Date of Birth:*

[REDACTED]-76

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Restaurant Manager

Email Address:*

[Redacted]

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

Name:*

Lee Howell

Date of Birth:*

[Redacted]-66

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

South Dakota

Gender:

M

Race:

W

Home Address:*

[Redacted]

City:*

Sioux Falls

State:*

South Dakota

Zip:*

57108

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Todd Allen Hoekstra

[Redacted]-67

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

SD

M

W

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Sioux Falls

SD

57110

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

[Redacted]

[Redacted]

[Redacted]

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Home Address:

[Empty text box for Home Address]

City:

[Empty text box for City]

State:

[Empty text box for State]

Zip:

[Empty text box for Zip]

Phone No.:

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

[Empty text box for Officer/Director/Stockholder Title]

Email address:

[Empty text box for Email address]

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

Choose File 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

Lee Howell and Todd Hoekstra, Own and operate Ruby Tuesday Restaurants in the following states and municipalities. Fargo ND, Sioux Fall, Mitchell, Aberdeen, and Rapid City SD, Gillette WY and Urbandale IA.

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:

Bismarck liquor license info.pdf

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:*

Bismarck Liq Floor Plan.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:*

Todd Hoekstra

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

Electronic Signature

Date:*

5/17/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

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

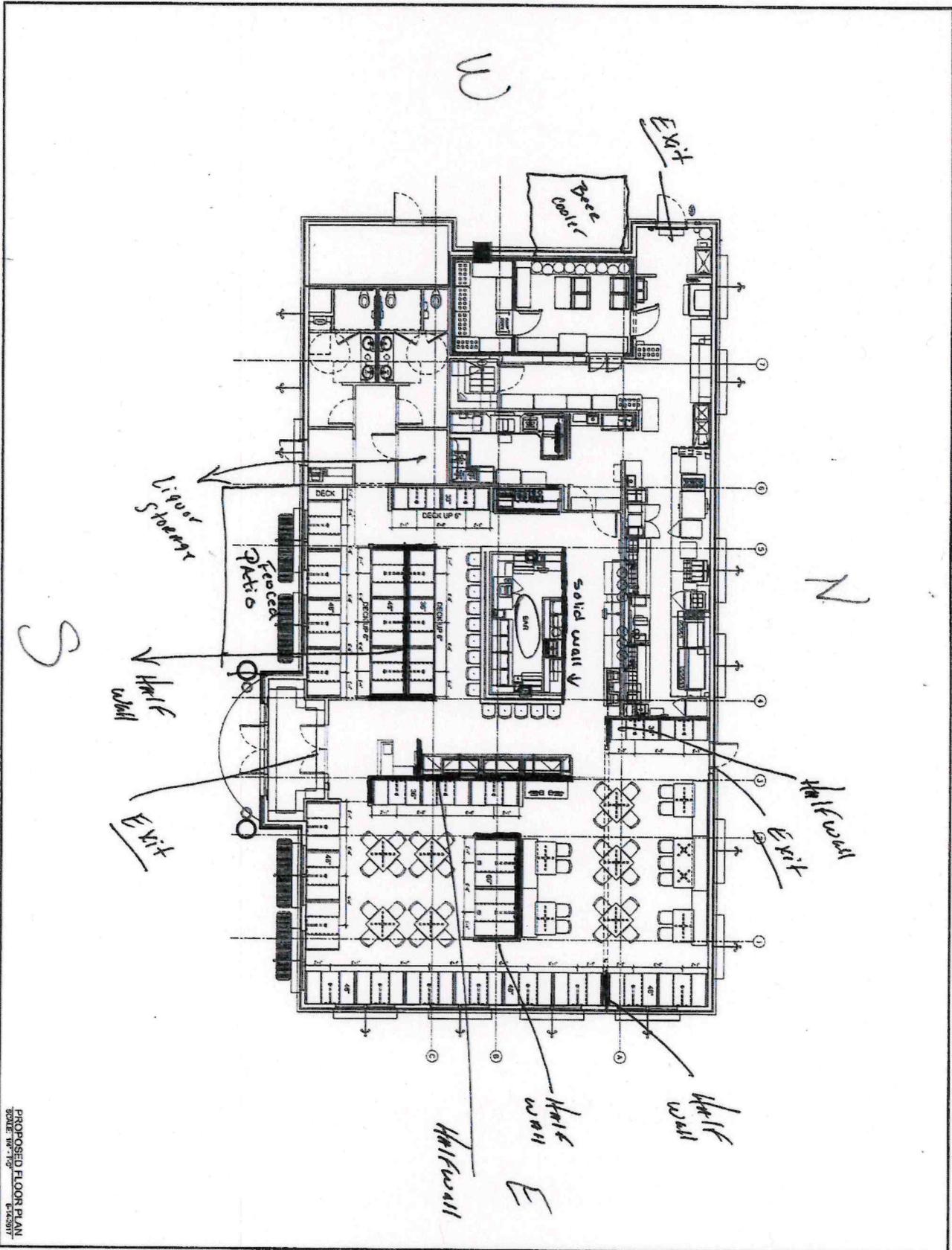
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

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



PROPOSED FLOOR PLAN
SCALE: 1/8" = 1'-0"

1
FLOOR

NO.	DATE	REVISIONS

RESTAURANT DESIGN & SUPPLY
ALL RIGHTS RESERVED
1421 B. AVENUE
SIOUX FALLS, SD 57104
PH: (605) 339-2821
FX: (605) 339-2827

Restaurant Design & Supply
Innovative Solutions. On time. On budget.

