



Administration Department

DATE: June 11, 2024

FROM: Douglas Wiles, Assistant 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:

- East 40, Inc. (dba) 40 Steak and Seafood - 1401 Interchange Avenue
- Fraternal Order of Eagles-Bismarck Aerie #2237 (dba) Bismarck Eagles Aerie #2237 - 313 North 26th Street
- B&N Ralph, LLC. (dba) Brunos Pizza - 910 East Front Avenue
- BWR-Bismarck, Inc. (dba) Buffalo Wings and Rings - 4424 North 15th Street
- Charras B, Inc. (dba) Charras and Tequila - 4503 Skyline Crossings
- Lucky Star Buffet, Inc. (dba) China Star - 1065 East Interstate Avenue
- Costco Wholesale Corporation (dba) Costo Wholesale #1380 - 1325 57th Avenue NE
- Hall Family Enterprises, Inc. (dba) Golf Etc. Bismarck - 511 Airport Road
- G. R. Associates, Bismarck, A North Dakota Limited Partnership (dba) Ground Round - 526 South 3rd Street
- BHI Hospitality, LLC (dba) Holiday Inn Bismarck - 3903 State Street
- JLB - BIS, Inc. (dba) JL Beers - 217 North 3rd Street
- Sky Dine, Inc. (dba) Marlin's Family Restaurant - 3938 Miriam Avenue
- Midway Tavern, LLC. (dba) Midway Tavern - 1915 East Sweet Avenue
- SQV, Inc. (dba) Peacock Alley - 422 East Main Avenue
- DBLD, Inc. (dba) Pub 21 - 1014 South 12th Street
- Sidelines, Inc. (dba) Sidelines Sports Bar - 300 South 5th Street
- Sixteen03 Main Events, LLC (dba) Sixteen03 Main Events - 1603 East Main Avenue
- Galaxy Investors, Inc. (dba) Space Aliens Grill & Bar - 1304 East Century Avenue
- Sports Page, Inc. (dba) Sports Page - 1120 Tacoma Avenue

- Stonehome, LLC. (dba) Stonehome Brewing Company - 1601 North 12th Street, Ste 102
- Tavern Bismarck, LLC (dba) Tavern Grill Restaurant & Bar - 1802 North 12th Street

RECOMMENDED CITY COMMISSION ACTION:

Approve the liquor license renewals.

STAFF CONTACT INFORMATION:

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

ATTACHMENTS:

1. 40 Steak and Seafood Application
2. Bismarck Eagles Aerie #2237 Application
3. Bruno's Pizza Application
4. Buffalo Wings and Rings Application
5. Charras Application
6. China Star Application
7. Costco Wholesale #1380 Application
8. Golf Etc Application
9. Ground Round Application
10. Holiday Inn Bismarck Application_Redacted
11. JL Beers Application
12. Marlin's Family Restaurant Application
13. Midway Tavern Application
14. Peacock Alley Application
15. Pub 21 Application
16. Sidelines Sports Bar Application
17. Sixteen03 Main Events Application
18. Space Aliens Grill & Bar Application
19. Sports Page Application
20. Stonehome Brewing Application
21. Tavern Grill & Bar Application

Print

Retail Alcohol Beverage License - Submission #23252

Date Submitted: 6/3/2024



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:*

East 40 Inc

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

40 Steak and Seafood

Date of Incorporation:*

03/05/2014

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

1401 interchange ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012554040

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

Dale Zimmerman

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Dale Zimmerman

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Dale Zimmerman

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

51

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

nd

m

w

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

president

[Redacted]

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

Name:

Date of Birth:

Percentage of Ownership:

Melodie Zimmerman

[Redacted] 1967

49

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

nd

f

w

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Sec/treas

[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:

[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:

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:

scan0008.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:*

scan0009.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:*

Dale Zimmerman

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

Electronic Signature

Date:*

6/3/2020

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

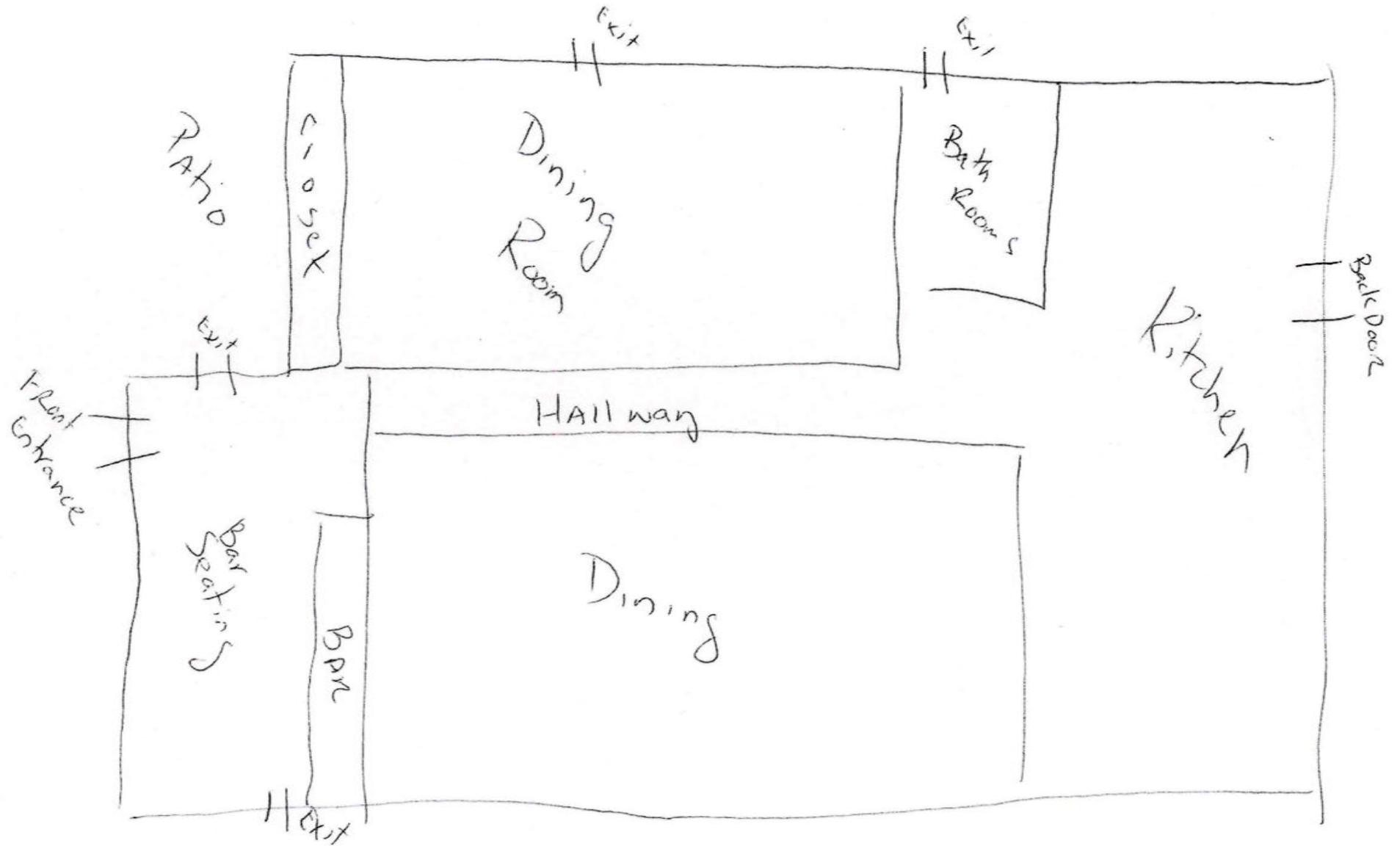
Choose File No file chosen

Mail Payments To:

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

N

40 Steak? Seafood





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 □ \$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		

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: Bismarck Eagles Aerie #2237		Date of Incorporation:	State Business ID Number:
Doing Business As (DBA) Name, if Applicable: Bismarck Eagles Aerie #2237		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 313 N 26th Street	City: Bismarck	State: ND	Zip: 58501
		Phone Number: (701)223-2045	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Glenda Weichel, Club Manager			

Contact Information (Where correspondence is to be sent):

Primary Contact: Glenda Weichel	Phone Number: [REDACTED]	Email Address: [REDACTED]	
Mailing Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501

Manager's Name: Glenda Weichel		Date of Birth: [REDACTED] / 1957	Percentage of Ownership:)%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501
Occupation: Club Manager	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]

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

Name: Christoph Bell		Date of Birth: [REDACTED]/1987	Percentage of Ownership:)%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: White
Home Address: [REDACTED]		City: Bismarck	State: ND
		Zip: 58504	
Occupation: Food & Nutrition Director	Phone Number: [REDACTED]	Title: President	Email Address:

Name: Jerry R Brown		Date of Birth: [REDACTED]/1945	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: White
Home Address: [REDACTED]		City: Bismarck	State: ND
		Zip: 58501	
Occupation: Retired	Phone Number: [REDACTED]	Title: Secretary	Email Address:

Name: William D Kopp		Date of Birth: [REDACTED]/1946	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: 0%
Home Address: [REDACTED]		City: Bismarck	State: ND
		Zip: 58501	
Occupation: Retired	Phone Number: [REDACTED]	Title: Treasurer	Email Address:

Name: Kenneth J Rebel		Date of Birth: [REDACTED]/1944	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: White
Home Address: [REDACTED]		City: Bismarck	State: ND
		Zip: 58504	
Occupation: Retired	Phone Number: [REDACTED]	Title: Trustee	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 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:
---	-----------------------------

Print

Retail Alcohol Beverage License - Submission #23138

Date Submitted: 5/28/2024



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:*

B & N RALPH LLC

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

BRUNOS PIZZA

Date of Incorporation:*

ND

State of ND Liquor License No.:

AW-01777

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

- Yes
- No
- N/A

Location Address:*

910 E FRONT AVE

City:*

BISMARCK

State:*

ND

Zip:*

58504

Phone No.:*

701-751-3700

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

BRANDON RALPH

Contact Information (Where correspondence is to be sent):

Primary Contact:*

CINDY SAUBER

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

MANDAN

State:*

ND

Zip:*

58554

Phone No.:*

[REDACTED]

Manager's Name:*

BRANDON RALPH

Date of Birth:*

[REDACTED]/1980

Percentage of Ownership:*

40%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

M

Race:

CAUCASIAN

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:*

NICOLE RALPH

Date of Birth:*

[REDACTED] 1980

Percentage of Ownership:*

40%

Driver's License No.:*

[REDACTED]

State Issued:*

ND

Gender:

F

Race:

CAUCASIAN

Home Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Officer/Director/Stockholder Title:*

Email Address:

VICE PRESIDENT

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

YVONNE RALPH

[REDACTED] 1952

10%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

MN

F

CAUCASIAN

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

MOORHEAD

MN

58560

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

SECRETARY

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

RICHARD RALPH

[REDACTED] 1945

10%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

MN

M

CAUCASIAN

Home Address:

[Redacted Home Address]

City:

MOORHEAD

State:

MN

Zip:

58560

Phone No.:

[Redacted Phone Number]

Officer/Director/Stockholder Title:

TREASURER

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:

[Redacted 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:

[Redacted 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:

BRANDON RALPH IS 50% OWNER OF 726 SERVICES LLC WHICH ALSO HAS A LIQUOR LICENSE IN NORTH DAKOTA.

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:

Sales Tax 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:*

BRANDON RALPH

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

Electronic Signature

Date:*

5/28/2024

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

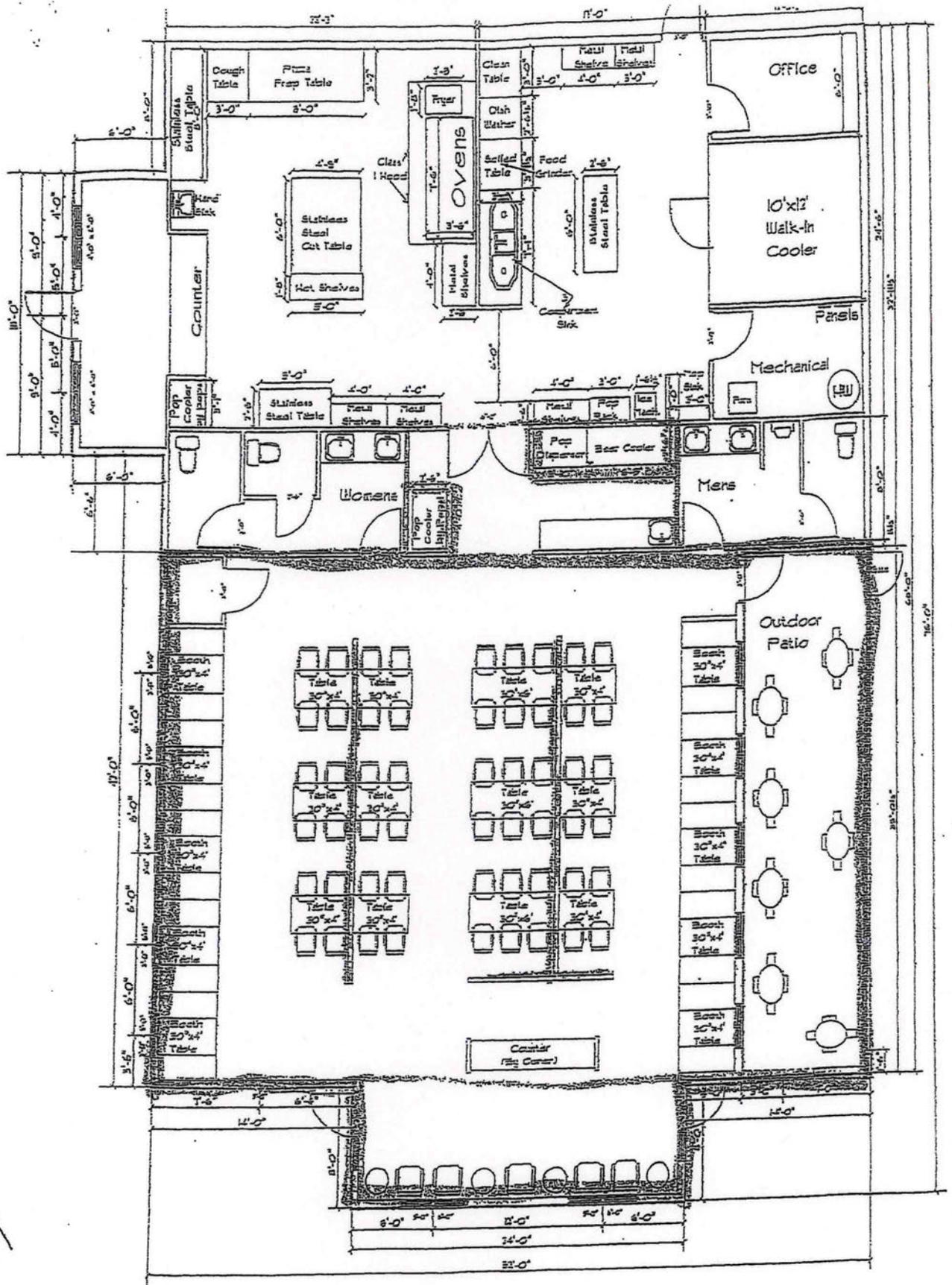
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

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



Fixture & Equipment Lay-out

Indoor Seating

Booths: 10 x 4 seats = 40 Seats
 Tables 4': 9 x 4 seats = 36 Seats
 Tables 6': 3 x 6 seats = 18 Seats

94 Seats
 5 Seats

Entry Way Seating

Outdoor Seating

Table 4': 6 x 4 seats = 24 Seats

Exits

Half wall

Sales Service

A. L. Niemeier

B4N Ralph LLC
 Dan Phinn's Pita

Print

Retail Alcohol Beverage License - Submission #23028

Date Submitted: 5/21/2024



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:*

BWR-Bismarck, Inc.

