



City Administration

DATE: September 14, 2020

FROM: Jason Tomanek, Assistant City Administrator

ITEM: Liquor License Renewals from August 1, 2020* through July 31, 2021

REQUEST:

Consider renewing the following licensed businesses for liquor licenses beginning August 1, 2020 and expiring on July 31, 2021 of each year.

Please place this item on the September 22, 2020 City Commission meeting agenda.

BACKGROUND INFORMATION

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

RECOMMENDED CITY COMMISSION ACTION

Consider the approval of the following liquor license renewal:

- Country West MVP – 2205 Tyler Parkway
- Horizon Market, LLC – 125 Durango Drive
- Mesa Airlines, Inc. – 2301 University Drive
- Northbrook MVP – 1905 North Washington Street
- Sam’s Club #4933 – 2821 Rock Island Place
- Superpumper #39 – 2901 North 19th Street
- Superpumper #40 – 1120 Tacoma Avenue
- Walmart #3648 – 1400 Skyline Boulevard
- Walmart #1534 – 2717 Rock Island Place

STAFF CONTACT INFORMATION

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

*Commission extended the renewal deadline for 2020-2021 renewals to December 31, 2020.



CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

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

LAST REVISED: 5/1/2019

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

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

License Type: Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/>				
New Application <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club <input type="checkbox"/>	E-Sale at Retail of Beer Only <input type="checkbox"/>	H-Commercial vessels on the Missouri River <input type="checkbox"/>	K-Beer and Wine at the Bismarck Event Center <input type="checkbox"/>	P-Event Site <input type="checkbox"/>
B-Airport Terminal Building <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine <input type="checkbox"/>
C-Hotel or Motel Full Service <input type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor <input type="checkbox"/>	R-Commercial Airline <input type="checkbox"/>
C2-Hotel or Motel <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split <input type="checkbox"/>	I3-Restaurant - Beer Only - 70/30 Split <input type="checkbox"/>	N-Domestic Winery <input type="checkbox"/>	S-Beer Arcade <input type="checkbox"/>
D-Sale at Retail of Alcoholic Beverages <input checked="" type="checkbox"/>	G-Concession Bismarck Municipal Country Club <input type="checkbox"/>	J-Non-profit Organization Club or Establishment <input type="checkbox"/>	O-Microbrewery <input type="checkbox"/>	T-Senior Living Community <input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation: <i>Missouri Valley Petroleum</i>		Date of Incorporation: <i>11/01/1987</i>	State Business ID Number: <i>70895</i>	
Name of business for which license is requested (DBA): <i>Country West MVP</i>		If out of state corporation, is corporation registered in North Dakota? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Location Address: <i>2205 Tyler Parkway</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>	Phone Number: <i>(701) 255-1216</i>
Owner of Building or Premises: <i>Froelich Land, PLLC</i>				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: <i>Danny Armstrong</i>		Phone Number: <i>(701) 852-0061</i>	Email Address: <i>danny.armstrong@Parklandusa.com</i>
Mailing Address: <i>P.O. Box 1847</i>		City: <i>Minot</i>	State: <i>ND</i>
			Zip: <i>58702</i>

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 not, 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 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: *N/A*

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:

Southside MUP - Mandan; Sunset MUP - Mandan; Northbrook MUP - Bismarck ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

Retail + wholesale business

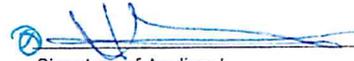
11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

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.

North Dakota
State of


Signature of Applicant

Ward
County of

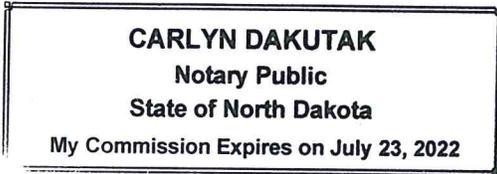
Dan Dunstan
Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 3rd

day of August, 2020


Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- 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. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.