■ RDRestaurantDesign.com
 ■ 1421 B. Avenue
 ■ Sioux Falls, SD 57104
 ■ Ph: (605) 339-2821
 ■ Fx: (605) 339-2827

RUBY TUESDAY
FOOD SERVICE EQUIPMENT DRAWINGS
BISMARCK, NORTH DAKOTA

Print

Retail Alcohol Beverage License - Submission #22838

Date Submitted: 5/8/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

RUNTO ASIAN CUISINE,INC

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

SHOGUN JAPANESE STEAKHOUSE

Date of Incorporation:*

08/27/2017

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

2700 STATE STREET, H1

City:*

BISMARCK

State:*

ND

Zip:*

58503

Phone No.:*

7012509888

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

Qiang Wang

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Qiang Wang

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Manager's Name:*

QIANG WANG

Date of Birth:*

[REDACTED]/1977

Percentage of Ownership:*

100%

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

ASIAN

Home Address:

[Redacted]

City:

BISMARCK

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

MANAGER

Email Address:

[Redacted]

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

Name:

QIANG WANG

Date of Birth:

[Redacted]/1977

Percentage of Ownership:

100%

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

Asian

Home Address:

[Redacted]

City:

BISMARCK

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

Empty text input field for Home Address.

City:

State:

Zip:

Phone No.:

Empty text input field for City.

Empty text input field for State.

Empty text input field for Zip.

Empty text input field for Phone No.

Officer/Director/Stockholder Title:

Email address:

Empty text input field for Officer/Director/Stockholder Title.

Empty text input field for 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:

Empty text input field for explanation.

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:

Empty text input field for listing convictions.

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:

2023 SALES RETURNS.pdf

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:*

IMG.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:*

Qiang Wang

//

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

Date:*

5/8/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300



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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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



Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jan-2023
Date Printed: 26-Feb-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,165.00	\$108,105.00
Nontaxable Sales:	\$0.00	\$4,458.00
Net Taxable Sales:	\$8,165.00	\$103,647.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,165.00	\$103,647.00
State Tax:	\$571.55	\$5,182.35
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$86.31
Total State Tax:		<u>\$5,667.59</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Comp Discount*	Net Tax
Bismarck	102	\$1,677.17	\$0.00	\$0.00	\$50.32	\$1,626.85
Burleigh County	506	\$559.06	\$0.00	\$0.00	\$16.77	\$542.29
		\$2,236.23			\$67.09	\$2,169.14

Total Tax: **\$7,836.73**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 2/26/2023 4:36:59 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 28-Feb-2023
Date Printed: 30-Mar-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,857.00	\$103,760.00
Nontaxable Sales:	\$0.00	\$4,438.00
Net Taxable Sales:	\$8,857.00	\$99,322.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,857.00	\$99,322.00
State Tax:	\$619.99	\$4,966.10
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$83.79
Total State Tax:		<u>\$5,502.30</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,622.69	\$0.00	\$0.00	\$48.68	\$1,574.01
Burleigh County	506	\$540.90	\$0.00	\$0.00	\$16.23	\$524.67
		\$2,163.59			\$64.91	\$2,098.68

Total Tax: **\$7,600.98**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 3/30/2023 9:04:50 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Mar-2023
Date Printed: 24-Apr-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,332.00	\$108,238.00
Nontaxable Sales:	\$0.00	\$4,461.00
Net Taxable Sales:	\$8,332.00	\$103,777.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,332.00	\$103,777.00
State Tax:	\$583.24	\$5,188.85
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$86.58
Total State Tax:		<u>\$5,685.51</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,681.64	\$0.00	\$0.00	\$50.45	\$1,631.19
Burleigh County	506	\$560.55	\$0.00	\$0.00	\$16.82	\$543.73
		\$2,242.19			\$67.27	\$2,174.92

Total Tax: **\$7,860.43**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 4/24/2023 12:38:55 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Apr-2023
Date Printed: 18-May-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$7,906.00	\$108,098.00
Nontaxable Sales:	\$0.00	\$3,736.00
Net Taxable Sales:	\$7,906.00	\$104,362.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$7,906.00	\$104,362.00
State Tax:	\$553.42	\$5,218.10
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$86.57
Total State Tax:		<u>\$5,684.95</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,684.02	\$0.00	\$0.00	\$50.52	\$1,633.50
Burleigh County	506	\$561.34	\$0.00	\$0.00	\$16.84	\$544.50
		\$2,245.36			\$67.36	\$2,178.00

Total Tax: **\$7,862.95**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 5/18/2023 11:55:38 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-May-2023
Date Printed: 22-Jun-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,388.00	\$96,021.00
Nontaxable Sales:	\$0.00	\$3,326.00
Net Taxable Sales:	\$8,388.00	\$92,695.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,388.00	\$92,695.00
State Tax:	\$587.16	\$4,634.75
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$78.33
Total State Tax:		<u>\$5,143.58</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,516.25	\$0.00	\$0.00	\$45.49	\$1,470.76
Burleigh County	506	\$505.42	\$0.00	\$0.00	\$15.16	\$490.26
		\$2,021.67			\$60.65	\$1,961.02

Total Tax: **\$7,104.60**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 6/22/2023 5:47:17 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Jun-2023
Date Printed: 27-Jul-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$6,753.00	\$90,561.00
Nontaxable Sales:	\$0.00	\$3,939.00
Net Taxable Sales:	\$6,753.00	\$86,622.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$6,753.00	\$86,622.00
State Tax:	\$472.71	\$4,331.10
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$72.06
Total State Tax:		<u>\$4,731.75</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,400.63	\$0.00	\$0.00	\$42.02	\$1,358.61
Burleigh County	506	\$466.88	\$0.00	\$0.00	\$14.01	\$452.87
		\$1,867.51			\$56.03	\$1,811.48

Total Tax: **\$6,543.23**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 7/27/2023 9:10:43 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jul-2023
Date Printed: 24-Aug-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,027.00	\$89,904.00
Nontaxable Sales:	\$0.00	\$4,177.00
Net Taxable Sales:	\$8,027.00	\$85,727.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,027.00	\$85,727.00
State Tax:	\$561.89	\$4,286.35
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$72.72
Total State Tax:		<u>\$4,775.52</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,406.31	\$0.00	\$0.00	\$42.19	\$1,364.12
Burleigh County	506	\$468.77	\$0.00	\$0.00	\$14.06	\$454.71
		\$1,875.08			\$56.25	\$1,818.83