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

Buffalo Wings and Rings

Date of Incorporation:*

02/02/2016

State of ND Liquor License No.:

AA-02844

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

- Yes
- No
- N/A

Location Address:*

4424 N 15th Street

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-340-3930

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

Allan Hauck - President

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Allan Hauck

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Michael Hauck

Date of Birth:*

[Redacted]/1985

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:*

Director of Operations

Email Address:*

[Redacted]

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

Name:*

Allan Hauck

Date of Birth:*

[Redacted] 1962

Percentage of Ownership:*

50

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:

President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Mary K Hauck

[Redacted] 1962

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Secretary

[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:

[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:

A&M Hauck, Inc. (Buffalo Wings and Rings, 910 24th Ave SW, Minot, ND 58701)

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 Food and Beverage

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:

State Tax Return Summary 2023.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:*

Allan Hauck

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

Electronic Signature

Date:*

5/21/2024

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

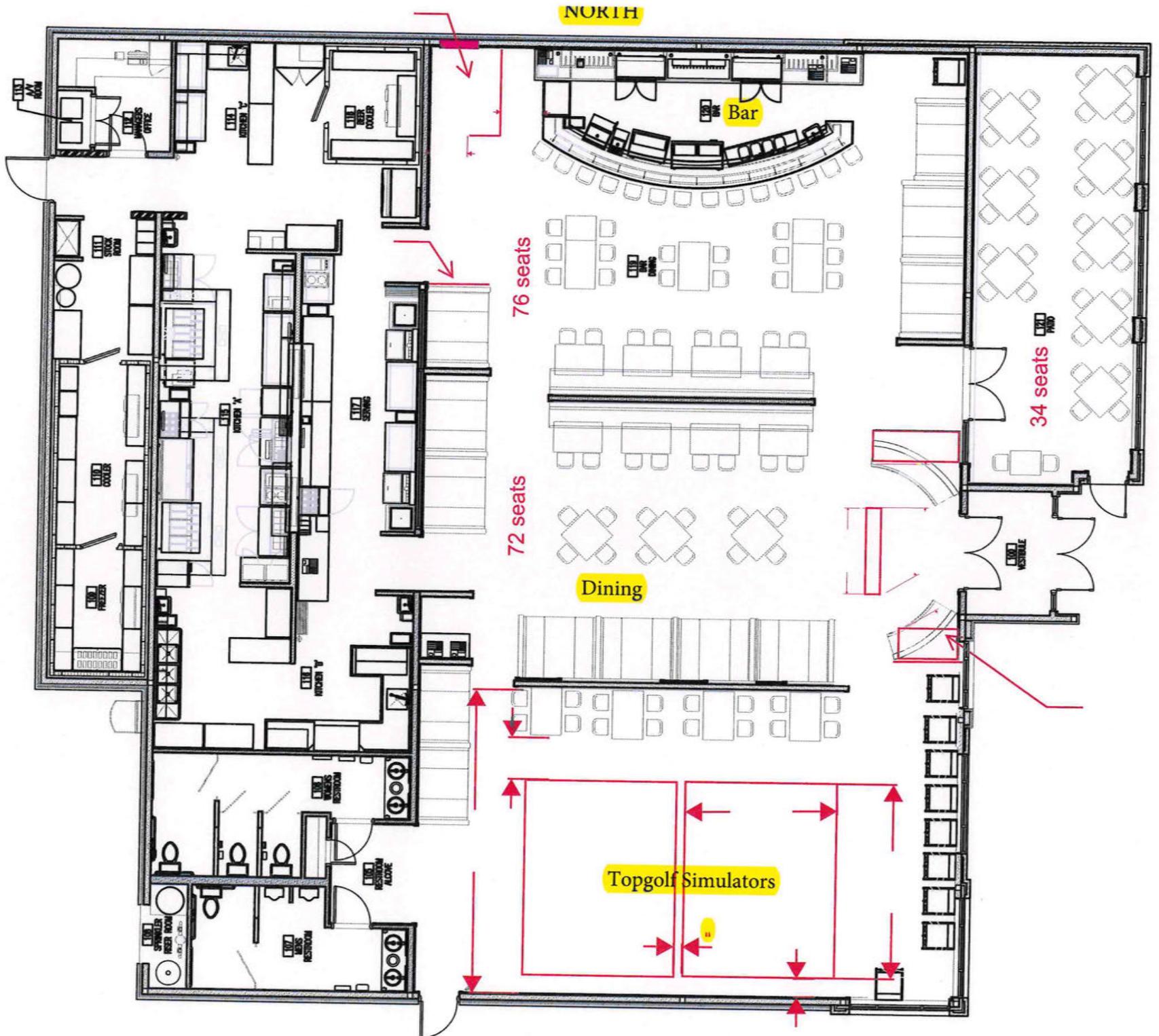
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

CC Auth From Bismarck License.pdf

Mail Payments To:

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



Print

Retail Alcohol Beverage License - Submission #23129

Date Submitted: 5/27/2024



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:*

CHARRAS B, INC.

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

CHARRAS AND TEQUILA

Date of Incorporation:*

8/24/17

State of ND Liquor License No.:

AA-02579

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

- Yes
- No
- N/A

Location Address:*

4503 SKYLINE CROSSINGS

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

8509100184

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

[Empty text box for Name and Title of Person Completing Form]

Contact Information (Where correspondence is to be sent):

Primary Contact:*

David Mendoza

Email Address:*

[Redacted email address]

Mailing Address:*

[Redacted mailing address]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted phone number]

Manager's Name:*

David Mendoza

Date of Birth:*

[Redacted] 1982

Percentage of Ownership:*

100

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:*

MANAGER

Email Address:*

[Redacted]

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

Name:*

David Mendoza

Date of Birth:*

[Redacted] 17

Percentage of Ownership:*

100

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:

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:

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:

Charras Tequila 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:*

Charras 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

Choose File 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:*

David Mendoza

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

Electronic Signature

Date:*

5/27/2024

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

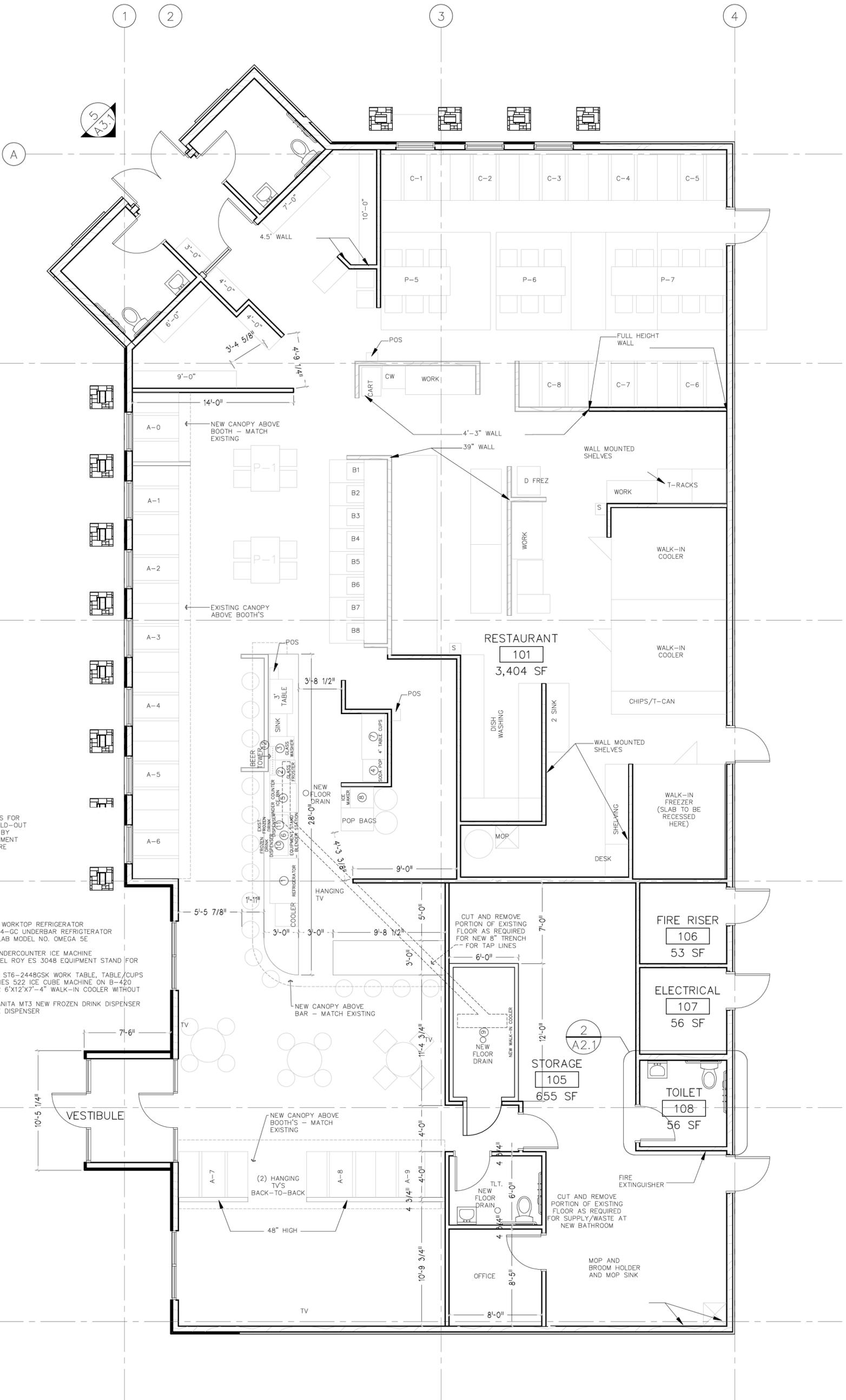
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

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



NOTE:
 RESTAURANT LAYOUT IS FOR
 REFERENCE ONLY. BUILD-OUT
 WILL BE COORDINATED BY
 OWNER, KITCHEN EQUIPMENT
 VENDOR, AND FURNITURE
 SUPPLIER.

EQUIPMENT:

1. AVANTCO SSWT SERIES WORKTOP REFRIGERATOR
2. GLASS FROSTER - T-24-GC UNDERBAR REFRIGERATOR
3. GLASS WASHER - ECOLAB MODEL NO. OMEGA SE
4. SODA POP DISPENSER
5. MANITOWOC NEO 310 UNDERCOUNTER ICE MACHINE
6. ROYAL INDUSTRIES MODEL ROY ES 3048 EQUIPMENT STAND FOR BLENDER STATION
7. JOHN BOOS MODEL NO. ST6-2448GSK WORK TABLE, TABLE/CUPS
8. MANTOWOC INDIGO SERIES 522 ICE CUBE MACHINE ON B-420
9. NO-LAKE KOLD LOCKER 6'X12'X7'-4" WALK-IN COOLER WITHOUT FLOOR
10. CECILWARE FRIGITO GRANITA MT3 NEW FROZEN DRINK DISPENSER
11. EXISTING FROZEN DRINK DISPENSER
12. BEER TOWER

RESTAURANT
 101
 3,404 SF

FIRE RISER
 106
 53 SF

ELECTRICAL
 107
 56 SF

TOILET
 108
 56 SF

STORAGE
 105
 655 SF

OFFICE
 8-5

VESTIBULE



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>Lucky star Buffet, Inc</i>		Date of Incorporation:	State Business ID Number:	
Doing Business As (DBA) Name, if Applicable: <i>China star</i>		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: <i>1065 E Interstate Ave</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>	Phone Number: <i>701 255 6888</i>
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: <i>Lucky star Buffet, Inc</i>		Phone Number: <i>701 255 6888</i>	Email Address: [REDACTED]	
Mailing Address: <i>1065 E Interstate Ave</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>	

Manager's 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:	

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

Name: Xuzhen Lin		Date of Birth: [REDACTED] / 1992	Percentage of Ownership:
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: Asian
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: Manager	Phone Number:	Title: President	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?

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:

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 _____

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 Seal

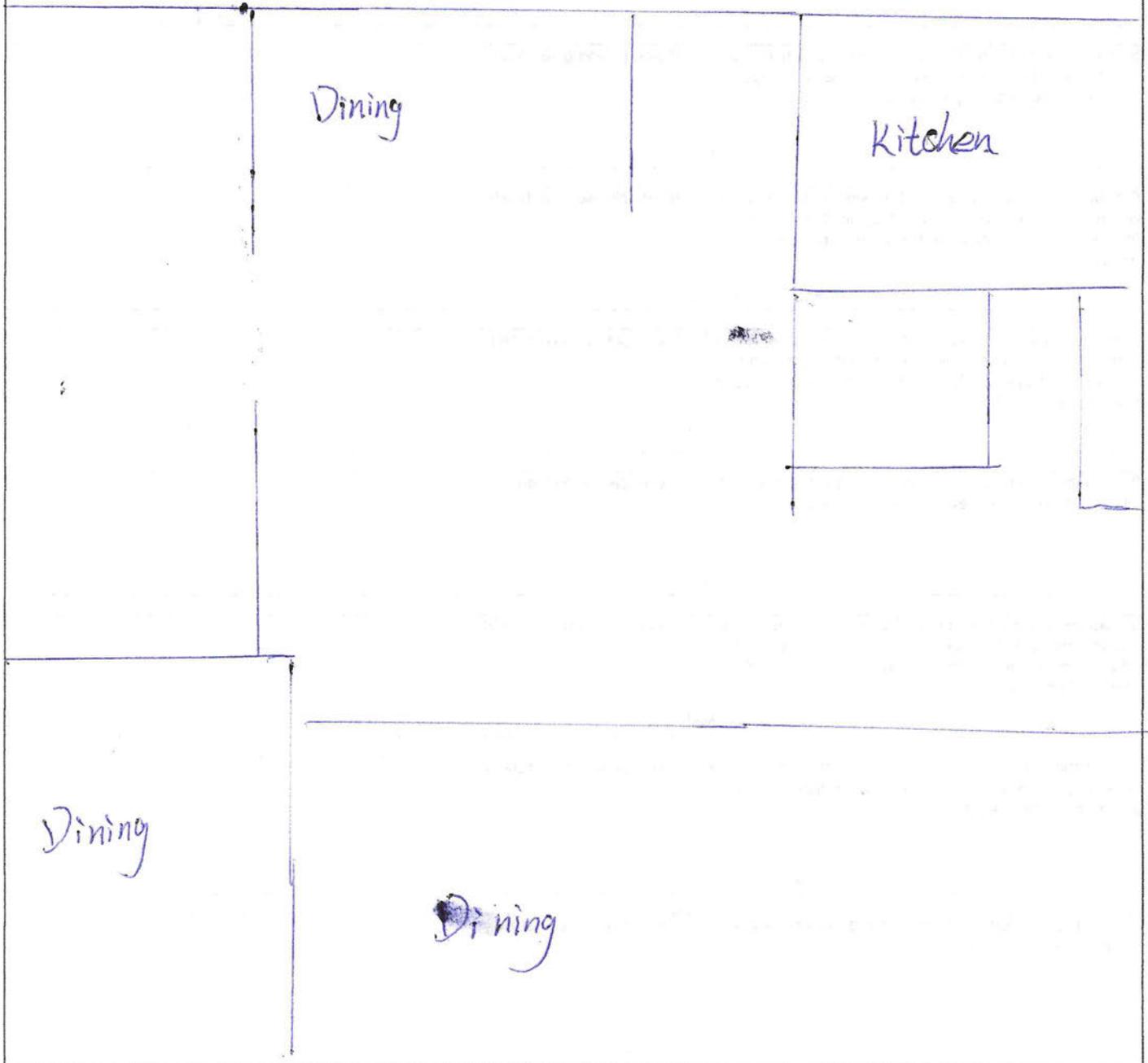
Notary Public _____

My Commission Expires _____

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



Print

Retail Alcohol Beverage License - Submission #23059

Date Submitted: 5/22/2024



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:*

Costco Wholesale Corporation

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

Costco Wholesale #1380

Date of Incorporation:*

05/12/1987

State of ND Liquor License No.:

AA-03148

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

- Yes
- No
- N/A

Location Address:*

1325 57th

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

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

Heather Cimuchowski

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Heather Cimuchowski

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Seattle

State:*

WA

Zip:*

98124

Phone No.:*

[Redacted]

Manager's Name:*

Brandon Peck

Date of Birth:*

[Redacted]/1978

Percentage of Ownership:*

Less than 1%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Bismarck

State:*

NS

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:*

John C. Sullivan

Date of Birth:*

[Redacted]/1960

Percentage of Ownership:*

Less than 1%

Driver's License No.:*

[Redacted]

State Issued:*

WA

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Seattle

State:*

WA

Zip:*

98119

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President/Treasurer/Director

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Gail Tsuboi

[Redacted]/59

Less than 1%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

WA

Female

Asian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bellevue

WA

98009

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Officer/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:

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:

Costco Beverages maintains alcohol licenses for both Costco Wholesale locations, the other location is Costco Wholesale #1119 located at 750 23RD AVE EAST, WEST FARGO, ND, 58078-7804.
West Fargo license number 25, ND Office of Attorney General Retail Alcoholic Beverage License number AA-02095

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:

Membership Warehouse selling general merchandise such as food, apparel, furniture and electronics.