Total Tax: **\$6,594.35**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 8/24/2023 9:47:00 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Aug-2023
Date Printed: 25-Sep-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,487.00	\$95,718.00
Nontaxable Sales:	\$0.00	\$3,212.00
Net Taxable Sales:	\$8,487.00	\$92,506.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,487.00	\$92,506.00
State Tax:	\$594.09	\$4,625.30
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$78.29
Total State Tax:		\$5,141.10

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,514.90	\$0.00	\$0.00	\$45.45	\$1,469.45
Burleigh County	506	\$504.97	\$0.00	\$0.00	\$15.15	\$489.82
		\$2,019.87			\$60.60	\$1,959.27

Total Tax: **\$7,100.37**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 9/25/2023 2:21:42 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Sep-2023
Date Printed: 23-Oct-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,119.00	\$90,701.00
Nontaxable Sales:	\$0.00	\$4,567.00
Net Taxable Sales:	\$8,119.00	\$86,134.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,119.00	\$86,134.00
State Tax:	\$568.33	\$4,306.70
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$73.13
Total State Tax:		<u>\$4,801.90</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,413.79	\$0.00	\$0.00	\$42.41	\$1,371.38
Burleigh County	506	\$471.26	\$0.00	\$0.00	\$14.14	\$457.12
		\$1,885.05			\$56.55	\$1,828.50

Total Tax: **\$6,630.40**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 10/23/2023 4:19:08 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Oct-2023
Date Printed: 29-Nov-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$7,817.00	\$94,955.00
Nontaxable Sales:	\$0.00	\$10,450.00
Net Taxable Sales:	\$7,817.00	\$84,505.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$7,817.00	\$84,505.00
State Tax:	\$547.19	\$4,225.25
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$71.59
Total State Tax:		<u>\$4,700.85</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,384.85	\$0.00	\$0.00	\$41.55	\$1,343.30
Burleigh County	506	\$461.61	\$0.00	\$0.00	\$13.85	\$447.76
		\$1,846.46			\$55.40	\$1,791.06

Total Tax: **\$6,491.91**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 11/29/2023 10:22:13 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Nov-2023
Date Printed: 26-Dec-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$7,602.00	\$97,338.00
Nontaxable Sales:	\$0.00	\$14,771.00
Net Taxable Sales:	\$7,602.00	\$82,567.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$7,602.00	\$82,567.00
State Tax:	\$532.14	\$4,128.35
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$69.91
Total State Tax:		<u>\$4,590.58</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,352.54	\$0.00	\$0.00	\$40.58	\$1,311.96
Burleigh County	506	\$450.85	\$0.00	\$0.00	\$13.53	\$437.32
		\$1,803.39			\$54.11	\$1,749.28

Total Tax: **\$6,339.86**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 12/26/2023 10:48:38 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Dec-2023
Date Printed: 27-Jan-2024
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$10,478.00	\$121,199.00
Nontaxable Sales:	\$0.00	\$17,099.00
Net Taxable Sales:	\$10,478.00	\$104,100.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$10,478.00	\$104,100.00
State Tax:	\$733.46	\$5,205.00
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$89.08
Total State Tax:		<u>\$5,849.38</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,718.67	\$0.00	\$0.00	\$51.56	\$1,667.11
Burleigh County	506	\$572.89	\$0.00	\$0.00	\$17.19	\$555.70
		\$2,291.56			\$68.75	\$2,222.81

Total Tax: **\$8,072.19**

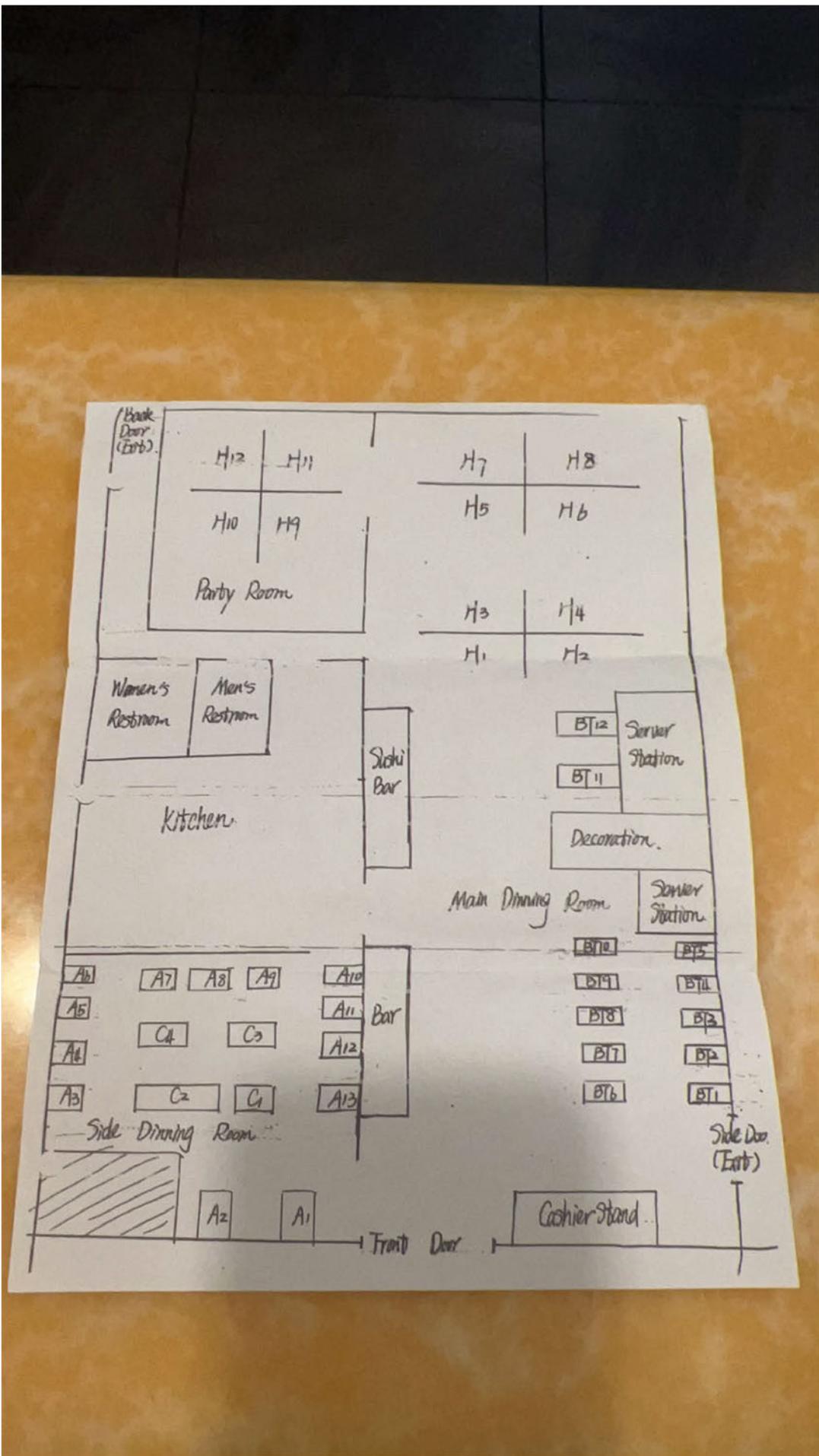
*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 1/27/2024 7:36:08 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Print