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:

Choose File 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:*

1380 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

Choose File 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:*

Heather Cimuchowski

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

Electronic Signature

Date:*

5/22/2024

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

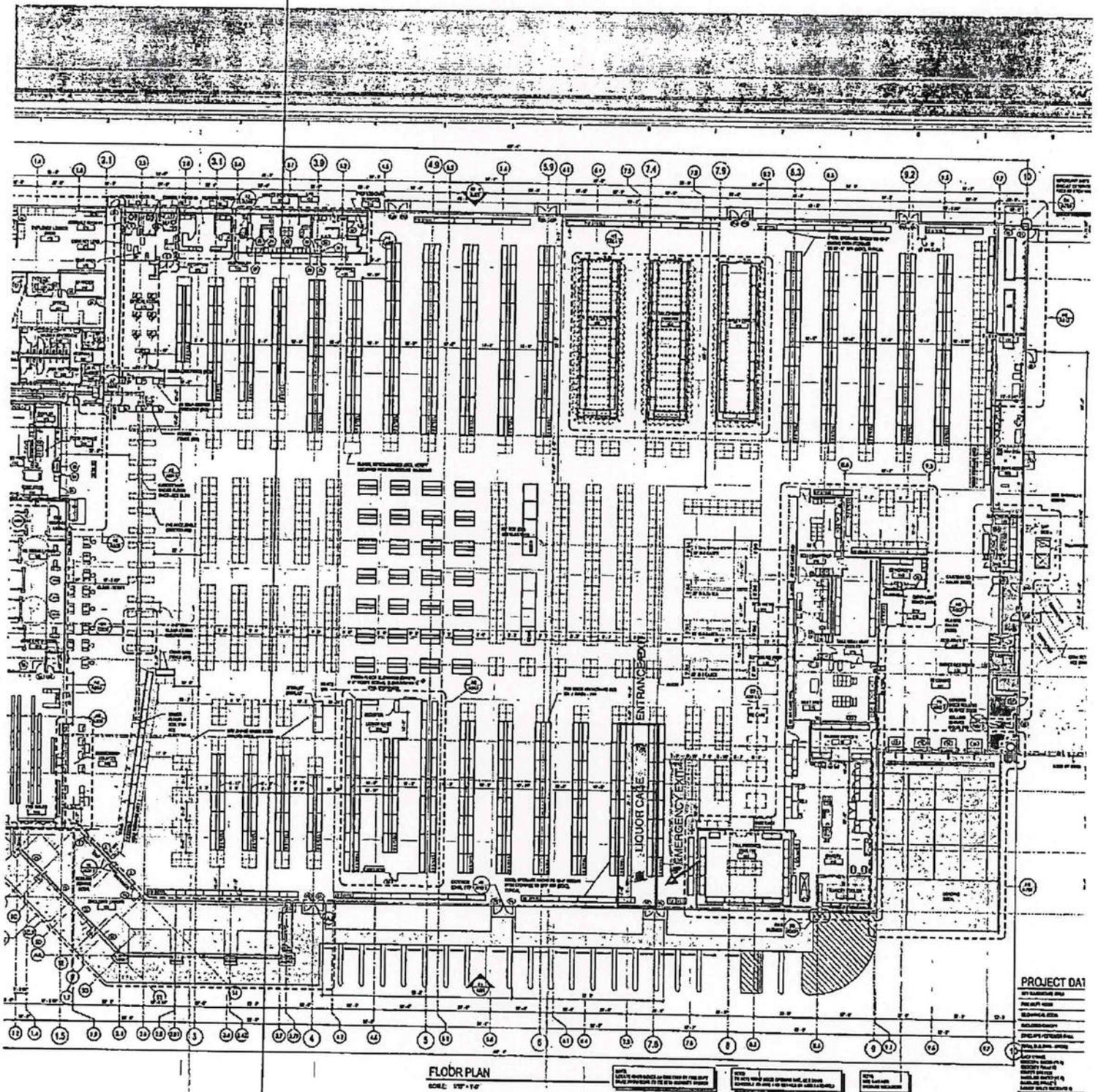
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

2024(MAY)_1380_Bismarck.pdf

Mail Payments To:

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



Print

Retail Alcohol Beverage License - Submission #23030

Date Submitted: 5/21/2024



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:*

HALL FAMILY ENTERPRISES INC.

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

GOLF ETC. BISMARCK

Date of Incorporation:*

2013

State of ND Liquor License No.:

AW-01303

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

- Yes
- No
- N/A

Location Address:*

511 AIRPORT RD

City:*

BISMARCK

State:*

ND

Zip:*

58504

Phone No.:*

701-751-7070

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

GEN HALL, GENERAL MANAGER

Contact Information (Where correspondence is to be sent):

Primary Contact:*

GEN HALL

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

BISMARCK

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Manager's Name:*

GEN HALL

Date of Birth:*

[Redacted] 1980

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

F

Race:

NA

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:*

STEVE HALL

Date of Birth:*

[Redacted] 1959

Percentage of Ownership:*

51

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

NA

Home Address:*

[Redacted]

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

PRESIDENT

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

CAROL HALL

[REDACTED] 1959

49

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

ND

F

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

BISMARCK

ND

58501

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

SECRETARY

[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.

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:

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:

GolfETC.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:*

Updated Golf Etc. 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:*

GEN HALL

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

Electronic Signature

Date:*

5/21/2024

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

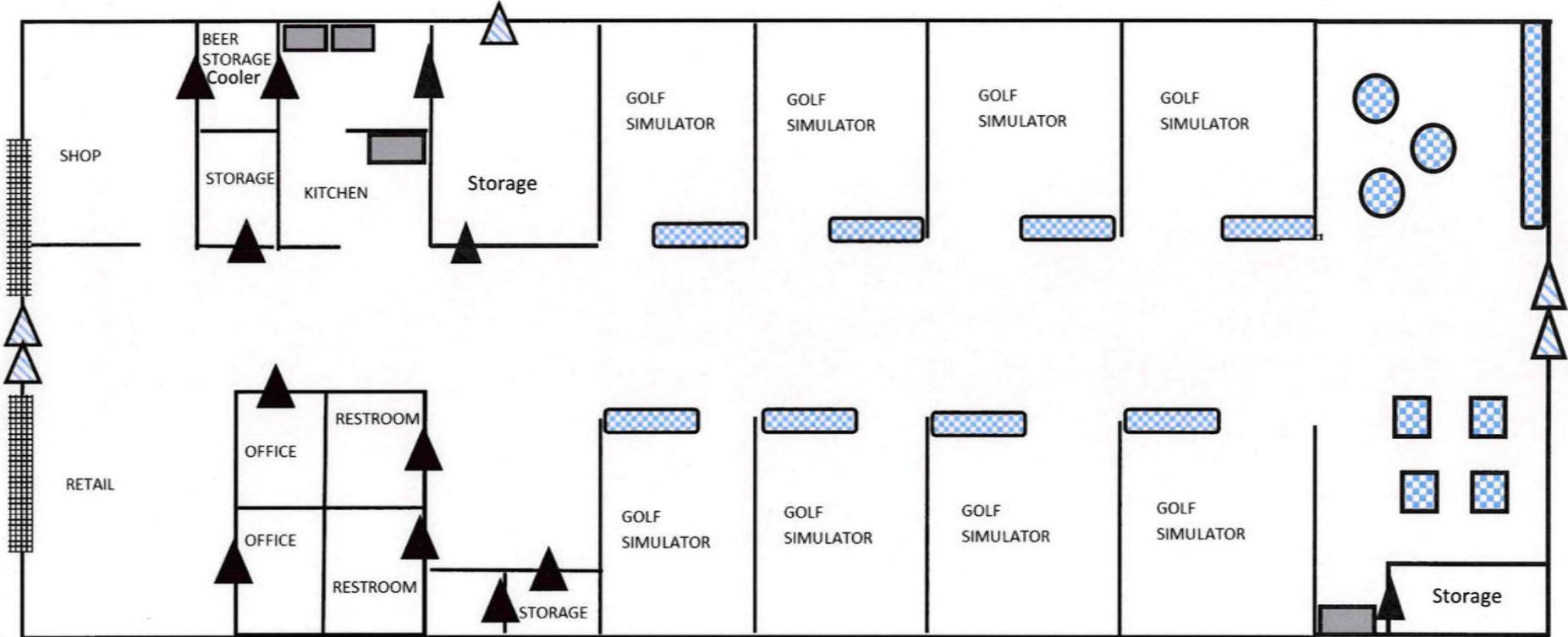
2024-05-21.pdf

Mail Payments To:

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

GOLF ETC. BISMARCK

NORTH



EXIT



WINDOWS



COOLERS



INTERIOR DOOR



TABLES

Print

Retail Alcohol Beverage License - Submission #23017

Date Submitted: 5/21/2024



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:*

GR Associates

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

Ground Round

Date of Incorporation:*

6/10/1986

State of ND Liquor License No.:

[Empty field]

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

- Yes
- No
- N/A

Location Address:*

526 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-223-0000

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

Bill Daniel, General Partner

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Lacy Brousseau

Email Address:*

[Redacted email address]

Mailing Address:*

[Redacted mailing address]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted phone number]

Manager's Name:*

Courtney Pfeifer

Date of Birth:*

[Redacted] 1979

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

58501

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Restaurant Manager

[Redacted]

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

Name:

Date of Birth:

Percentage of Ownership:

Bill Daniel

[Redacted]/1955

3.26 limited Partner 71.82 General Partner General Par

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

Caucasion

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

General Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

John Scharnweber

[Redacted]/1956

3.26 Limited Partner 18.18 General Partner

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

AZ

Male

Caucasion

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Scottsdale

AZ

85259

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

General Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Randy Hansen

[Redacted]/1955

3.267 Limited Partner

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

[Redacted]

Male

Caucasion

Home Address:

[Redacted Home Address]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted Phone Number]

Officer/Director/Stockholder Title:

Limited Partner

Email address:

[Redacted Email Address]

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

Ownership Listing for License Renewal.xlsx

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:

Four Limited Partners currently reside outside of ND, but all are US residents.

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 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:

Bill Daniel, John Scharnweber and Randy Hansen own and operate the Ground Round in Minot, ND and hold a liquor license in the city of Minot.

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 Tax 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:*

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:*

Bill Daniel

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

Electronic Signature

Date:*

5/21/2024

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

Print

Retail Alcohol Beverage License - Submission #23103

Date Submitted: 5/24/2024



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:*

BHI Hospitality LLC

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

Holiday Inn Bismarck

Date of Incorporation:*

11/14/2011

State of ND Liquor License No.:

AA-02774

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

- Yes
- No
- N/A

Location Address:*

3903 State Street

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-8240

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

Bernie Eckroth, General Manager

Contact Information (Where correspondence is to be sent):

Primary Contact:*

National Hospitality Services

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58103

Phone No.:*

[Redacted]

Manager's Name:*

Bernie Eckroth

Date of Birth:*

[Redacted]/1964

Percentage of Ownership:*

0%

Driver's License No.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Race:

Home Address:*

[Redacted]

City:*

Mandan

State:*

ND

Zip:*

58554

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:*

Daniel F. Schmaltz

Date of Birth:*

[Redacted]/1943

Percentage of Ownership:*

19.174

Driver's License No.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

[REDACTED]

President

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

SEE ATTACHED

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.

BHI ownership.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:

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:*

BHI 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:*

Bernie Eckroth

//

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

Date:*

5/24/2024

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

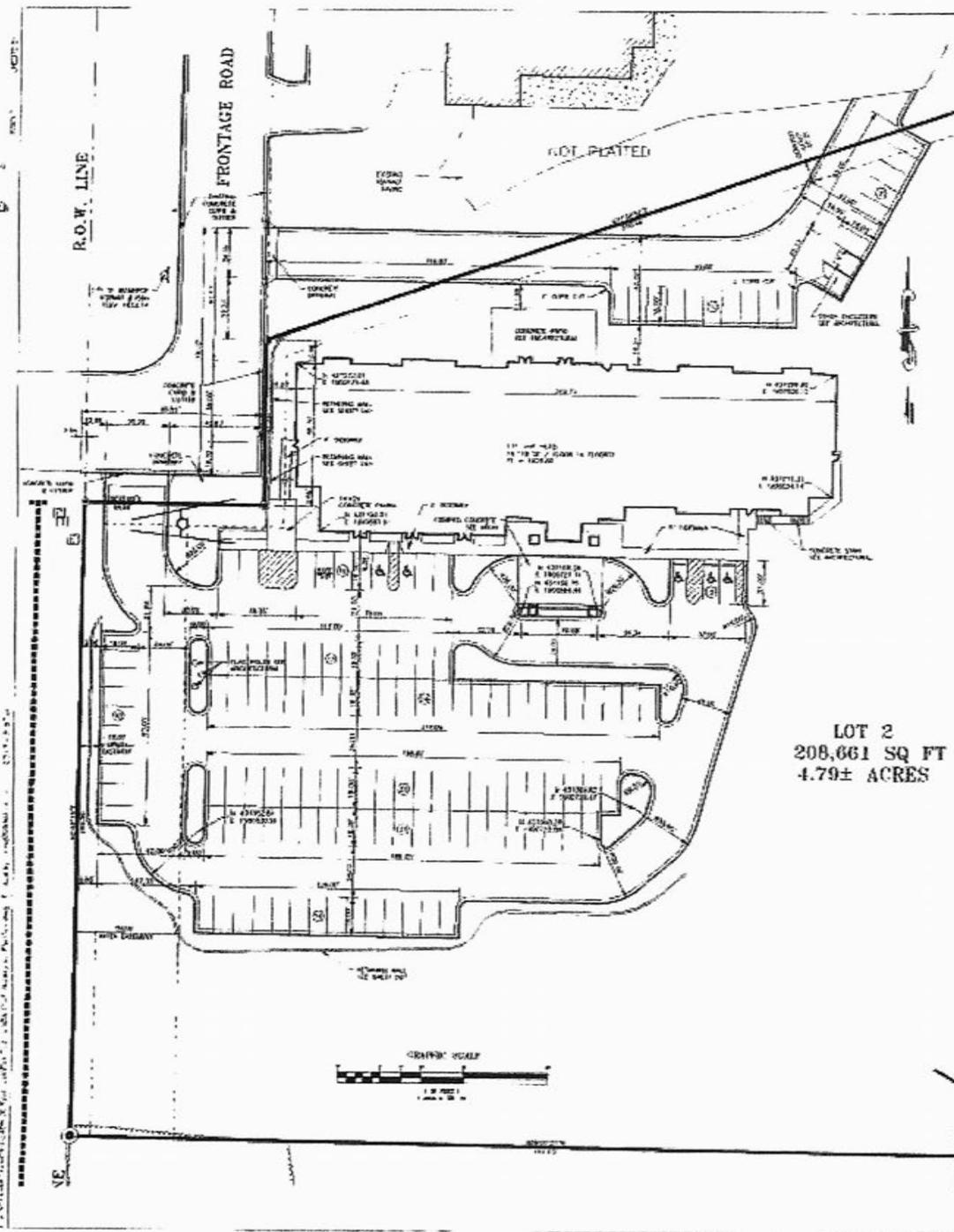
Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

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



LOT 2
208,661 SQ FT
4.79± ACRES

- NOTES
1. ALL UTILITIES SHOWN HEREIN ARE BASED ON THE INFORMATION AVAILABLE TO THE ENGINEER AT THE TIME OF DESIGN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING ALL UTILITIES BEFORE ANY EXCAVATION PRIOR TO CONSTRUCTION. ANY DAMAGE TO UTILITIES AND NECESSARY REPAIRS SHALL BE THE CONTRACTOR'S RESPONSIBILITY. UTILITIES SHALL BE REPAIRED TO THE ORIGINAL CONDITION.
 2. WATER MAINS SHALL BE 12" DIA. MINIMUM.
 3. ALL FOUNDATIONS SHALL BE CONSTRUCTED TO BEAT ALL LOCAL AND NEARBY SUBSIDENCES. CONSULT TO BE FITTED.
 4. ALL RETAINING WALLS SHALL BE DESIGNED TO RESIST PROPOSED CONDITIONS. ANY DAMAGE TO EXISTING OR OTHER EXISTING FOUNDATIONS SHALL BE REPAIRED TO THE ORIGINAL CONDITION.
 5. CURBS SHALL BE CONSTRUCTED TO PREVENT AND/OR REDUCE PAVING DISINTEGRATION DUE TO WEAR TO BE LAPPED. ALL EXISTING CURBS OF CONCERN SHALL BE REPAIRED TO THE ORIGINAL CONDITION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES AND SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES AND SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES.
 6. ALL RETAINING WALLS SHALL BE CONSTRUCTED TO BEAT ALL LOCAL AND NEARBY SUBSIDENCES. CONSULT TO BE FITTED.
 7. ALL CURBS SHALL BE 3" LAPPED WATER CURBS.
 8. EXISTING CURBS SHALL BE REPAIRED TO THE ORIGINAL CONDITION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES AND SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES.
 9. ALL UTILITIES SHALL BE CONSTRUCTED TO BEAT ALL LOCAL AND NEARBY SUBSIDENCES. CONSULT TO BE FITTED.