Retail Alcohol Beverage License - Submission #22787

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

ENGELHARDT ENTERPRISES LLC

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

TACO DEL MAR

Date of Incorporation:*

2006

State of ND Liquor License No.:

AB-00052

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

- Yes
- No
- N/A

Location Address:*

1024 S 12th St

City:*

BISMARCK

State:*

Burleigh

Zip:*

58504

Phone No.:*

7012223044

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

Angie Engelhardt

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Angela Engelhardt

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Manager's Name:*

Angela Engelhardt

Date of Birth:*

[REDACTED]/1974

Percentage of Ownership:*

49

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Owner/Operator

Email Address:

[Redacted]

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

Name:

Patrick Engelhardt

Date of Birth:

[Redacted]/1965

Percentage of Ownership:

51

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner/Operator

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:

2023-2024 Sales.pdf

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:*

Taco Del Mar Site Map 2024.pdf

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:*

Angie Engelhardt

//

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

Date:*

5/3/2024

Electronic Signature

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

CC authorization.pdf

Mail Payments To:

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

Taco Del Mar

Sales Summary



Sales Summary	From : Monday, May 1, 2023
	To : Tuesday, April 30, 2024

Sales Summary

Default Revenue Center	
Alcohol	1,755.93
Beverage	41,031.83
Food	773,461.44
Default Revenue Center	816,249.20
Gross Sales (no Tax) (no discounts)	816,249.20
Round Difference :	-74.28

Discount & Comps Summary

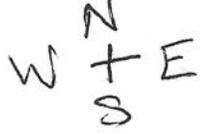
Default Revenue Center	
\$5 Reward Card [374.0]	-1,870.00
10% Off Discount [191.0]	-285.78
15% Off Discount [2.0]	-3.79
30% Discount [2.0]	-2.64
40% Discount [184.0]	-282.64
50% Discount [169.0]	-335.72
Discount \$ [1,339.0]	-6,576.26
Employee 100% [1.0]	-1.00
Employee 50% [18.0]	-36.24
Free Taco [64.0]	-260.30
Loyalty Discount [1,109.0]	-7,499.95
zBuy 1 Burrito Get 2nd Free [4.0]	-31.96
zFREE chips/Queso w/Burrito [1.0]	-1.00
zFREE Drink [10.0]	-25.80
zFREE Kids Meal [298.0]	-1,477.52
zFREE Taco [5.0]	-25.45
Default Revenue Center[3,771.0]	-18,716.05
Total Discounts [3,771.0]	-18,716.05

Tax Summary

Description	Taxable	Tax Exemp	Tax
Default Revenue Center			
TAX:	746,824.19	21,281.28	59,761.21
LIQUOR	1,755.93	0.00	177.06
Default Revenue Center	Total:	21,281.28	59,938.27
	Gross Sale		857,397.14
	Total:		59,938.27
	Total Receipts:		857,397.14

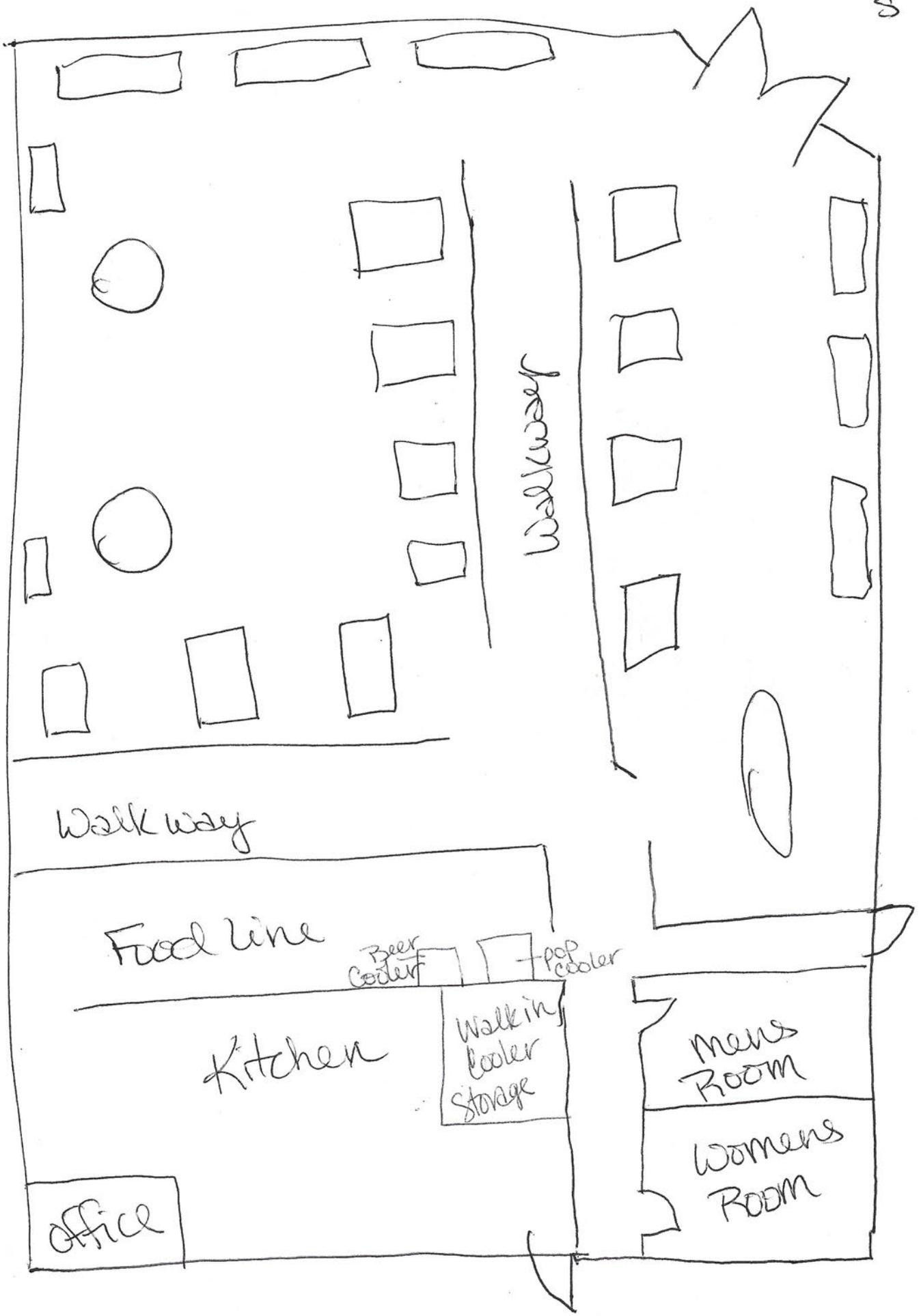
Sales Received

Taco Del Mar



34

~~TDW~~
TDW





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: 2/6/2024

License Type:	<input type="checkbox"/> New Application	<input checked="" 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 checked="" 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-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 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: Texas Roadhouse Holdings LLC		Date of Incorporation: 2/24/1997	State Business ID Number:	
Doing Business As (DBA) Name, if Applicable: Texas Roadhouse		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 1505 Burnt Boat Dr.	City: Bismarck	State: ND	Zip: 58503	Phone Number: (701) 250-6746
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Christopher C. Colson, Corporate Secretary				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Rebecca Wonka		Phone Number: (502) 814-1603	Email Address: licensingrenewals@texasroadhouse.com	
Mailing Address: 6040 Dutchmans Ln	City: Louisville	State: KY	Zip: 40205	

Manager's Name: David Skur		Date of Birth: [REDACTED] 1973	Percentage of Ownership: 0%	
Driver's License Number:		State Issued:	Gender: Male	Race: White
Home Address: [REDACTED]		City: Bismarck	State: ND	Zip: 58503
Occupation: Restaurant Manger	Phone Number: [REDACTED]	Title: Managing Partner	Email Address: [REDACTED]	

ORGANIZATIONAL FLOW CHART

Texas Roadhouse Holdings LLC
(LICENSEE/APPLICANT)

Texas Roadhouse, Inc.
(A Publicly Traded Company)
(100% Owner/Manager of Texas Roadhouse Holdings LLC)

Officers of Texas Roadhouse, Inc.

<u>Title</u>	<u>Full Name / Home Address</u>	<u>Common Stock Ownership</u>
Chief Executive Officer & President:	Gerald L. Morgan, [REDACTED] Simpsonville, KY 40067	*
Chief Financial Officer:	Tonya R. Robinson, [REDACTED] Shelbyville, KY 40065	*
Chief Marketing Officer:	S. Chris Jacobsen, [REDACTED] Anchorage, KY 40223	*
Chief Information Officer:	Hernan E. Mujica, [REDACTED] Louisville, KY 40204	*
Chief Learning & Culture Officer:	Regina A. Tobin, [REDACTED] Louisville, KY 40207	*
General Counsel & Corporate Secretary:	Christopher C. Colson, [REDACTED] Prospect, KY 40059	*

Directors of Texas Roadhouse, Inc.

<u>Title</u>	<u>Full Name / Home Address</u>	<u>Common Stock Ownership</u>
Director:	Gerald L. Morgan, [REDACTED] Simpsonville, KY 40067	*
Director:	Gregory N. Moore, [REDACTED] Lakeway, TX 78734	*
Director:	Curtis A. Warfield, [REDACTED] Prospect, KY 40059	*
Director:	James R. Zarley, [REDACTED] Henderson, NV 89012	*
Director:	Kathleen M. Widmer, [REDACTED] Yardley, PA 19067	*
Director:	Michael A. Crawford, [REDACTED] Canton, OH 44708	*
Director:	Donna T. Epps, [REDACTED] Dallas, TX 75214	*

* Represents beneficial ownership of less than 1.0% of the outstanding shares of class. As set forth in the 2021 annual report.

Officers and Directors of Texas Roadhouse Inc.

OFFICERS & DIRECTORS OF TEXAS ROADHOUSE, INC.