GENERAL REQUIREMENTS

11" CONC.	11"
CONCRETE FINISH	11"
FINISH FINISH	11"

LEADING

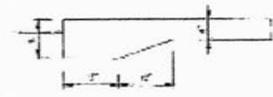
CONCRETE FINISH	11"
FINISH FINISH	11"
NUMBER OF FINISH COATS	11"



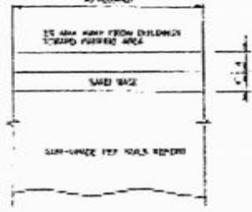
CONCRETE PAVEMENT
12" THICK



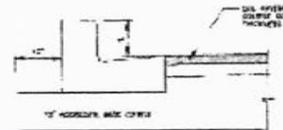
HD / STANDARD ASPHALT PAVEMENT
4" THICK



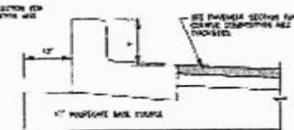
THICKENED EDGE SIDEWALK DETAIL
12" THICK



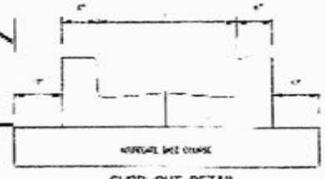
CONCRETE SIDEWALK
4" THICK



TYPICAL CURB SECTION
12" HIGH



TYPICAL OUTFLOW CURB SECTION
12" HIGH



CURB CUT DETAIL
12" HIGH

Holiday Inn

BARTLETT WEST
SERVICE THE BARTLETT & WEST WAY.

HOLIDAY INN
111 UNIT
4 LEVEL

1000 W. BOWMAN SKYLINE
HOTEL PARTNERS
1000 W. BOWMAN
NORTH DAKOTA
58101

SITE PLAN

DATE: 12-28-03
BY: J.S. C2

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:*

[Redacted]/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 Home Address]

City:

Fargo

State:

ND

Zip:

58103

Phone No.:

[Redacted Phone Number]

Officer/Director/Stockholder Title:

Vice President/Director

Email address:

[Redacted Email Address]

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:

[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 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

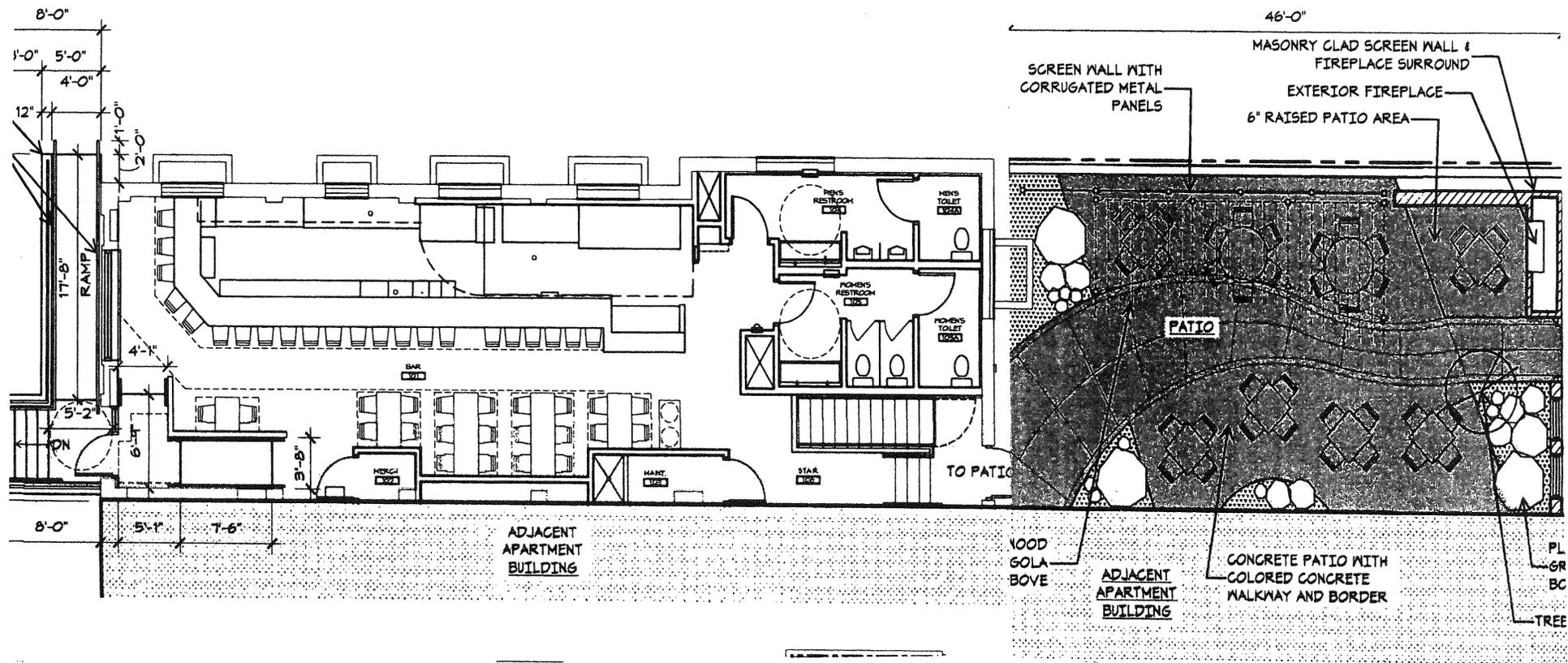
07-May-2024

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 #23023

Date Submitted: 5/21/2024



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:*

Sky Dine, Inc

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

Marlin's Family Restaurant

Date of Incorporation:*

03/15/2004

State of ND Liquor License No.:

LIQ2023-137

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

- Yes
- No
- N/A

Location Address:*

3938 Miriam Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

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

[Redacted]

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Kara Elsen

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Sioux Falls

State:*

SD

Zip:*

57104

Phone No.:*

[Redacted]

Manager's Name:*

Desiray Paradis

Date of Birth:*

[Redacted] 1973

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

North Dakota

Gender:

Female

Race:

[Redacted]

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

President & Vice-President

Email Address:

[Redacted]

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

Name:

The Trust of Marlin C. Sejnoha Jr.

Date of Birth:

[Redacted] 1965

Percentage of Ownership:

50

Driver's License No.:

[Redacted]

State Issued:

SD

Gender:

[Redacted]

Race:

[Redacted]

Home Address:

[Redacted]

City:

Brandon

State:

SD

Zip:

57005

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

The Trust of Dustin Sejnoha

[REDACTED] 1973

50

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

SD

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

Sioux Falls

SD

57108

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

Vice-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:

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:

Sales Tax Bismarck.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

Choose File 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:*

Kara Elsen

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

Electronic Signature

Date:*

5/21/2024

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

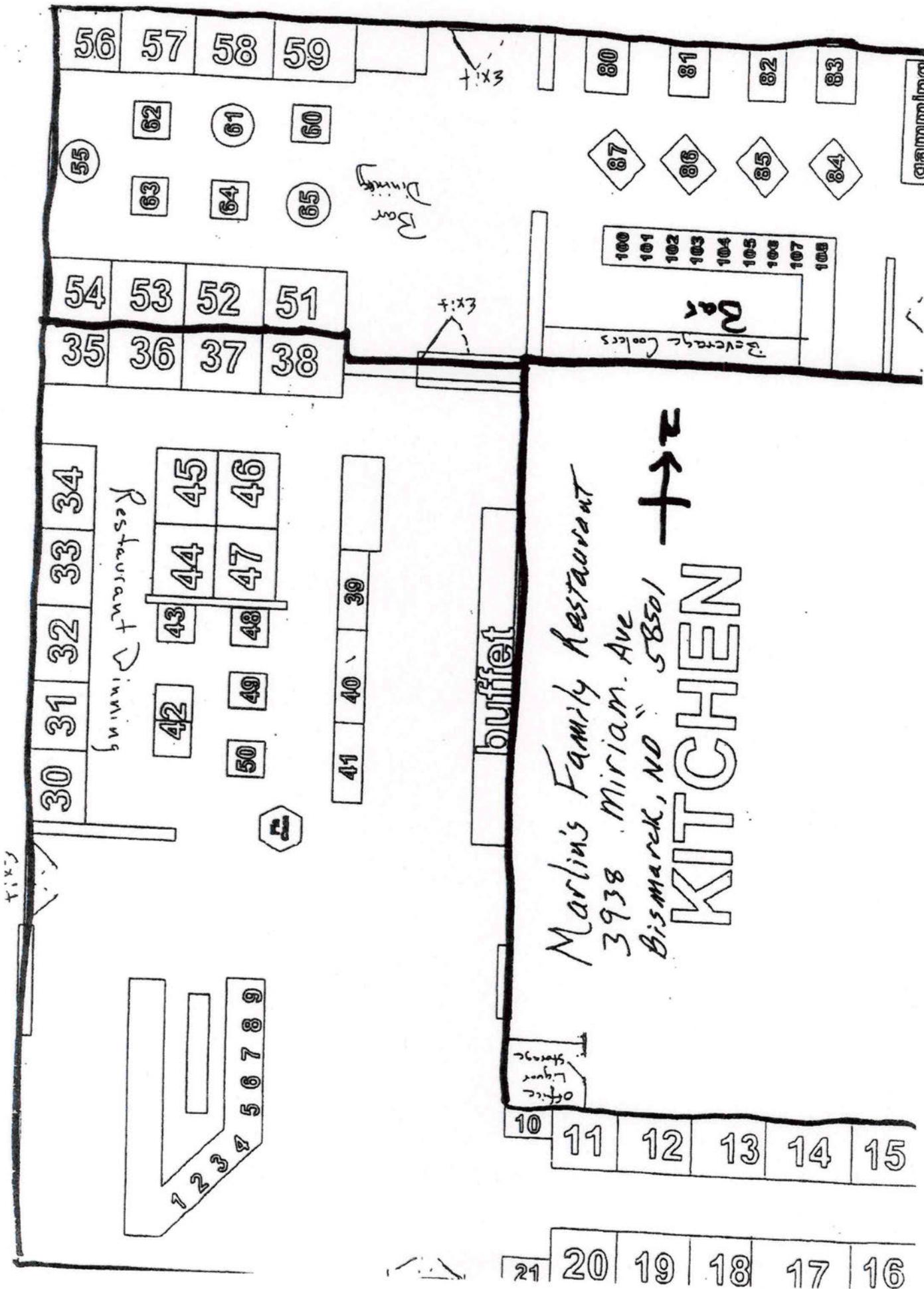
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

CC auth page Bismarck.pdf

Mail Payments To:

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



Marlin's Family Restaurant
 3938 Miriam Ave
 Bismarck, ND 58501

KITCHEN





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 County 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 checked="" 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: <i>Midway Tavern, LLC</i>		Date of Incorporation: <i>10/18/2022</i>	State Business ID Number: <i>0006053281</i>	
Doing Business As (DBA) Name, if Applicable: <i>Midway Tavern</i>		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: <i>1915 E Sweetow</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58504</i>	Phone Number: <i>701-222-2778</i>
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>Jeff Burns</i>				

Contact Information (Where correspondence is to be sent):

Primary Contact: <i>Jeff Burns</i>	Phone Number: [REDACTED]	Email Address: [REDACTED]		
Mailing Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58504</i>	

Manager's Name: <i>Jeffrey A. Burns</i>		Date of Birth: [REDACTED] <i>167</i>	Percentage of Ownership: <i>48</i>	
Driver's License Number: [REDACTED]	State Issued: <i>ND</i>	Gender: <i>male</i>	Race: <i>white</i>	
Home Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>	
Occupation: <i>retail</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: Bernard B. Schumacher		Date of Birth: [REDACTED] 54	Percentage of Ownership: 48
Driver's License Number: [REDACTED]	State Issued: ND	Gender: male	Race: white
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: Retail	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]

Name: Chad Wolf		Date of Birth: [REDACTED] 77	Percentage of Ownership: 4
Driver's License Number: [REDACTED]	State Issued: ND	Gender: male	Race: white
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: IT	Phone Number: [REDACTED]	Title: Bus. Acct Mgr	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 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.

Jeff Burns

Signature of Applicant

5-7-24

Date

Jeff Burns / President

Print Name / Title of Officer

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

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

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

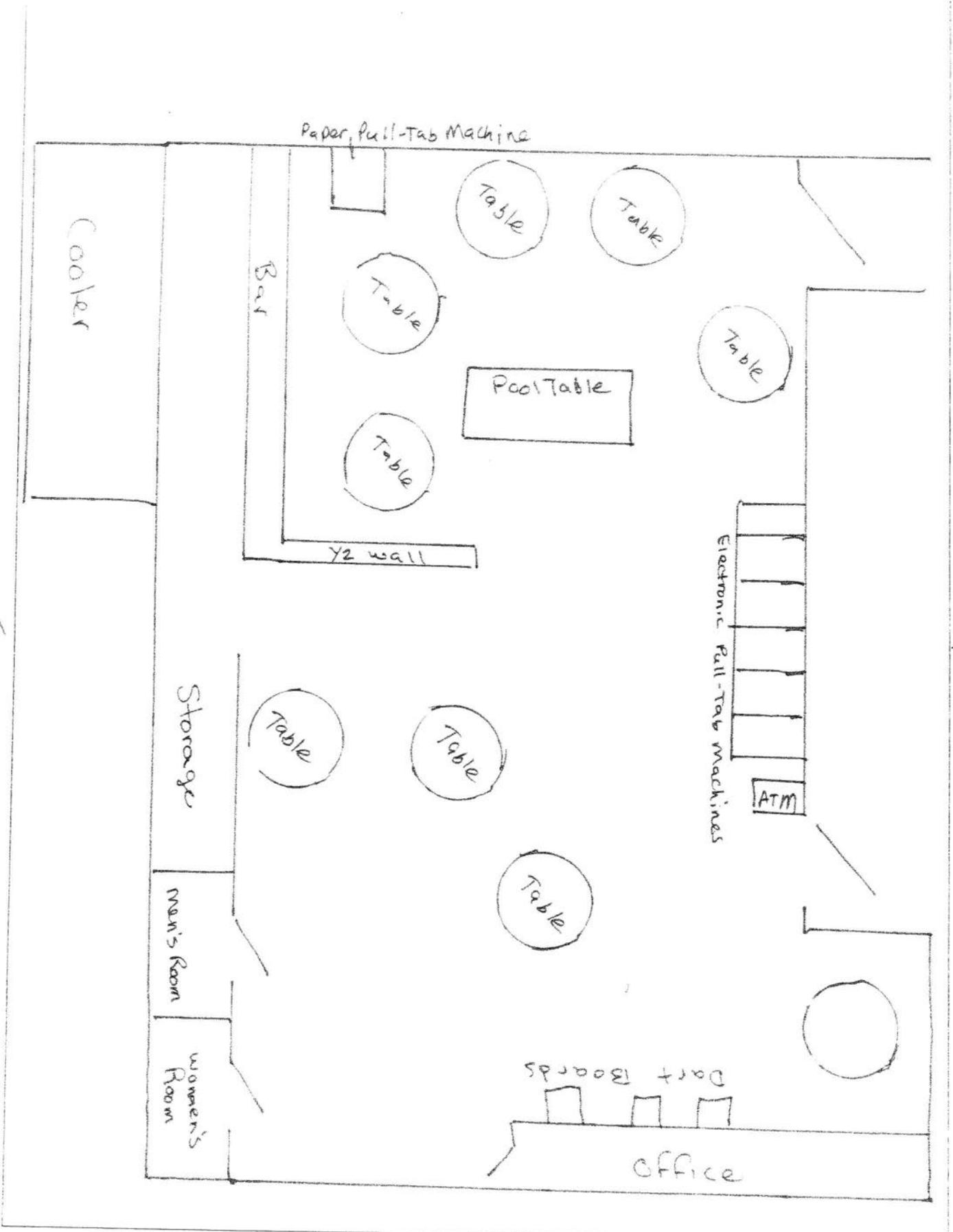
day of _____

Notary Seal

Notary Public

My Commission Expires

W
Site Diagram



S

N

E

Print

Retail Alcohol Beverage License - Submission #23254

Date Submitted: 6/3/2024



License Information:

Application Type*

Renewal

License Type*

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

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

Location Information:

Legal Business Name:*

SQV Inc.