NAME	TITLE	Work #	SSN	DOB	DL #
Gerald Morgan	President and CEO	(502) 426-9984	266-29-3175	9/12/1960	TX 13157942
Tonya Russell Robinson	Chief Financial Officer	(502) 426-9984	401-25-9865	8/4/1968	KY R92-270-305
Chris Jacobsen	Chief Marketing Officer	(502) 426-9984	591-07-7788	3/11/1965	KY J02-685-692
Hernan Mujica	Chief Information Officer	(502) 426-9984	097-60-2956	10/26/1961	KY M13-389-985
Regina Tobin	Chief Learning and Culture Officer	(502) 426-9984	238-23-5735	8/22/1963	KY T97-926-436
Chris Colson	Corporate Secretary	(502) 426-9984	404-17-5661	9/30/1976	KY C92-261-635
Gregory Nance Moore	Director	(502) 426-9984	466-80-6893	10/12/1949	TX 45514718
Curtis Warfield	Director	(502) 426-9984	403-21-8165	3/6/1968	KY W02-846-321
James Richard Zarley	Director	(502) 426-9984	359-34-9662	7/12/1944	NV 1701803096
Kathleen Medaris Widmer	Director	(502) 426-9984	216-88-3219	10/25/1961	PA 26177684
Mike Crawford	Director	(502) 426-9984	283-68-0593	9/19/1967	OH PQ924277
Donna Epps	Director	(502)426-9984	453-33-6777	4/8/1964	TX 10120347

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: n/a
--	-------------------------------------

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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: Texas Roadhouse - Fargo, ND Texas Roadhouse - Grand Forks, ND
---	--

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: Restaurant - Food Sales
--	---

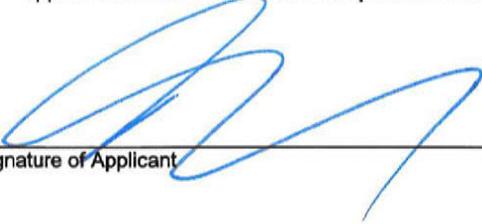
11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
---	-----------------------------

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

5-13-2024
Date

Christopher C. Colson, Corporate Secretary
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.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Seal

Notary Public

My Commission Expires

Print

Retail Alcohol Beverage License - Submission #22973

Date Submitted: 5/17/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

The Domain, LLC

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

n/a

Date of Incorporation:*

1/31/2023

State of ND Liquor License No.:

LIQ2023-00001

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

- Yes
- No
- N/A

Location Address:*

307 N 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

7013195000

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

Chad Wachter, Pres

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Chad Wachter

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58502

Phone No.:*

[Redacted]

Manager's Name:*

Chad Wachter

Date of Birth:*

[Redacted] 1973

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Manager/VP

Email Address:*

[Redacted]

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

Name:*

Chad Wachter

Date of Birth:*

[Redacted] 1972

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Pres

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Chad Wachter

[Redacted]/1973

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

VP

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder 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:

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:

Blarney Stone Pub, LLC 408 E Main Ave, Bismarck
Blarney Stone Pub-Fargo, LLC 1910 9th ST E, West Fargo
Blarney Stone SF, LLC 333 S Phillips Ave, Sioux Falls, SD
Blarney Stone Pub HD, LLC 101 Broadway N, Fargo, ND

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:

Food Sales

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:*

The Domain Floor Plan.pdf

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:*

Chad Wachter

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

Electronic Signature

Date:*

5/17/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

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

No file chosen

Mail Payments To:

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

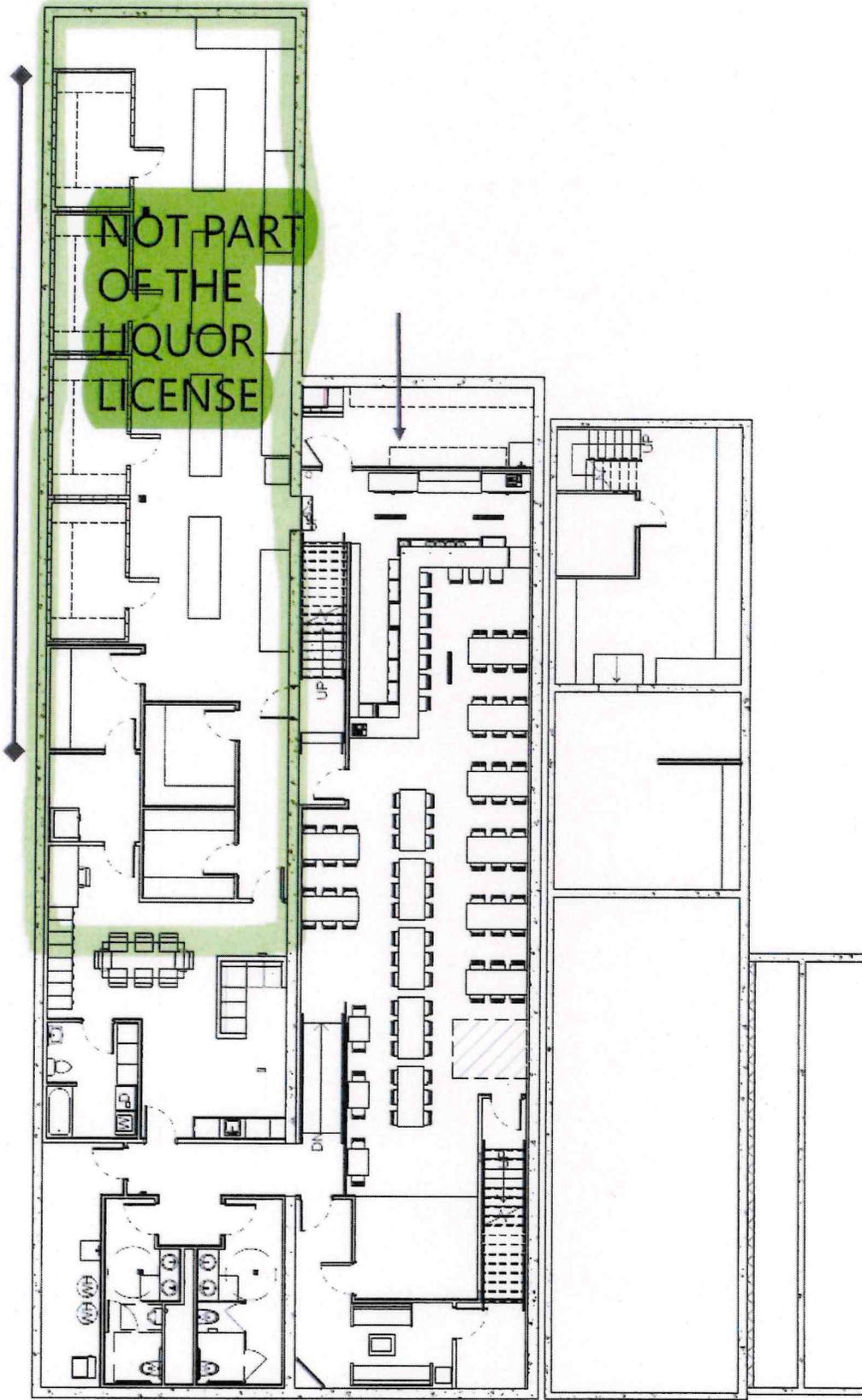
North

Main Floor and Second Level Floor Plan



Lower Level Floor Plan

North



Print

Retail Alcohol Beverage License - Submission #22861

Date Submitted: 5/10/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Faber Coe & Gregg of Florida, Inc

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

The Junction - Bismarck

Date of Incorporation:*

01/04/1961

State of ND Liquor License No.:

AA-02968

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

- Yes
- No
- N/A

Location Address:*

2301 University Drive Building 17 Space 223BCD

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-319-0215

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

Anuj Govilla - CFO

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jenny Dimas

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Secaucus

State:*

NJ

Zip:*

07094

Phone No.:*

[REDACTED]

Manager's Name:*

Nicole Lias

Date of Birth:*

[REDACTED]/1984

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Manager

Email Address:

[Redacted]

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

Name:

Anuj Govilla

Date of Birth:

[Redacted]/1968

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

NJ

Gender:

Male

Race:

Asian

Home Address:

[Redacted]

City:

East Rutherford

State:

NJ

Zip:

07073

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

CFO

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:*

Bismarck Diagram.pdf

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:*

Anuj Govilla

//

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

Date:*

5/10/2024

Electronic Signature

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](#)

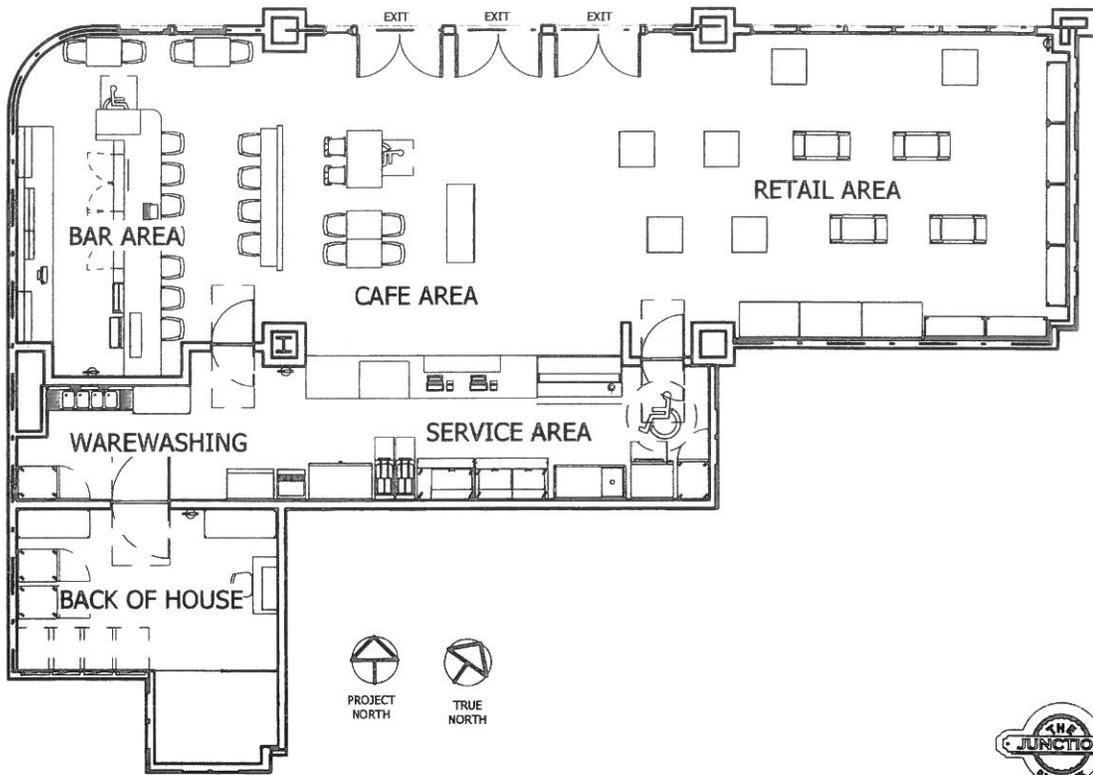
Upload Credit Card Authorization Form

BISMARCK CC AUTHORIZATION.pdf

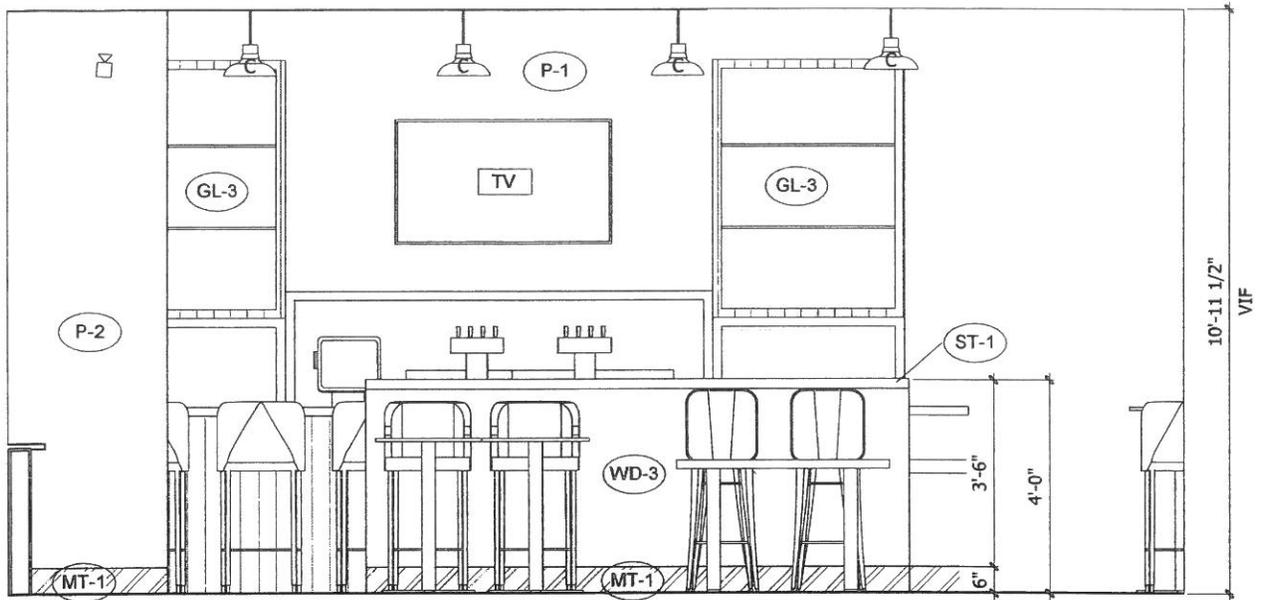
Mail Payments To:

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

CONCOURSE



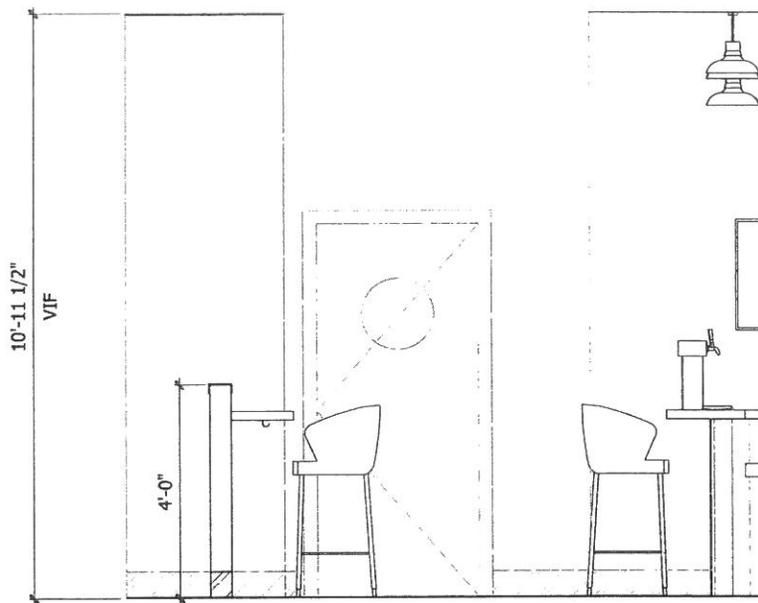
2301 University Dr.
Bismarck, ND, 58504



1 WING WALL - ELEVATION
 3/8" = 1'-0"

SILHOUETTE
 DESIGN ARCHITECTURE

566 W. Adams Street Suite 500
 Chicago, Illinois 60661
 312.258.0025
 www.silhouettedesignarchitecture.com



① WING WALL - SIDE ELEVATION
3/8" = 1'-0"

SILHOUETTE
DESIGN ARCHITECTURE

566 W. Adams Street Suite 500
Chicago, Illinois 60661
312.258.0025
www.silhouettedesignarchitecture.com

Print

Retail Alcohol Beverage License - Submission #22791

Date Submitted: 5/5/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

SANFORD RESTAURANTS INC

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

THE WALRUS RESTAURANT

Date of Incorporation:*

11/29/2011

State of ND Liquor License No.:

LIQ2023-121

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

- Yes
- No
- N/A

Location Address:*

1136 N 3rd ST

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

(701) 471-6507

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

JILL SANFORD, OWNER/PRESIDENT

Contact Information (Where correspondence is to be sent):

Primary Contact:*

JILL SANFORD

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58502

Phone No.:*

[REDACTED]

Manager's Name:*

JILL SANFORD

Date of Birth:*

[REDACTED]/1975

Percentage of Ownership:*

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

F

Race:

WHITE

Home Address:

[Redacted]

City:

BISMARCK

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

OWNER/PRESIDENT

Email Address:

[Redacted]

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

Name:

JILL SANFORD

Date of Birth:

[Redacted]/1975

Percentage of Ownership:

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

F

Race:

WHITE

Home Address:

[Redacted]

City:

BISMARCK

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

OWNER/PRESIDENT

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder 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.:

Officer/Director/Stockholder 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:

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:

Food Acohol Sales Report.pdf

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:*

Site Diagram.pdf

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:*

JILL SANFORD

//

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

Date:*

5/5/2024

Electronic Signature

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

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

CC Authorization Form.pdf

Mail Payments To:

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

Sanford Restaurants, Inc.
Profit & Loss
January through December 2023

	<u>Jan - Dec 23</u>
Ordinary Income/Expense	
Income	
4000 · Bar Sales	
4010 · Beer Sales	224,681.02
4020 · Wine Sales	106,294.65
	<hr/>
Total 4000 · Bar Sales	330,975.67
4100 · Food Sales	1,865,813.00
	<hr/>
Total Income	2,196,788.67
	<hr/>
Gross Profit	2,196,788.67
	<hr/>
Net Ordinary Income	2,196,788.67
	<hr/>
Net Income	<u><u>2,196,788.67</u></u>

See accountant's compilation report.

THE WALRUS RESTAURANT
NORTH BISMARCK