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

Peacock Alley

Date of Incorporation:*

03/24/2010

State of ND Liquor License No.:

AA-00797

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

- Yes
- No
- N/A

Location Address:*

422 E Main Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7014251596

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

Dale Zimmerman

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Dale Zimmerman

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Dale Zimmerman

Date of Birth:*

[Redacted] 1968

Percentage of Ownership:*

51

Driver's License No.:*

[Redacted]

State Issued:*

nd

Gender:

m

Race:

w

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:*

Melodie Zimmerman

Date of Birth:*

[Redacted] 1967

Percentage of Ownership:*

49

Driver's License No.:*

zim674912

State Issued:*

nd

Gender:

f

Race:

w

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Sec/treas

[Redacted Email Address]

Name:

Date of Birth:

Percentage of Ownership:

[Name Field]

[Date of Birth Field]

[Percentage of Ownership Field]

Driver's License No.:

State Issued:

Gender:

Race:

[Driver's License No. Field]

[State Issued Field]

[Gender Field]

[Race Field]

Home Address:

[Home Address Field]

City:

State:

Zip:

Phone No.:

[City Field]

[State Field]

[Zip Field]

[Phone No. Field]

Officer/Director/Stockholder Title:

Email Address:

[Officer/Director/Stockholder Title Field]

[Email Address Field]

Name:

Date of Birth:

Percentage of Ownership:

[Name Field]

[Date of Birth Field]

[Percentage of Ownership Field]

Driver's License No.:

State Issued:

Gender:

Race:

[Driver's License No. Field]

[State Issued Field]

[Gender Field]

[Race Field]

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:

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:

scan0010.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:*

scan0011.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:*

Dale Zimmerman

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

Electronic Signature

Date:*

6/3/2020

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](#)

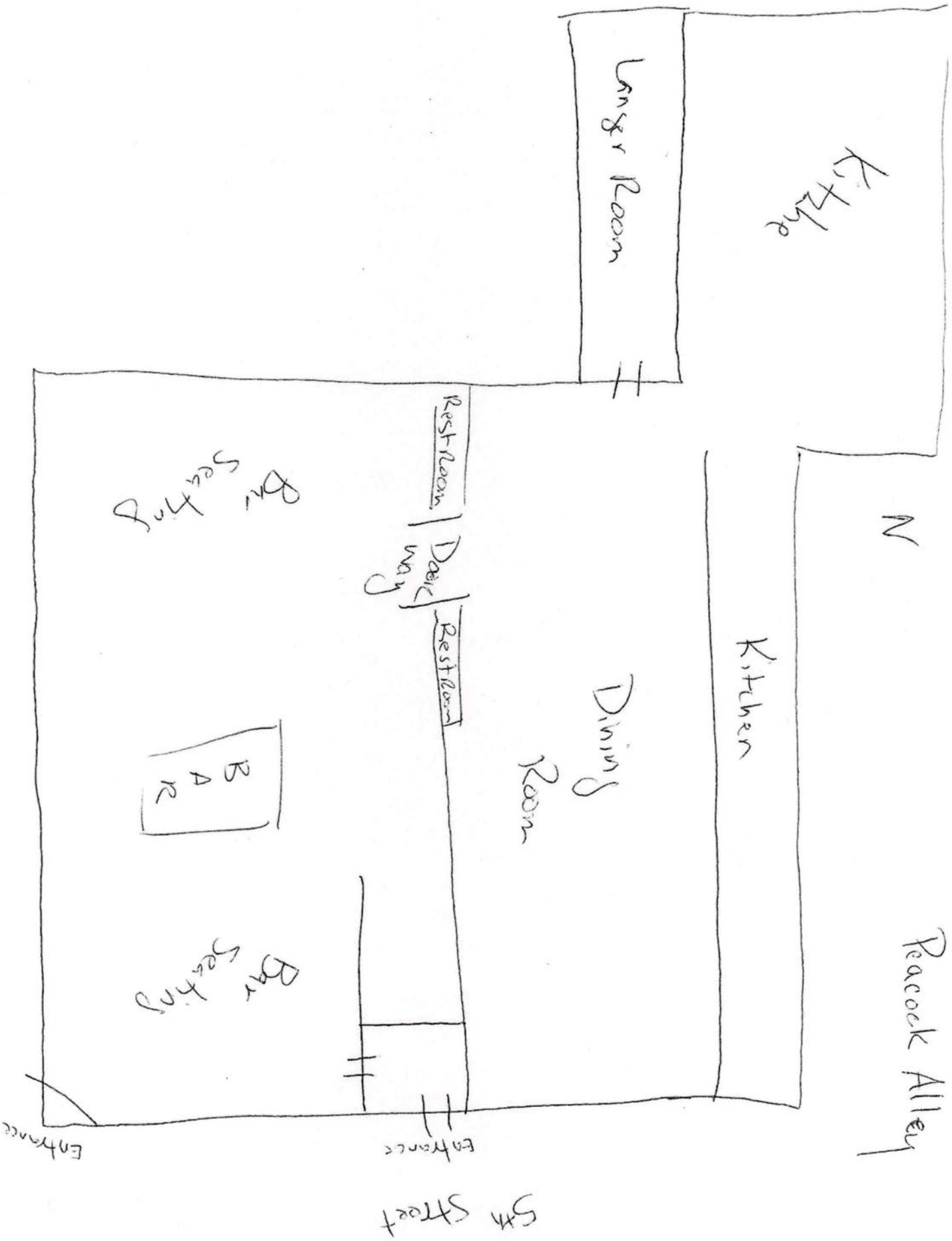
Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

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

MAIN Ave



Print

Retail Alcohol Beverage License - Submission #23063

Date Submitted: 5/22/2024



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:*

DBLD, Inc

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

Pub 21

Date of Incorporation:*

02/09/2001

State of ND Liquor License No.:

16664500

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

- Yes
- No
- N/A

Location Address:*

1014 S 12th St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-255-9445

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

Jonathan Christensen

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jonathan Christensen

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

GRAND FORKS

State:*

ND

Zip:*

58201

Phone No.:*

[Redacted]

Manager's Name:*

Heather Chase

Date of Birth:*

[Redacted] 1977

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:

Bar Manager

Email Address:

[Redacted]

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

Name:

Jonathan Christensen

Date of Birth:

[Redacted]/1985

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

Grand Forks

State:

ND

Zip:

58201

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Pat Sexton

[Redacted] 1987

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Grand Forks

ND

58203

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Treasurer

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Byron Newnam

[Redacted] 1967

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

Minot

State:

ND

Zip:

58701

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Chair

Email address:

[Redacted]

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

BOD.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:

Southgate Casino Bar & Grill, Grand Forks, ND was purchased 5/22/2015. The Grainhopper, Minot, ND was purchased 9/26/2019. Bordertown Bar & Grill, West Fargo, ND was purchased 01/01/2023.

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:*

PUB 21 Floorplan.2022.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:*

Jonathan Christensen

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

Electronic Signature

Date:*

5/22/2024

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

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

Credit Card

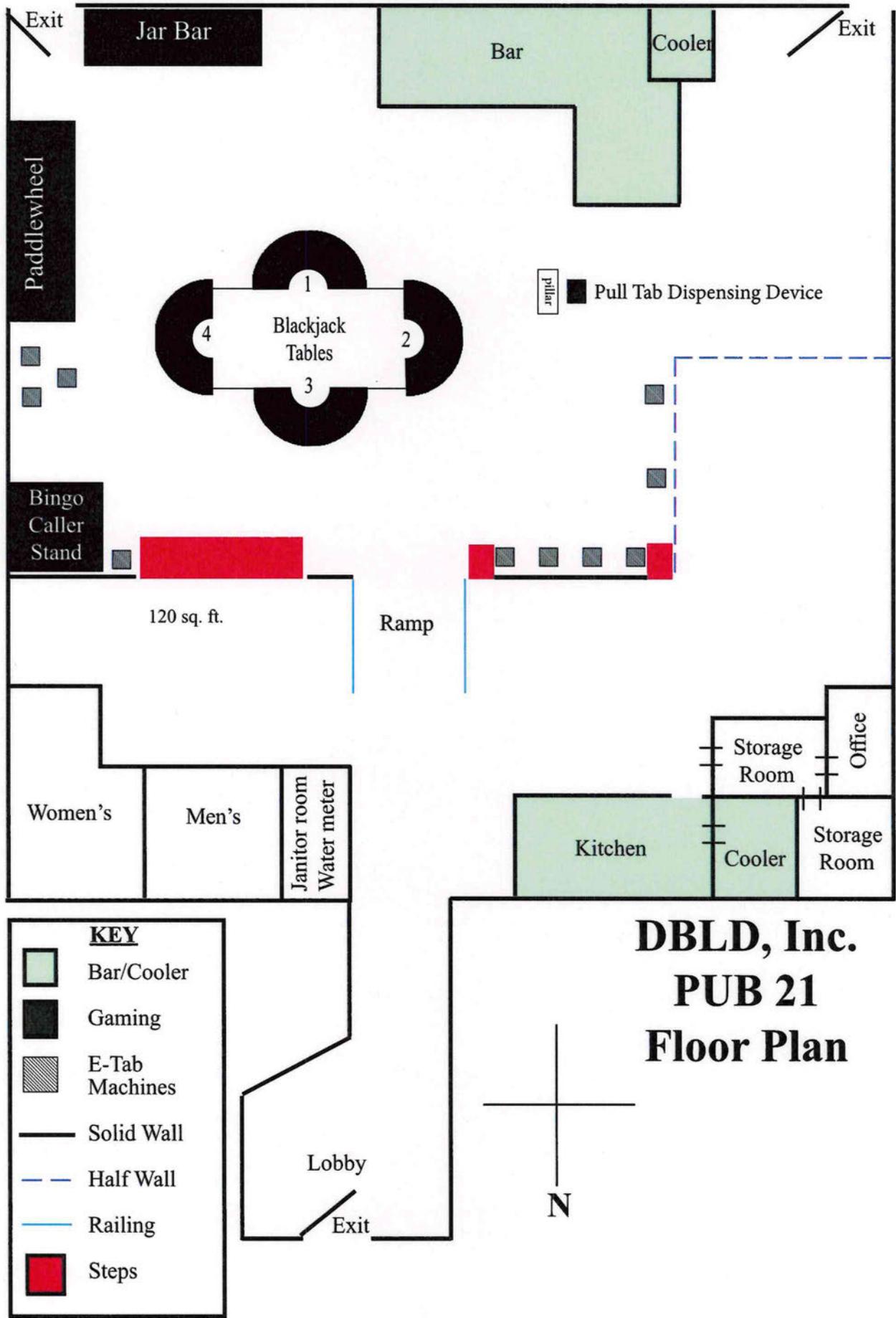
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

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



Exit

Jar Bar

Bar

Cooler

Exit

Paddlewheel

Blackjack
Tables

pillar Pull Tab Dispensing Device

Bingo
Caller
Stand

120 sq. ft.

Ramp

Women's

Men's

Janitor room
Water meter

Storage
Room

Office

Kitchen

Cooler

Storage
Room

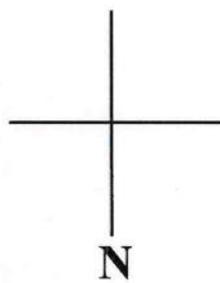
KEY

- Bar/Cooler
- Gaming
- E-Tab
Machines
- Solid Wall
- Half Wall
- Railing
- Steps

Lobby

Exit

**DBLD, Inc.
PUB 21
Floor Plan**



Print

Retail Alcohol Beverage License - Submission #23257

Date Submitted: 6/3/2024



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:*

Sidelines Inc.

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

Sidelines Sports Bar

Date of Incorporation:*

2/1/1999

State of ND Liquor License No.:

[Empty field]

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

- Yes
- No
- N/A

Location Address:*

300 S 5th St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-223-1520

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

Robert Hixson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Robert Hixson

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Ian Easton

Date of Birth:*

[Redacted] 1980

Percentage of Ownership:*

15

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

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:

Robert Hixson

Date of Birth:

[Redacted] 1975

Percentage of Ownership:

36

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

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:

Neal Scott

[Redacted]/1977

19

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

[Redacted]

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

[Redacted]

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Bill Hixson

[Redacted] 1950

15

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

[Redacted]

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Secretary

Email address:

[Redacted]

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

sidelinesownership.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:

Bill Hixson - Sports Page and O'Brian's Sports Bar
Robert Hixson - Sports Page
Neal Scott - Sports Page

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:*

BarDiagramsheet.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:*

Robert Hixson

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

Electronic Signature

Date:*

6/3/2024

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

CreditCardAuthsidelines.pdf

Mail Payments To:

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

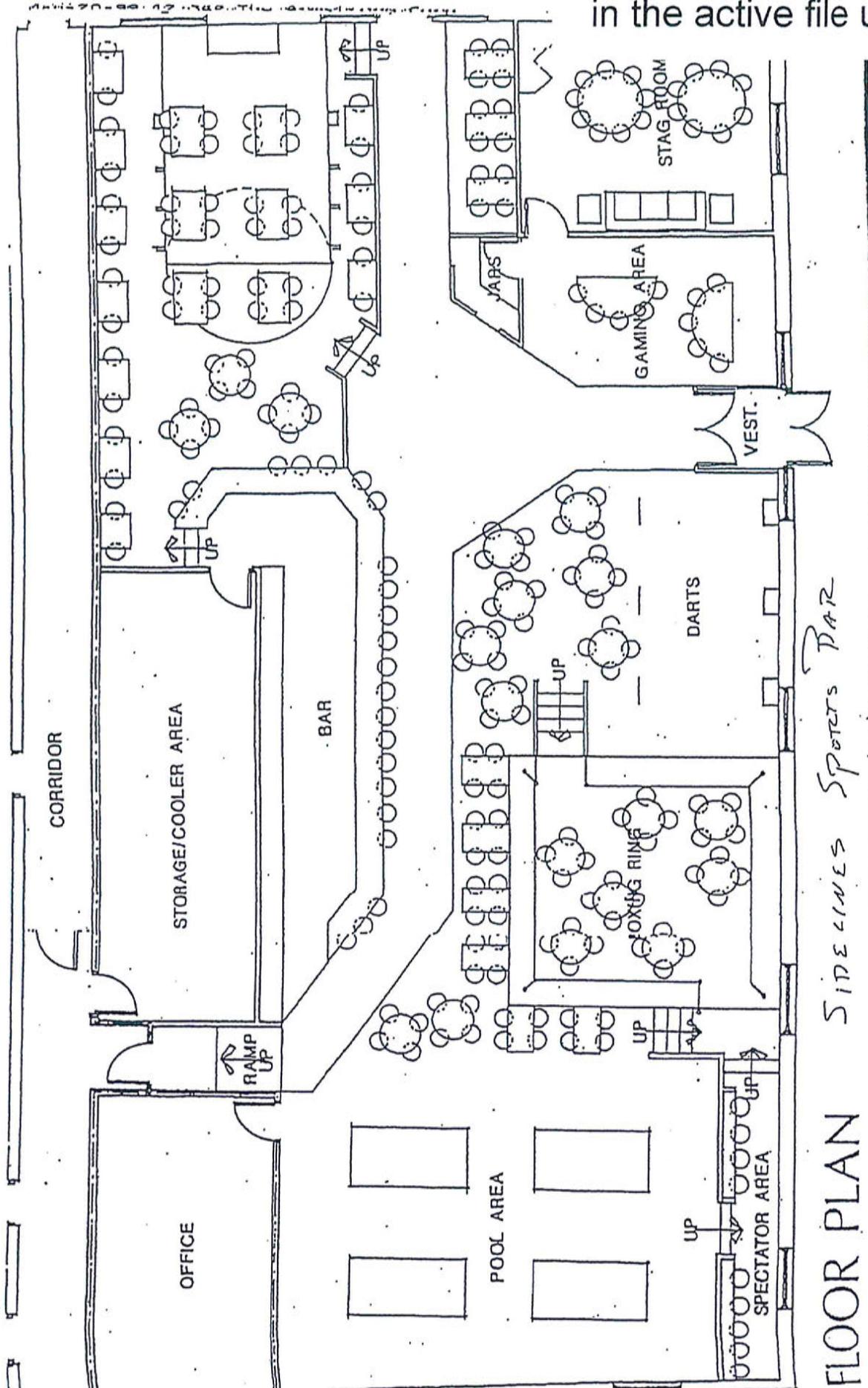
Nathan Remboldt – 4/24/1979 – 15%

REM-79-4811 - ND – M

1029 E Highland Acres Road, Bismarck , ND 58501

GM - 701-426-0009 - GM - nateremboldt@yahoo.com

Please retain this page
in the active file upstairs!



SIDE LINES SPORTS BAR

FLOOR PLAN



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 ☐ \$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	

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>Sixteen03 man events</i>		Date of Incorporation:	State Business ID Number:	
Doing Business As (DBA) Name, if Applicable:		If out of state corporation, is corporation registered in North Dakota? ☐ Yes ☐ No		
Location Address: <i>1603 e man Ave Bismarck</i>	City: <i>no</i>	State: <i>no</i>	Zip: <i>58501</i>	Phone Number: <i>701 255 6246</i>
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>Brittany Beechre GM</i>				

Contact Information (Where correspondence is to be sent):

Primary Contact: <i>Brittany Beechre</i>	Phone Number: [REDACTED]	Email Address: [REDACTED]		
Mailing Address: <i>1603 e man Ave</i>	City: <i>Bismarck</i>	State: <i>no</i>	Zip: <i>58501</i>	

Manager's Name: <i>Brittany Beechre</i>	Date of Birth: [REDACTED] <i>189</i>	Percentage of Ownership: <i>0</i>		
Driver's License Number: [REDACTED]	State Issued: <i>no</i>	Gender: <i>F</i>	Race: <i>white</i>	
Home Address: [REDACTED]	City: <i>mandan</i>	State: <i>no</i>	Zip: <i>58554</i>	
Occupation: <i>GM</i>	Phone Number: <i>701 202 9002</i>	Title: <i>GM</i>	Email Address: [REDACTED]	

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

Name: Michelle Kaufman		Date of Birth: [REDACTED] 84	Percentage of Ownership: 51%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Female	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: Management	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Steven Kaufman		Date of Birth: [REDACTED] 82	Percentage of Ownership: 49%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: male	Race: white
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: Builder	Phone Number: [REDACTED]	Title: Secretary	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? <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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each: <i>attached.</i>
---	--

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 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:
--	------------------------------

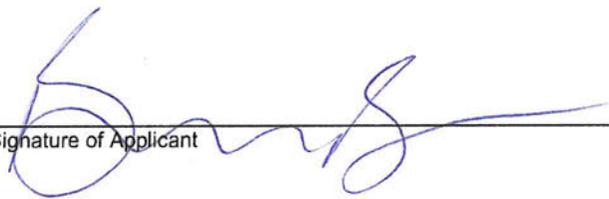
11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
---	-----------------------------

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

5/3/24
Date

Brittany Beechir
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 _____

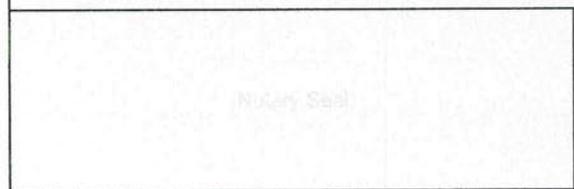
Transfer Applicant Signature _____

State of _____

Subscribed and sworn to before me this _____

County of _____

day of _____



Notary Public _____

My Commission Expires _____

STATE OF NORTH DAKOTA
COUNTY OF BURLEIGH

IN MUNICIPAL COURT
SOUTH CENTRAL JUDICIAL DISTRICT

City of Bismarck,)
)
 Plaintiff,)
)
 vs.)
)
 Michelle Sue Kaufman,)
)
 Defendant.)

PLEA AGREEMENT

Case No. BI-2021-CR-01936

Pursuant to the provisions of Rule 43, N.D.R.Crim.P., the undersigned, who is the defendant in the above-entitled action, hereby consents to the arraignment, plea, trial, and imposition of sentence in her absence and waives personal appearance at all stages of the proceedings in the above-entitled action.

I authorize Justin Vinje to appear for me and to enter a plea of guilty or not guilty. If my attorney enters a plea of guilty, I authorize him to establish a factual basis for that plea.

1) I have been informed of the nature of the charge against me and have been informed of the maximum and minimum penalties which the Court may impose. I have also been informed that if I am convicted that the Court may place me on probation subject to terms and conditions which I must obey.

2) I have been informed that I have the right to remain silent and that any statement I make can later be used against me.

3) I have been informed that I have the right to the assistance of a lawyer at each and every stage of the proceedings in this case and have been informed that I have the right to have legal services provided for me at public expense to the extent that I am unable to provide for my defense without due hardship.

4) I have been informed that I have the right to be admitted to reasonable bail.

5) I have been informed that I have the right to plead not guilty and to persist in that plea and that the law presumes that I am innocent and the prosecution has the burden of proving my guilt by evidence beyond a reasonable doubt before I can be convicted.

6) I have been informed that I have the right to testify at any trial of this action, but that I do not have to testify and the judge or jury cannot draw any unfavorable inference if I choose not to testify, and the prosecutor cannot comment upon my failure to testify.

7) I have been told that if there is a trial of this action, that I have the right to be personally present and to be represented by my attorney and that I have the right to confront the witnesses against me face to face in open court.

8) I have been informed that I have the right to a trial by a jury of twelve persons; I further understand that with the consent of the Court and the prosecuting attorney, I have the right to waive a trial by jury and agree to a trial by the Court. I specifically authorize my attorney to decide whether or not I will request a court trial.

9) I have been informed that if I or one of my attorneys enters a plea of guilty to the charges, there will not be a further trial of any kind and that by pleading guilty I will be giving up nearly all of the foregoing rights and that the Court will enter a judgment finding me guilty of the offenses with which I am charged. I further understand that, unless there is a plea agreement, that if I plead guilty or my attorney pleads guilty for me, the judge may impose any sentence he deems just up to the maximum sentence which can be imposed.

10) With full knowledge of my rights, I respectfully request the Court to allow my attorney to appear for me at all stages of the proceedings, and to permit this action to proceed without requiring my personal appearance or presence.

PLEA AGREEMENT

The defendant and the City of Bismarck hereby enter the following plea agreement:

1. The defendant hereby pleads guilty to the charge of Driving Under the Influence, a Class B misdemeanor.
2. The defendant shall pay a fine in the amount of \$500.00 to the Bismarck Municipal Clerk of Court in monthly installments of at least \$75.00 beginning December

15, 2021.

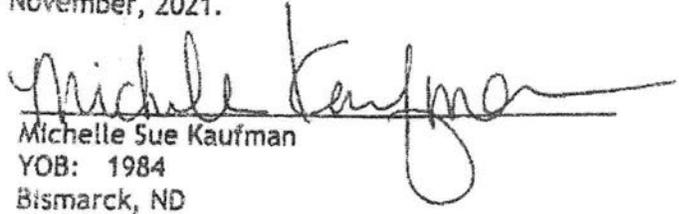
3. The defendant shall be sentenced to ten (10) days in the Burleigh County Detention Center with all ten (10) days suspended for a period of three hundred sixty (360) days of unsupervised probation, contingent upon the following:

a. The defendant shall pay all fines and fees as directed by the Court;

b. The defendant shall have no criminal violations during the period of unsupervised probation, three hundred sixty (360) days; and

c. The defendant shall submit to a chemical dependency evaluation and provide proof to the Court that she has done so within ninety (90) days of the entry of judgment herein, completing any recommended treatment within one hundred eighty (180) days.

Dated this 20th day of November, 2021.

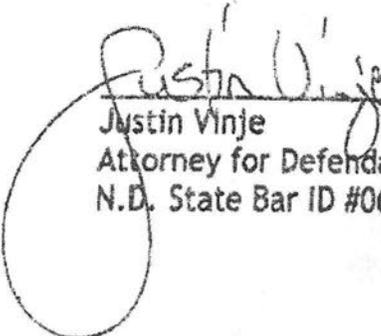

Michelle Sue Kaufman
YOB: 1984
Bismarck, ND

Dated this 26th day of November, 2021.

/s/ Julie Mees

Julie Mees
Bismarck Asst. City Attorney
N.D. State Bar ID #09500

Dated this 22 day of November, 2021.


Justin Vinje
Attorney for Defendant
N.D. State Bar ID #06066

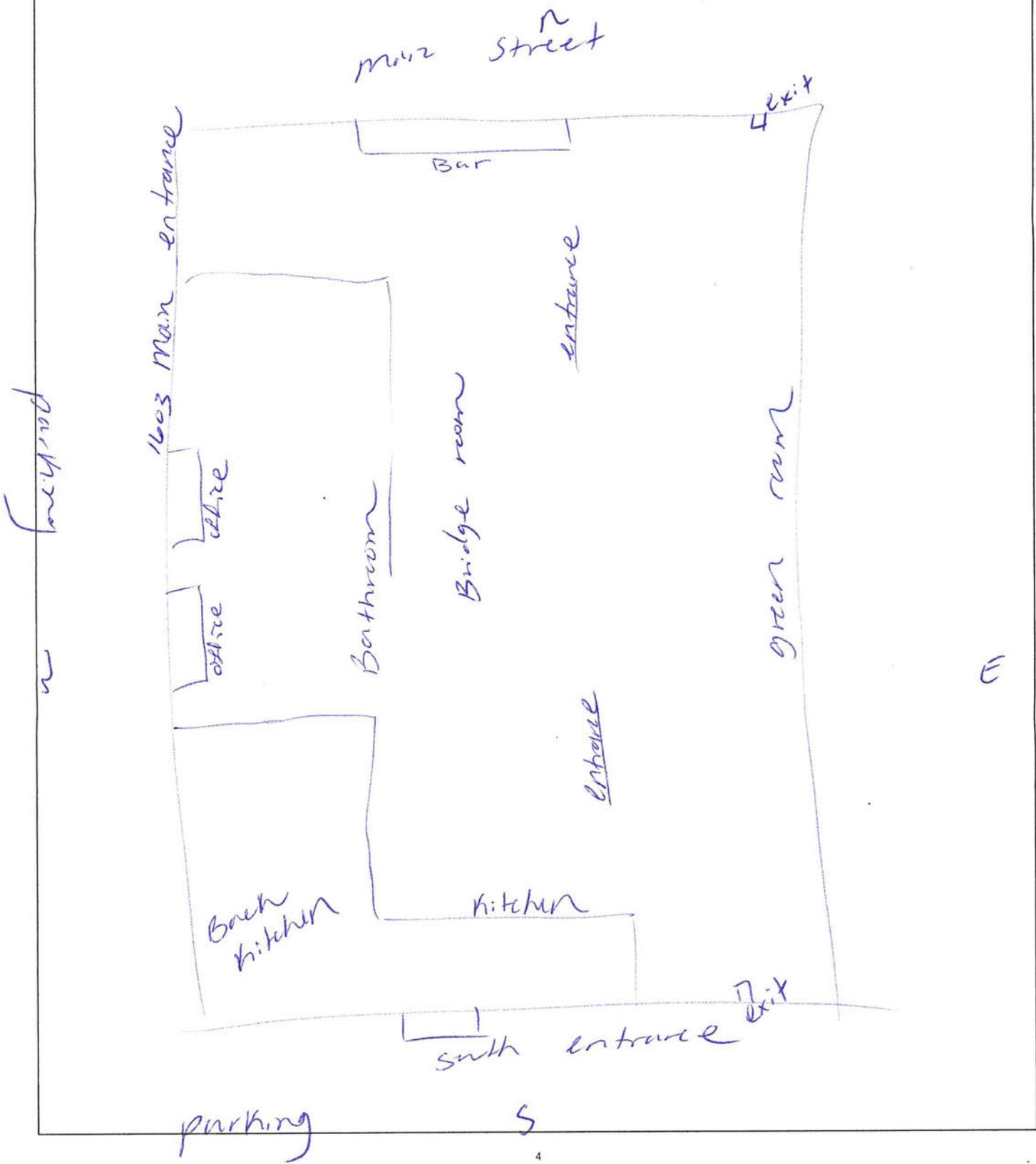
RECEIVED

BISMARCK
MUNICIPAL COURT

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



Print

Retail Alcohol Beverage License - Submission #23142

Date Submitted: 5/28/2024



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:*

Galaxy Investors, Inc.

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

Space Aliens Grill & Bar

Date of Incorporation:*

7/16/1996

State of ND Liquor License No.:

AA-00371

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

- Yes
- No
- N/A

Location Address:*

1304 E Century Ave.

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

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

David Glaser VP/CFO

Contact Information (Where correspondence is to be sent):

Primary Contact:*

David Glaser

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Cassandra Meyer

Date of Birth:*

[Redacted]/1981

Percentage of Ownership:*

0

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:*

NA

Email Address:*

[Redacted]

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

Name:*

David Glaser

Date of Birth:*

[Redacted] 1961

Percentage of Ownership:*

25

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:

VP/CFO

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Sheila Glaser

[Redacted]/1964

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

VP/COO

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Morton Bank

[Redacted]/1947

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

President/CEO

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 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:

Space Aliens Bismarck 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:*

Space Aliens 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:*

David Glaser

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

Electronic Signature

Date:*

5/28/2024

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

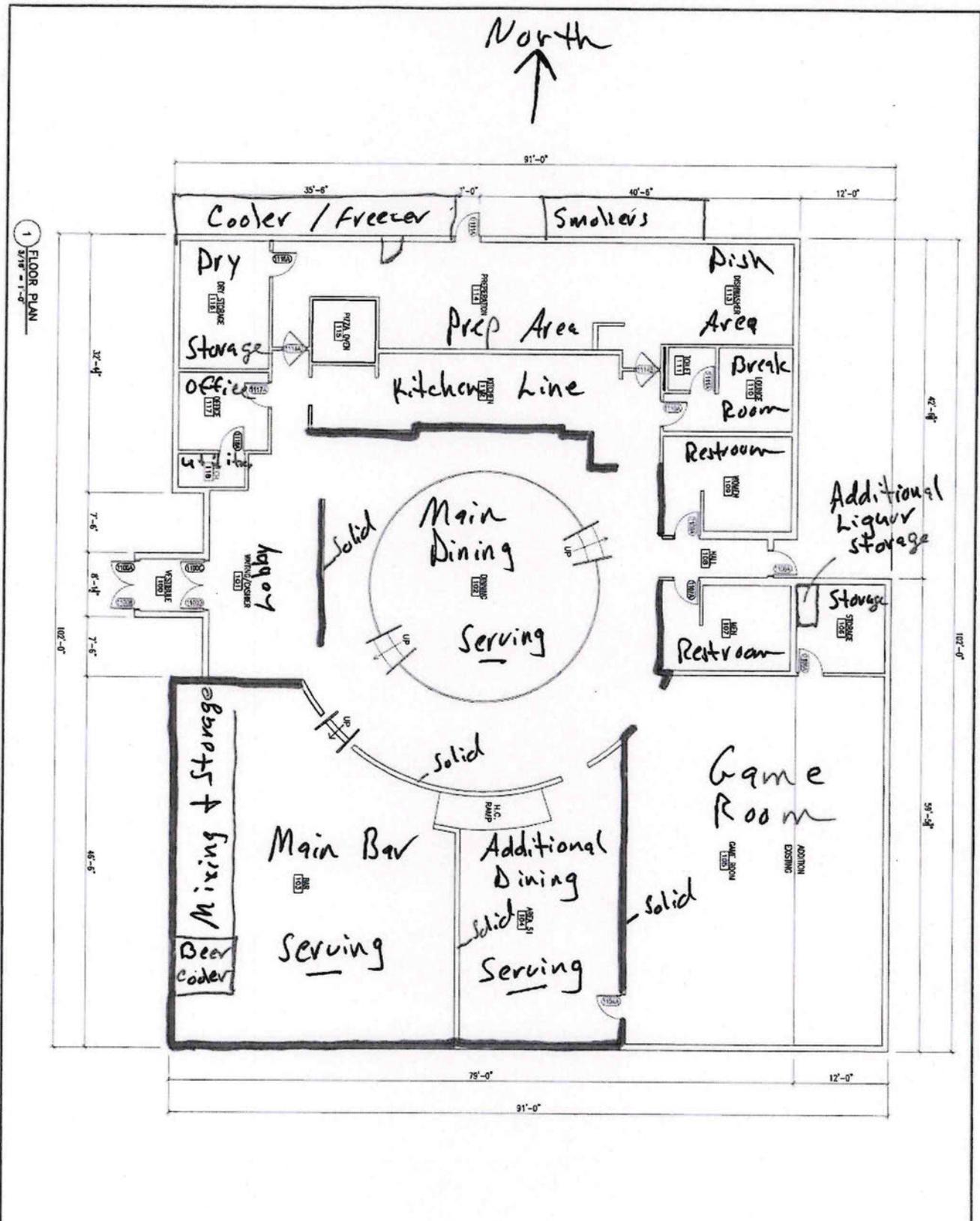
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Space Aliens Payment.pdf

Mail Payments To:

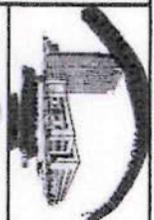
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



1 FLOOR PLAN
DATE: 8/18/11

Galaxy Investors, Inc

SPACE ALIENS GRILL & BAR - GAME ROOM EXPANSION
1304 E. CENTURY AVE
BISMARCK, ND 58503



PROJECT NO.	2011
DATE	8/18/11
BY	[Signature]
CHECKED BY	[Signature]
SCALE	AS SHOWN
OWNER	Galaxy Investors, Inc
CONTRACT NO.	
DATE	
BY	
CHECKED BY	
SCALE	
OWNER	
CONTRACT NO.	
DATE	
BY	
CHECKED BY	
SCALE	
OWNER	

FLOOR PLAN

A1.0

Print

Retail Alcohol Beverage License - Submission #23253

Date Submitted: 6/3/2024



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:*

Sports Page Inc

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

Sports Page

Date of Incorporation:*

3/1/2001

State of ND Liquor License No.:

AA-01821

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

- Yes
- No
- N/A

Location Address:*

1120 Tacoma Ave

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-224-0855

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

Robert Hixson - President and GM

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Robert Hixson

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Robert Hixson

Date of Birth:*

[Redacted] 1975

Percentage of Ownership:*

45

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

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:

Bill Hixson

Date of Birth:

[Redacted] 1950

Percentage of Ownership:

45

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

M

Race:

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Secretary

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Neal Scott

[Redacted] 1977

10

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

[Redacted]

[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:

Bill Hixson - Sidelines Sports Bar and O'Brian's Sports Bar
 Robert Hixson - Sidelines Sports Bar
 Neal Scott - Sidelines Sports Bar

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:*

BarDiagramsheet.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:*

Robert Hixson

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

Electronic Signature

Date:*

6/3/2024

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

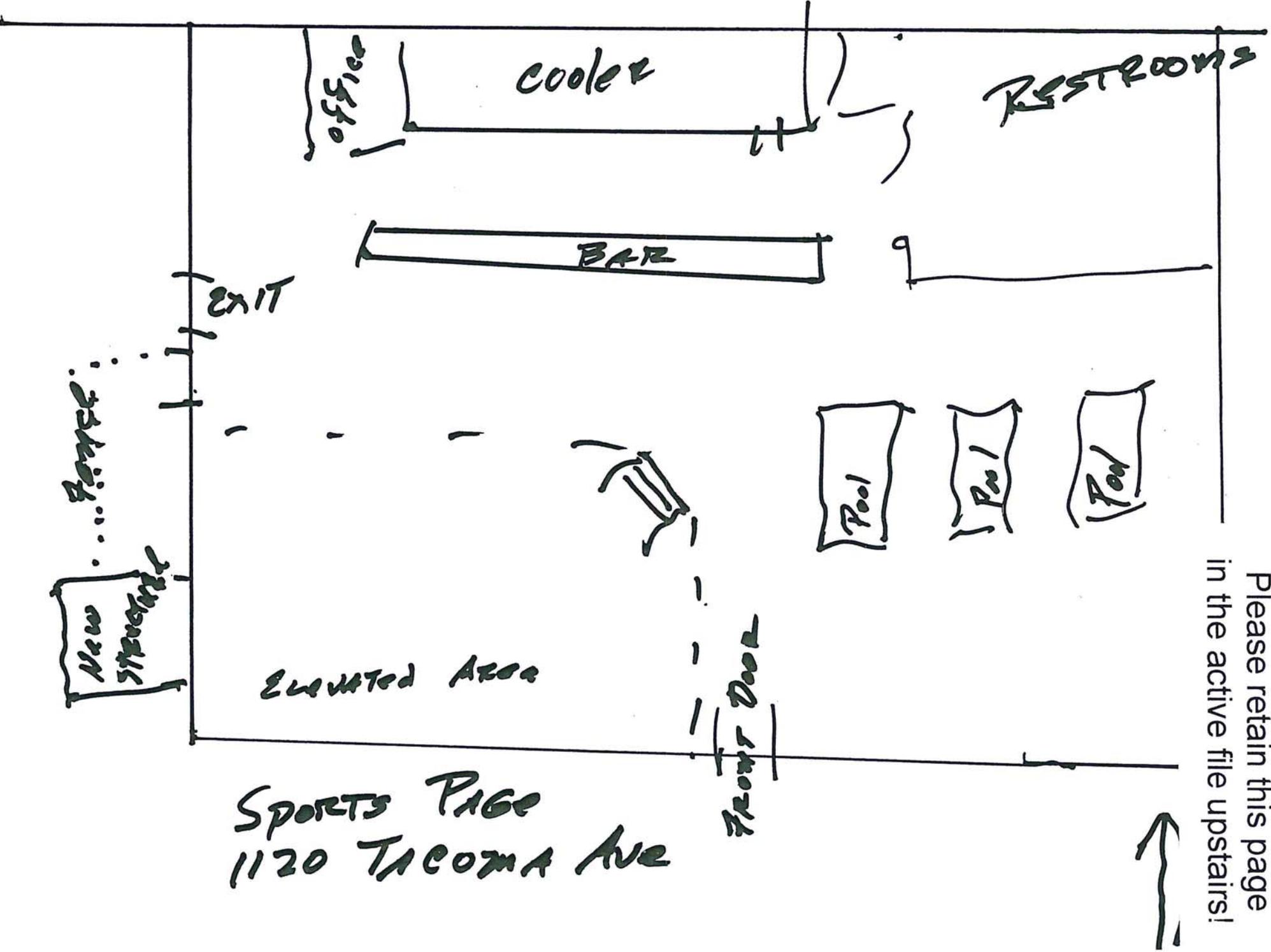
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

CreditCardAuthSP.pdf

Mail Payments To:

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



Please retain this page
in the active file upstairs!



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 checked="" 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: STONEHOME LLC		Date of Incorporation: 07/17/2015	State Business ID Number:
Doing Business As (DBA) Name, if Applicable: STONEHOME BREWING COMPANY		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1601 NORTH 12TH ST; STE 102	City: BISMARCK	State: ND	Zip: 58501
Phone Number: 701-751-1445			

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

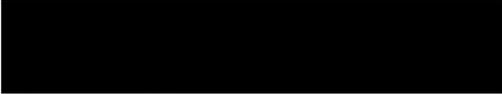
KIMBERLY BAHM

Contact Information (Where correspondence is to be sent):

Primary Contact: KIMBERLY BAHM	Phone Number: 701-751-1445	Email Address: kbahm@stonehomebismarck.com	
Mailing Address: 1601 North 12th St; STE 102	City: Bismarck	State: ND	Zip: 58501

Manager's Name: KIMBERLY BAHM		Date of Birth: [REDACTED]/1972	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: C
Home Address: [REDACTED]	City: MANDAN	State: ND	Zip: 58554
Occupation: GENERAL MANAGER	Phone Number: [REDACTED]	Title: [REDACTED]	Email Address: [REDACTED]

Stephen L. Stenehjem – President



Ownership: 10%

Occupation: CEO/ First International Bank & Trust

Gretchen Stenehjem – Vice President



Ownership: 10%

Occupation: Marketing PR/ First International Bank & Trust

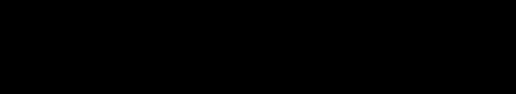
S. Peter Stenehjem – Vice President



Ownership: 20%

Occupation: President / First International Bank & Trust

Erik Stenehjem – Secretary/Treasurer



Ownership: 20%

Occupation: Chief Credit Administration Officer / First International Bank & Trust

Kira Stenehjem Noll - Governor



Ownership: 20%

Occupation: Community Banker / First International Bank & Trust

Kristen Stenehjem - Governor



Ownership: 20%

Occupation: Medical Doctor – Resident

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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Outlaws Bar & Grill; Watford City JL Beers; Watford City Stonehome Brewing Company; Watford City Slow Ride; Watford City Fox Hole; Watford City

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant License

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.

Signature of Applicant Stephen L. Steenbjen Date 5/15/24

Print Name / Title of Officer Stephen L. Steenbjen
President

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

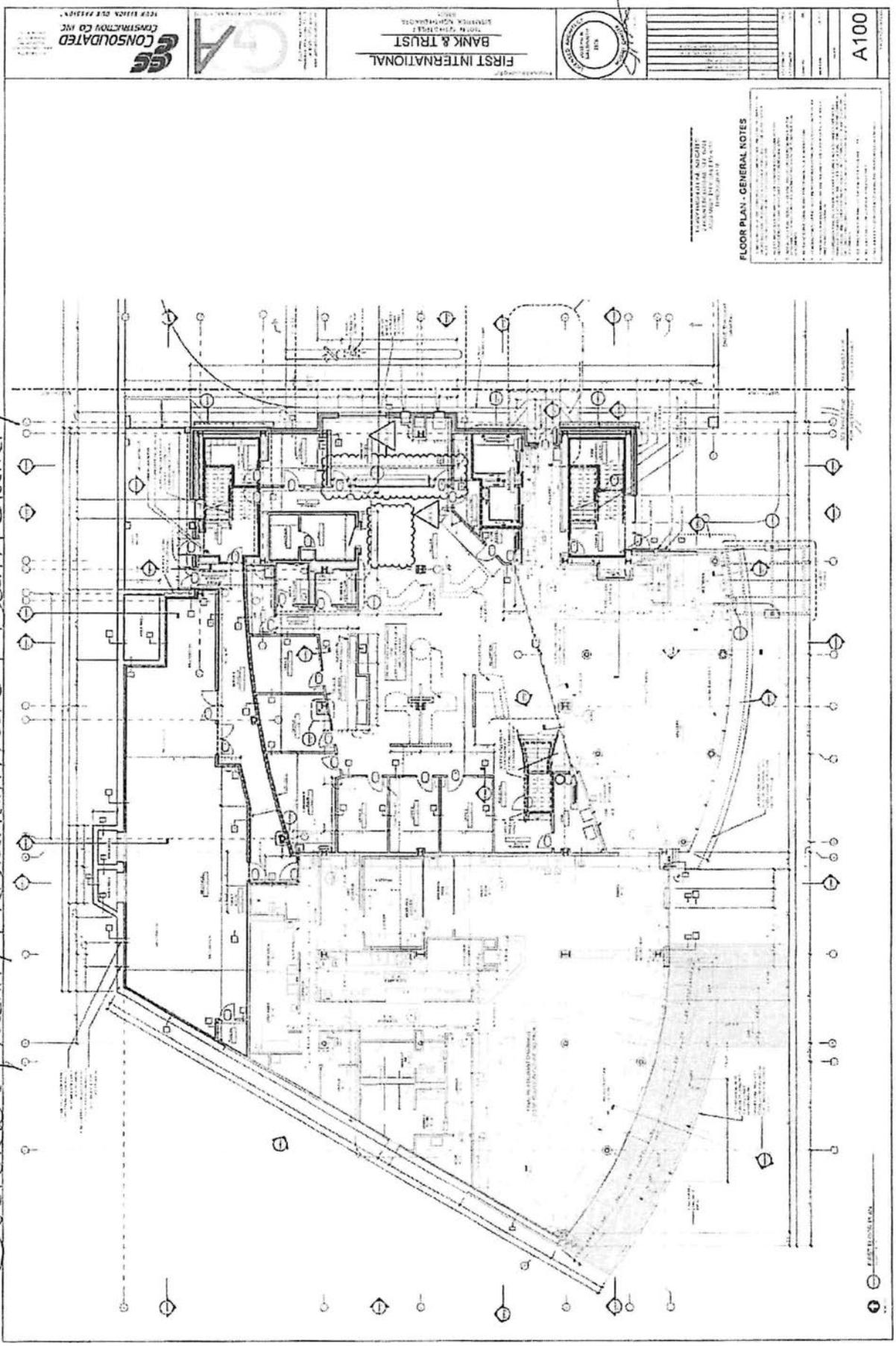
My Commission Expires _____

Area of Building to be covered by Alcohol License

We wish to hold a retail alcohol license for the entirety of 1601 North 12th Street Bismarck, ND. This is to include Stonehome Brewing Company, the patios and terraces and parking lot in the case a special event is held.

The plans included in this packet highlight the areas where normal business will be held (Restaurant/Bar and patio in appropriate weather).

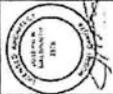
Overview of Facility Restaurant/Patio & Bank Gallery



CS
CONSOLIDATED
CONSTRUCTION CO. INC.
"FOR WHICH OUR PASSION"
10000 W. 10th Avenue, Suite 1000
Denver, CO 80202
Tel: 303.733.1000
Fax: 303.733.1001
www.csconsolidated.com

GA
GENERAL CONTRACTOR
10000 W. 10th Avenue, Suite 1000
Denver, CO 80202
Tel: 303.733.1000
Fax: 303.733.1001
www.gaconstruction.com

FIRST INTERNATIONAL
BANK & TRUST
10000 W. 10th Avenue, Suite 1000
Denver, CO 80202
Tel: 303.733.1000
Fax: 303.733.1001
www.firstinternationalbank.com



NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMIT	10/15/08
2	ISSUED FOR CONSTRUCTION	11/10/08
3	ISSUED FOR OCCUPANCY	12/15/08
4	ISSUED FOR AS-BUILT	01/15/09
5	ISSUED FOR FINAL	02/15/09
6	ISSUED FOR ARCHIVE	03/15/09
7	ISSUED FOR RECORD	04/15/09
8	ISSUED FOR FINAL	05/15/09
9	ISSUED FOR ARCHIVE	06/15/09
10	ISSUED FOR FINAL	07/15/09
11	ISSUED FOR ARCHIVE	08/15/09
12	ISSUED FOR FINAL	09/15/09
13	ISSUED FOR ARCHIVE	10/15/09
14	ISSUED FOR FINAL	11/15/09
15	ISSUED FOR ARCHIVE	12/15/09
16	ISSUED FOR FINAL	01/15/10
17	ISSUED FOR ARCHIVE	02/15/10
18	ISSUED FOR FINAL	03/15/10
19	ISSUED FOR ARCHIVE	04/15/10
20	ISSUED FOR FINAL	05/15/10
21	ISSUED FOR ARCHIVE	06/15/10
22	ISSUED FOR FINAL	07/15/10
23	ISSUED FOR ARCHIVE	08/15/10
24	ISSUED FOR FINAL	09/15/10
25	ISSUED FOR ARCHIVE	10/15/10
26	ISSUED FOR FINAL	11/15/10
27	ISSUED FOR ARCHIVE	12/15/10
28	ISSUED FOR FINAL	01/15/11
29	ISSUED FOR ARCHIVE	02/15/11
30	ISSUED FOR FINAL	03/15/11
31	ISSUED FOR ARCHIVE	04/15/11
32	ISSUED FOR FINAL	05/15/11
33	ISSUED FOR ARCHIVE	06/15/11
34	ISSUED FOR FINAL	07/15/11
35	ISSUED FOR ARCHIVE	08/15/11
36	ISSUED FOR FINAL	09/15/11
37	ISSUED FOR ARCHIVE	10/15/11
38	ISSUED FOR FINAL	11/15/11
39	ISSUED FOR ARCHIVE	12/15/11
40	ISSUED FOR FINAL	01/15/12
41	ISSUED FOR ARCHIVE	02/15/12
42	ISSUED FOR FINAL	03/15/12
43	ISSUED FOR ARCHIVE	04/15/12
44	ISSUED FOR FINAL	05/15/12
45	ISSUED FOR ARCHIVE	06/15/12
46	ISSUED FOR FINAL	07/15/12
47	ISSUED FOR ARCHIVE	08/15/12
48	ISSUED FOR FINAL	09/15/12
49	ISSUED FOR ARCHIVE	10/15/12
50	ISSUED FOR FINAL	11/15/12
51	ISSUED FOR ARCHIVE	12/15/12
52	ISSUED FOR FINAL	01/15/13
53	ISSUED FOR ARCHIVE	02/15/13
54	ISSUED FOR FINAL	03/15/13
55	ISSUED FOR ARCHIVE	04/15/13
56	ISSUED FOR FINAL	05/15/13
57	ISSUED FOR ARCHIVE	06/15/13
58	ISSUED FOR FINAL	07/15/13
59	ISSUED FOR ARCHIVE	08/15/13
60	ISSUED FOR FINAL	09/15/13
61	ISSUED FOR ARCHIVE	10/15/13
62	ISSUED FOR FINAL	11/15/13
63	ISSUED FOR ARCHIVE	12/15/13
64	ISSUED FOR FINAL	01/15/14
65	ISSUED FOR ARCHIVE	02/15/14
66	ISSUED FOR FINAL	03/15/14
67	ISSUED FOR ARCHIVE	04/15/14
68	ISSUED FOR FINAL	05/15/14
69	ISSUED FOR ARCHIVE	06/15/14
70	ISSUED FOR FINAL	07/15/14
71	ISSUED FOR ARCHIVE	08/15/14
72	ISSUED FOR FINAL	09/15/14
73	ISSUED FOR ARCHIVE	10/15/14
74	ISSUED FOR FINAL	11/15/14
75	ISSUED FOR ARCHIVE	12/15/14
76	ISSUED FOR FINAL	01/15/15
77	ISSUED FOR ARCHIVE	02/15/15
78	ISSUED FOR FINAL	03/15/15
79	ISSUED FOR ARCHIVE	04/15/15
80	ISSUED FOR FINAL	05/15/15
81	ISSUED FOR ARCHIVE	06/15/15
82	ISSUED FOR FINAL	07/15/15
83	ISSUED FOR ARCHIVE	08/15/15
84	ISSUED FOR FINAL	09/15/15
85	ISSUED FOR ARCHIVE	10/15/15
86	ISSUED FOR FINAL	11/15/15
87	ISSUED FOR ARCHIVE	12/15/15
88	ISSUED FOR FINAL	01/15/16
89	ISSUED FOR ARCHIVE	02/15/16
90	ISSUED FOR FINAL	03/15/16
91	ISSUED FOR ARCHIVE	04/15/16
92	ISSUED FOR FINAL	05/15/16
93	ISSUED FOR ARCHIVE	06/15/16
94	ISSUED FOR FINAL	07/15/16
95	ISSUED FOR ARCHIVE	08/15/16
96	ISSUED FOR FINAL	09/15/16
97	ISSUED FOR ARCHIVE	10/15/16
98	ISSUED FOR FINAL	11/15/16
99	ISSUED FOR ARCHIVE	12/15/16
100	ISSUED FOR FINAL	01/15/17

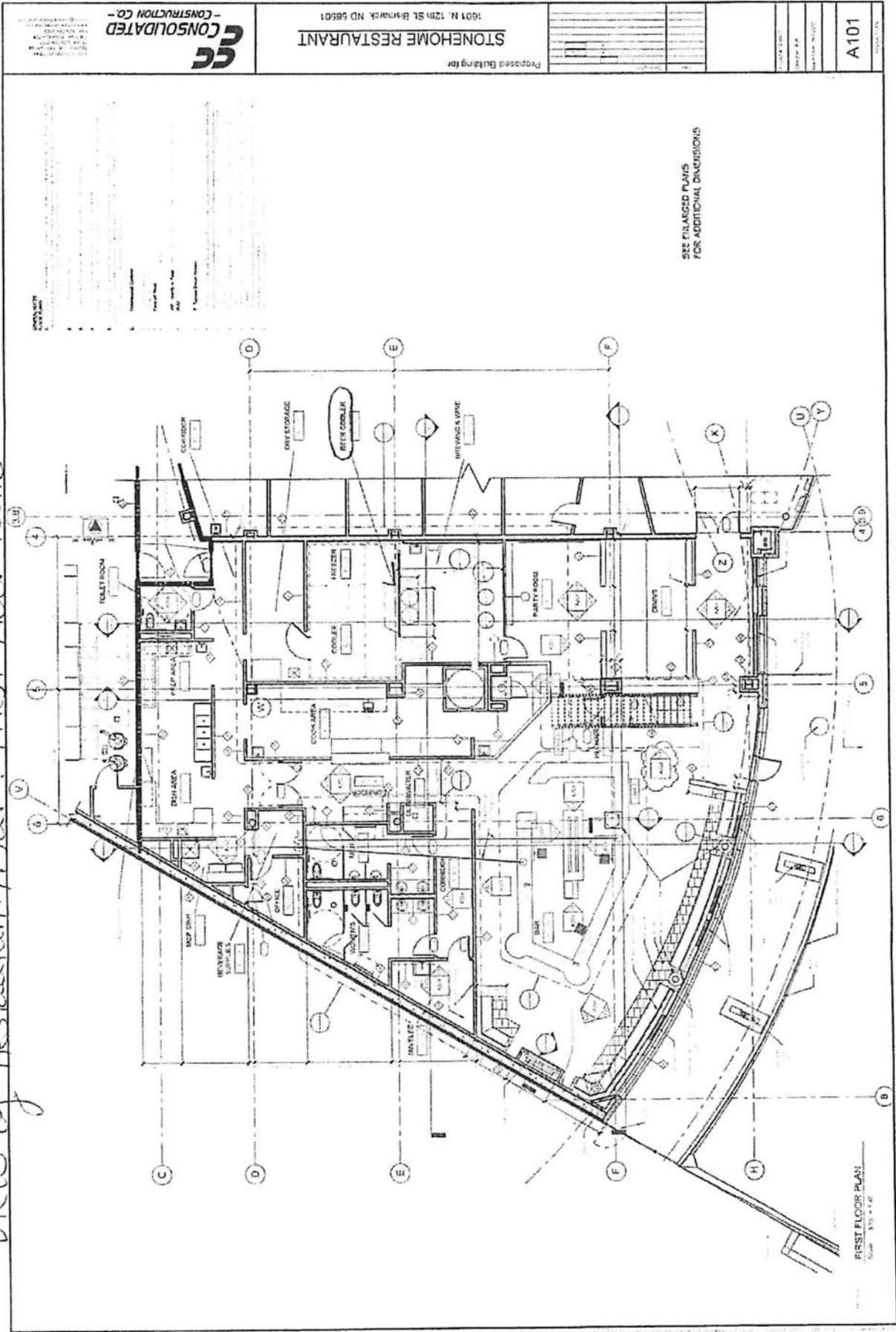
A100

FLOOR PLAN - GENERAL NOTES

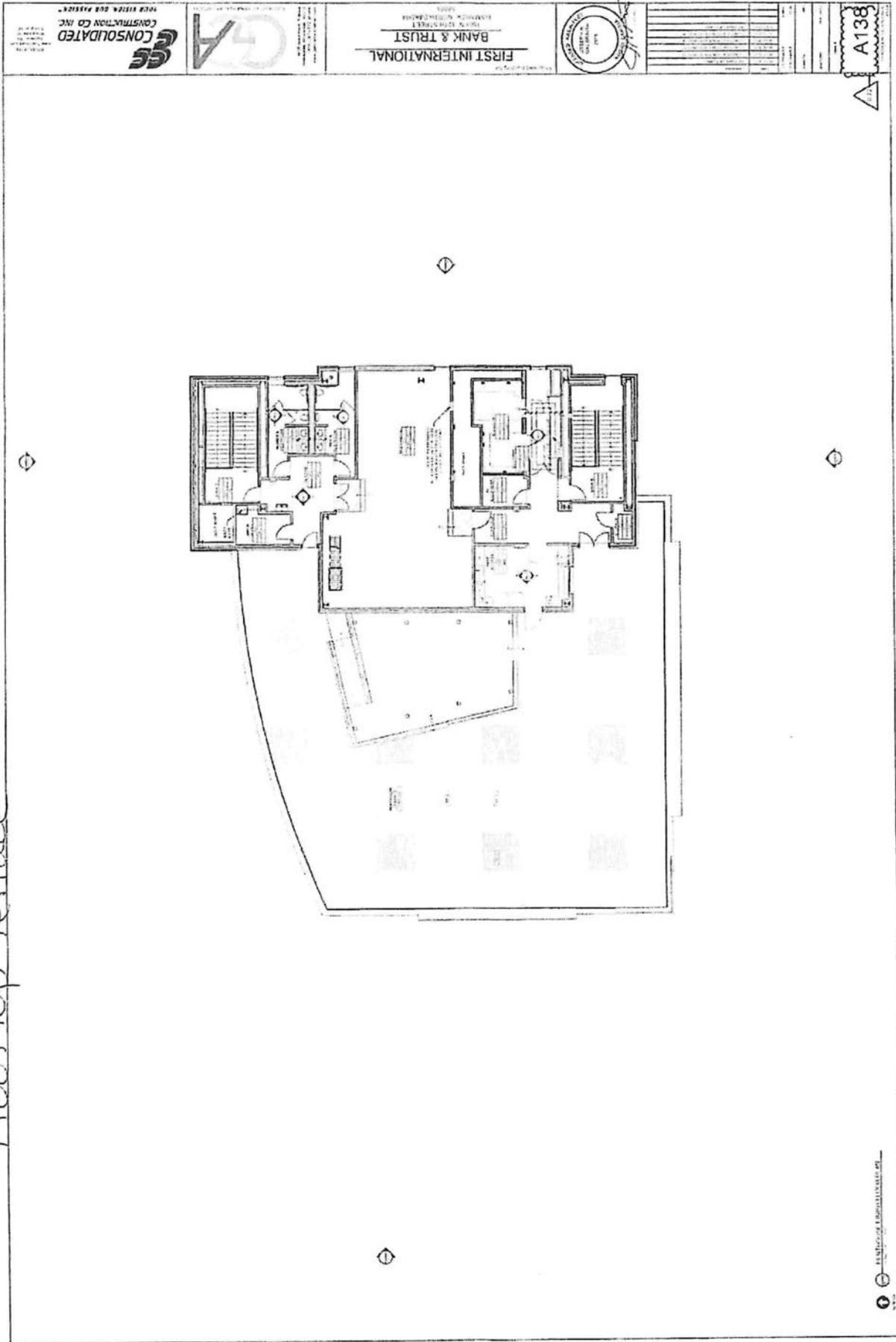
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND REGULATIONS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND NATIONAL FIRE ALARM AND SIGNALING CODE (NFPA).
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND PLUMBING CODE (IMC) AND INTERNATIONAL PLUMBING AND MECHANICAL CODE (IPMC).
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ROOFING AND FLOORING CODE (IRFC) AND INTERNATIONAL ROOFING AND FLOORING CODE (IRFC).
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL SCHEDULING CODE (ISC) AND INTERNATIONAL SCHEDULING CODE (ISC).
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL WOOD PRESERVATION CODE (IWPC) AND INTERNATIONAL WOOD PRESERVATION CODE (IWPC).
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL CONCRETE AND MASONRY CODE (ICM) AND INTERNATIONAL CONCRETE AND MASONRY CODE (ICM).
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL STEEL ERECTORS' INSTITUTE (ISE) AND INTERNATIONAL STEEL ERECTORS' INSTITUTE (ISE).
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL WELDING INSTITUTE (IWI) AND INTERNATIONAL WELDING INSTITUTE (IWI).
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF BRIDGE ENGINEERS (IABSE) AND INTERNATIONAL ASSOCIATION OF BRIDGE ENGINEERS (IABSE).
11. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF STRUCTURAL ENGINEERS (IASSE) AND INTERNATIONAL ASSOCIATION OF STRUCTURAL ENGINEERS (IASSE).
12. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF FOUNDATION ENGINEERS (IAFE) AND INTERNATIONAL ASSOCIATION OF FOUNDATION ENGINEERS (IAFE).
13. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF GEOTECHNICAL ENGINEERS (IAGE) AND INTERNATIONAL ASSOCIATION OF GEOTECHNICAL ENGINEERS (IAGE).
14. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF SOIL MECHANICS ENGINEERS (IASME) AND INTERNATIONAL ASSOCIATION OF SOIL MECHANICS ENGINEERS (IASME).
15. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF FOUNDATION ENGINEERS (IAFE) AND INTERNATIONAL ASSOCIATION OF FOUNDATION ENGINEERS (IAFE).
16. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF GEOTECHNICAL ENGINEERS (IAGE) AND INTERNATIONAL ASSOCIATION OF GEOTECHNICAL ENGINEERS (IAGE).
17. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF SOIL MECHANICS ENGINEERS (IASME) AND INTERNATIONAL ASSOCIATION OF SOIL MECHANICS ENGINEERS (IASME).
18. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF FOUNDATION ENGINEERS (IAFE) AND INTERNATIONAL ASSOCIATION OF FOUNDATION ENGINEERS (IAFE).
19. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF GEOTECHNICAL ENGINEERS (IAGE) AND INTERNATIONAL ASSOCIATION OF GEOTECHNICAL ENGINEERS (IAGE).
20. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ASSOCIATION OF SOIL MECHANICS ENGINEERS (IASME) AND INTERNATIONAL ASSOCIATION OF SOIL MECHANICS ENGINEERS (IASME).

100% COMPLETE

View of Restaurant/Bar: First Floor Patio



Roof Top Terrace



CONSOLIDATED CONSTRUCTION CO. INC.
"NEUE VISION DER MASSIVITÄT"
GA
FIRST INTERNATIONAL
BANK & TRUST
100 N. STATE STREET
MILWAUKEE, WISCONSIN 53202
A138
A

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

Print

Retail Alcohol Beverage License - Submission #23256

Date Submitted: 6/3/2024



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:*

Tavern Bismarck, LLC

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

Tavern Grill Restaurant & Bar

Date of Incorporation:*

01/27/2021

State of ND Liquor License No.:

AA03616

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

- Yes
- No
- N/A

Location Address:*

1802 N. 12th Street

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

701-751-2484

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

Paul Chestovich

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Paul Chestovich

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Hopkins

State:*

MN

Zip:*

55343

Phone No.:*

[Redacted]

Manager's Name:*

Tricia Lippert

Date of Birth:*

[Redacted] 989

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Female

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Location Manager

Email Address:*

[Redacted]

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

Name:*

Timothy Cary

Date of Birth:*

[Redacted] 1967

Percentage of Ownership:*

18.75

Driver's License No.:*

[Redacted]

State Issued:*

MN

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

North Oaks

State:*

MN

Zip:*

55127

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Peter Ahn

[Redacted]/1965

12.5

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Asian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Orono

MN

55331

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Owner and Chief Financial Officer

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Reza Alizadeh

[Redacted]/1965

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Caucasian

Home Address:

[Redacted]

City:

Mendota Heights

State:

MN

Zip:

55118

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Owner

Email address:

[Redacted]

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

Bismarck Additional Owners and Officers.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:

All managers, owners and officers are legal residents and citizens of the United States. Only the location manager is a resident of the State of North Dakota. All other such persons are residents of the State of Minnesota.

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 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:

All of the persons having ownership in Tavern Bismarck, LLC also have the same ownership in a North Dakota LLC, physically located in Fargo ND, named HRP Fargo, LLC (and which owns and operates a full-service restaurant with a liquor license under the same brand name as Tavern Bismarck, LLC -- i.e., "Tavern Grill Restaurant & Bar").

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:

Peter Ahn and Ali Alizadeh are engaged in investing in other business that are not involved in the sale of liquor. John Reilly is engaged in operating other businesses that are not involved in the sale of liquor. Paul Chestovich is engaged in providing legal services to other businesses not involved in the sale of liquor. Reza Alizadeh is engaged in the business own owning chiropractic clinics and providing chiropractic services.

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:

20240604011937362.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 with Highlighted Area of Alcoholic Serving.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File 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:*

Paul Chestovich

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

Electronic Signature

Date:*

6/3/2024

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

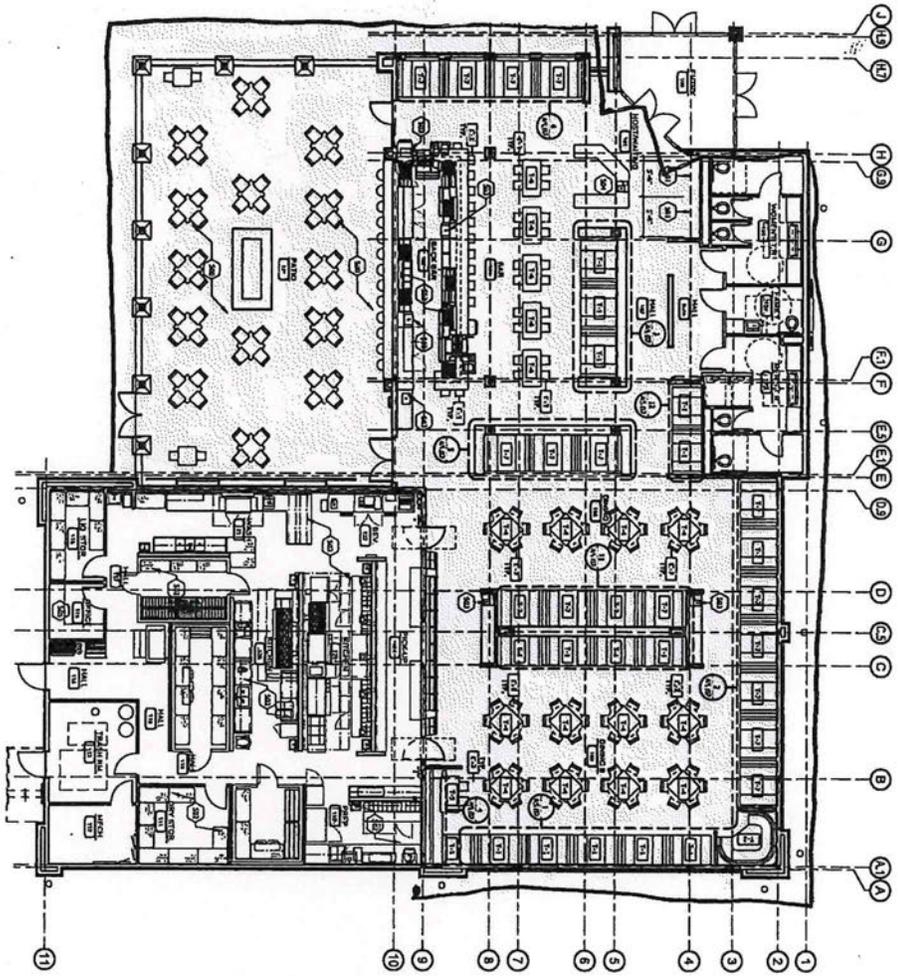
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

20240604012855924.pdf

Mail Payments To:

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



101 FIRST FLOOR FURNITURE PLAN
1/8" = 1'-0"

KEY NOTES:

1. SEE EXISTING FURNITURE LIST FOR ITEM #S.
2. ALL NEW FURNITURE TO BE INSTALLED IN THE SAME LOCATION AS SHOWN ON THIS PLAN UNLESS OTHERWISE NOTED.
3. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
4. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
5. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
6. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
7. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
8. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
9. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
10. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.

FURNITURE SCHEDULE:

NO.	DESCRIPTION	QUANTITY	REMARKS
1	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
2	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
3	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
4	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
5	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
6	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
7	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
8	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
9	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
10	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
11	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
12	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
13	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
14	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
15	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
16	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
17	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
18	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
19	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
20	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
21	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
22	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
23	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
24	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
25	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
26	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
27	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
28	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
29	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
30	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
31	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
32	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
33	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
34	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
35	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
36	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
37	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
38	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
39	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
40	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
41	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
42	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
43	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
44	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
45	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
46	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
47	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
48	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
49	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.
50	BAR SEATING	1	SEE EXISTING FURNITURE LIST FOR ITEM #S.