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**APPLICATION FOR RETAIL
ALCOHOL BEVERAGE LICENSE**

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

License Type:				
Individual <input type="checkbox"/>		Corporation <input type="checkbox"/>		Partnership <input checked="" type="checkbox"/>
New Application <input type="checkbox"/>		Renewal <input checked="" type="checkbox"/>		Transfer <input type="checkbox"/>
Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club <input type="checkbox"/>	E-Sale at Retail of Beer Only <input checked="" type="checkbox"/>	H-Commercial vessels on the Missouri River <input type="checkbox"/>	K-Beer and Wine at the Bismarck Event Center <input type="checkbox"/>	P-Event Site <input type="checkbox"/>
B-Airport Terminal Building <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine <input type="checkbox"/>
C-Hotel or Motel Full Service <input type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor <input type="checkbox"/>	R-Commercial Airline <input type="checkbox"/>
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D-Sale at Retail of Alcoholic Beverages <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club <input type="checkbox"/>	J-Non-profit Organization Club or Establishment <input type="checkbox"/>	O-Microbrewery <input type="checkbox"/>	T-Senior Living Community <input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation: Horizon Market, LLC		Date of Incorporation: 05/02/20	State Business ID Number: 34218500	
Name of business for which license is requested (DBA): Horizon Market, LLC		If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Location Address: 125 Durango Drive	City: Bismarck	State: ND	Zip: 58503	Phone Number: (701) 425-0615
Owner of Building or Premises: Wilment Properties, LLC				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: Casey Clement	Phone Number: (701) 425-0615	Email Address: casey@creekoil.com	
Mailing Address: 3250 Rock Island Place Suite 4	City: Bismarck	State: ND	Zip: 58504

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 not, 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 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 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:

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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:

convenience store, development of land

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

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.

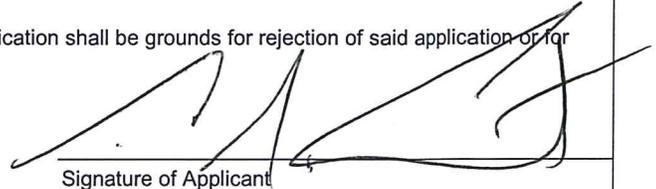
I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of

Burleigh

County of



Signature of Applicant

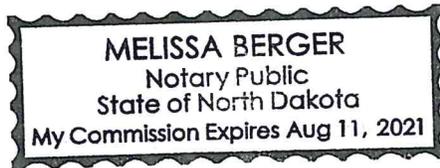
Casey J. Clement

Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License



Signature of Applicant

Subscribed and sworn to before me this 17

day of June 2020



Notary Public

Note: Each application needs to be signed and notarized.

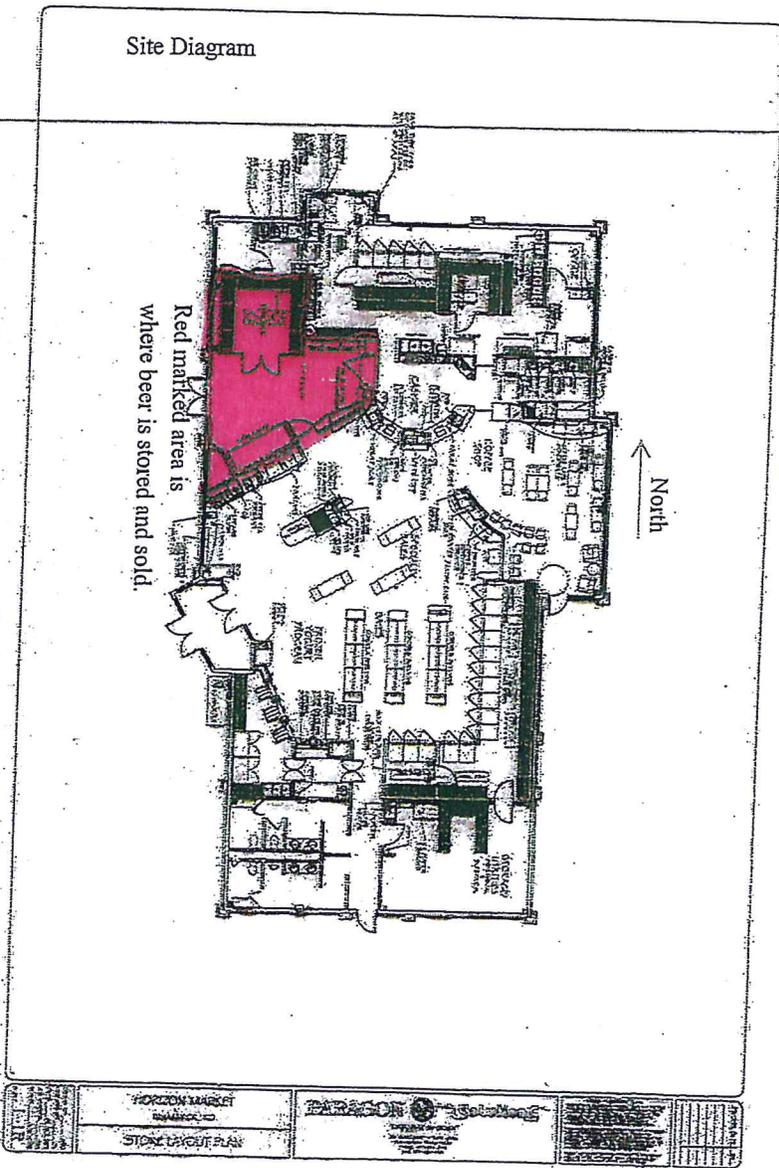
Restaurant Requirements:

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- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Site Diagram





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Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:	State Business ID Number:	
Mesa Airlines, Inc.		09/04/96	41442700	
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Mesa Airlines, Inc.				
Location Address:	City:	State:	Zip:	Phone Number:
2301 University Dr.	Bismark	ND	58504	(602) 685-4052
Owner of Building or Premises:				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Brian Gillman		(602) 685-4052	legal@mesa-air.com
Mailing Address:		City:	State: Zip:
410 N. 44th St., #700		Phoenix	AZ 85008

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 not, please explain:

Manager is a legal resident of the U.S. and while he oversees North Dakota airline operations, his legal residence is in Texas. All officers are legal residents of the U.S and Arizona.

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 Airplanes meet all state & sanitation requirements

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 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:

N/A

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:

Mesa Airlines, Inc. serves alcohol on its planes that fly into and out of airports throughout the country.

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:

Airline

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

Mesa Airlines, Inc. is current on any fees or assessments owed to the Bismark Airport

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.

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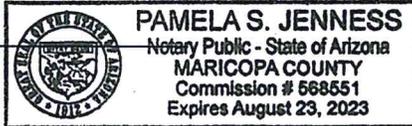
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Arizona

State of

Maricopa

County of



Signature of Applicant
Brian Gillman, EVP, Secretary
& General Counsel

Print Name

License transfers require signatures from both parties.

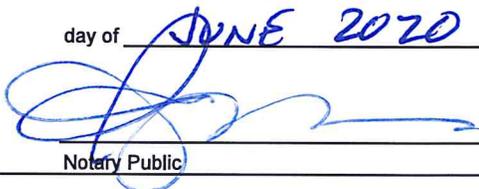
The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current Owner of Liquor License

Signature of Applicant

Subscribed and sworn to before me this 29

day of JUNE 2020



Note: Each application needs to be signed and notarized.

Notary Public

Restaurant Requirements:

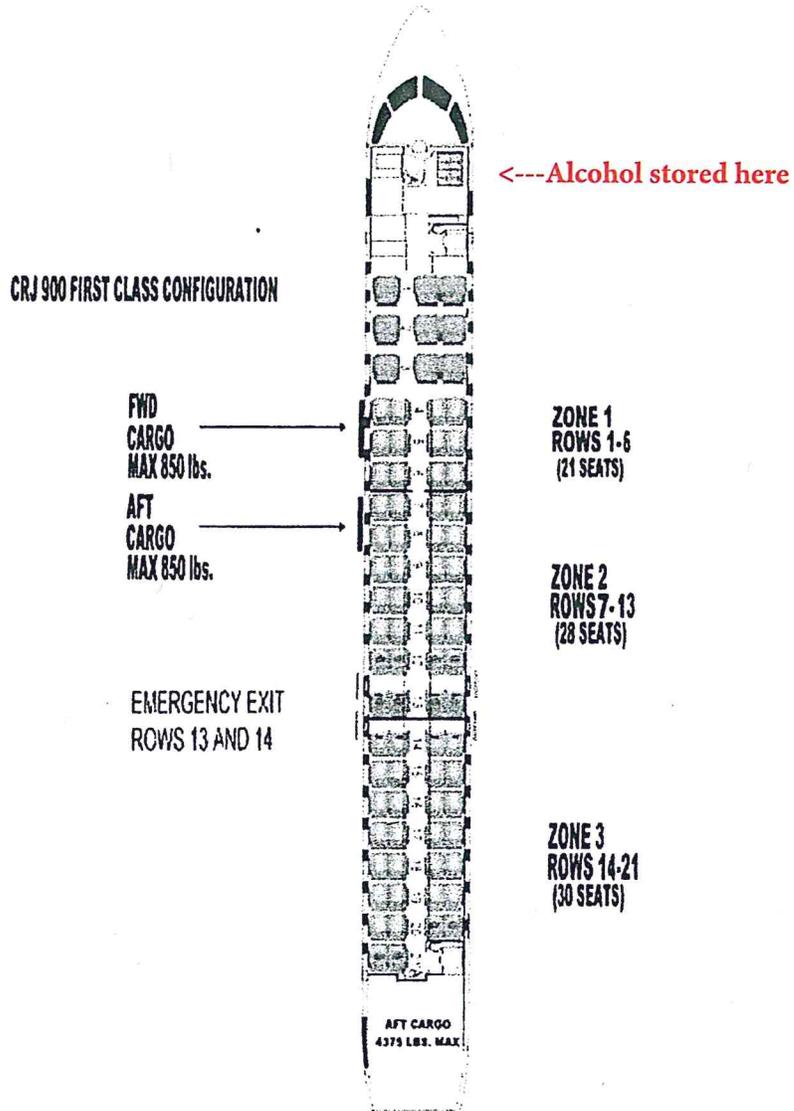
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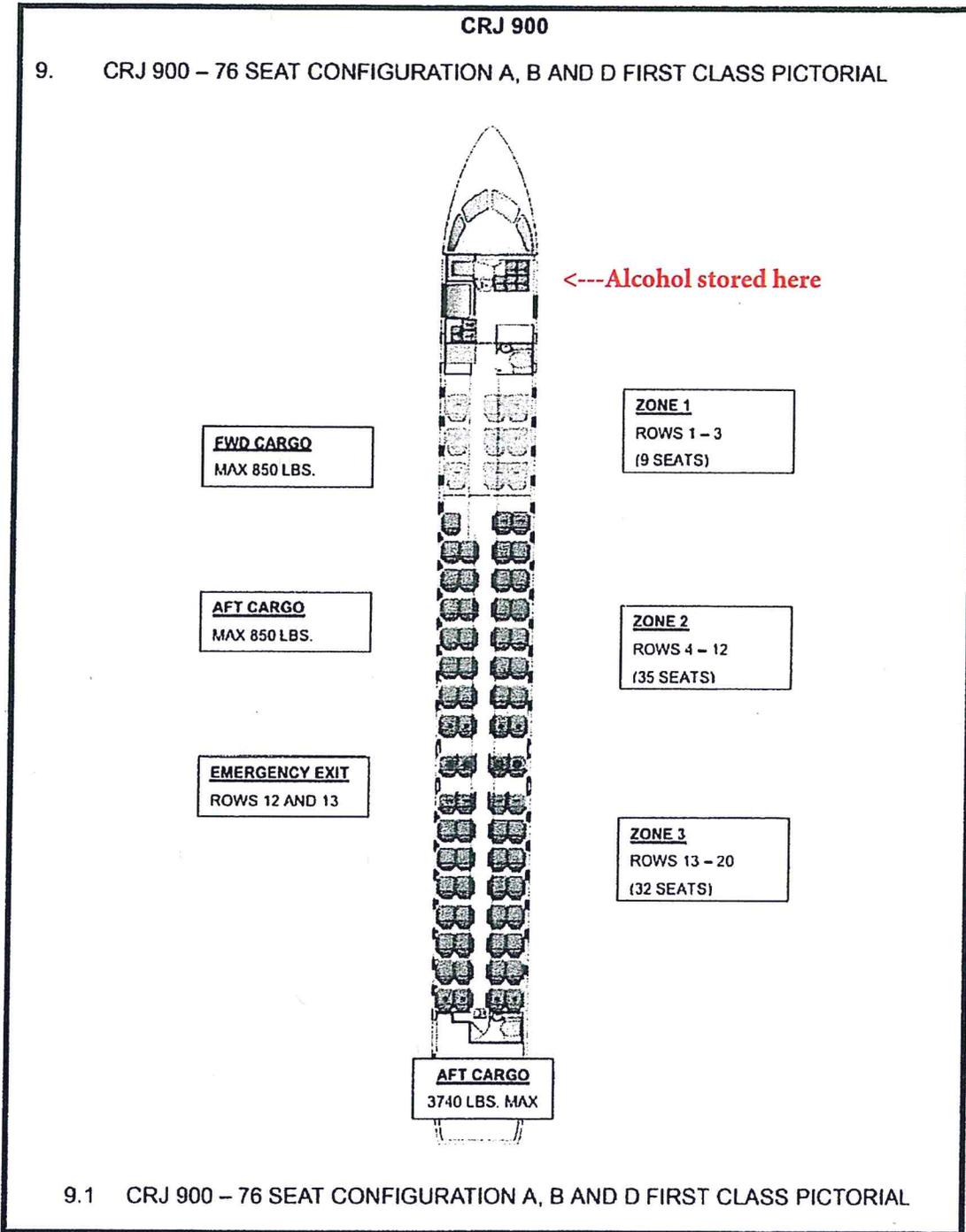
SITE DIAGRAM I

8. CRJ 900 – 79 SEAT CONFIGURATION PICTORIAL

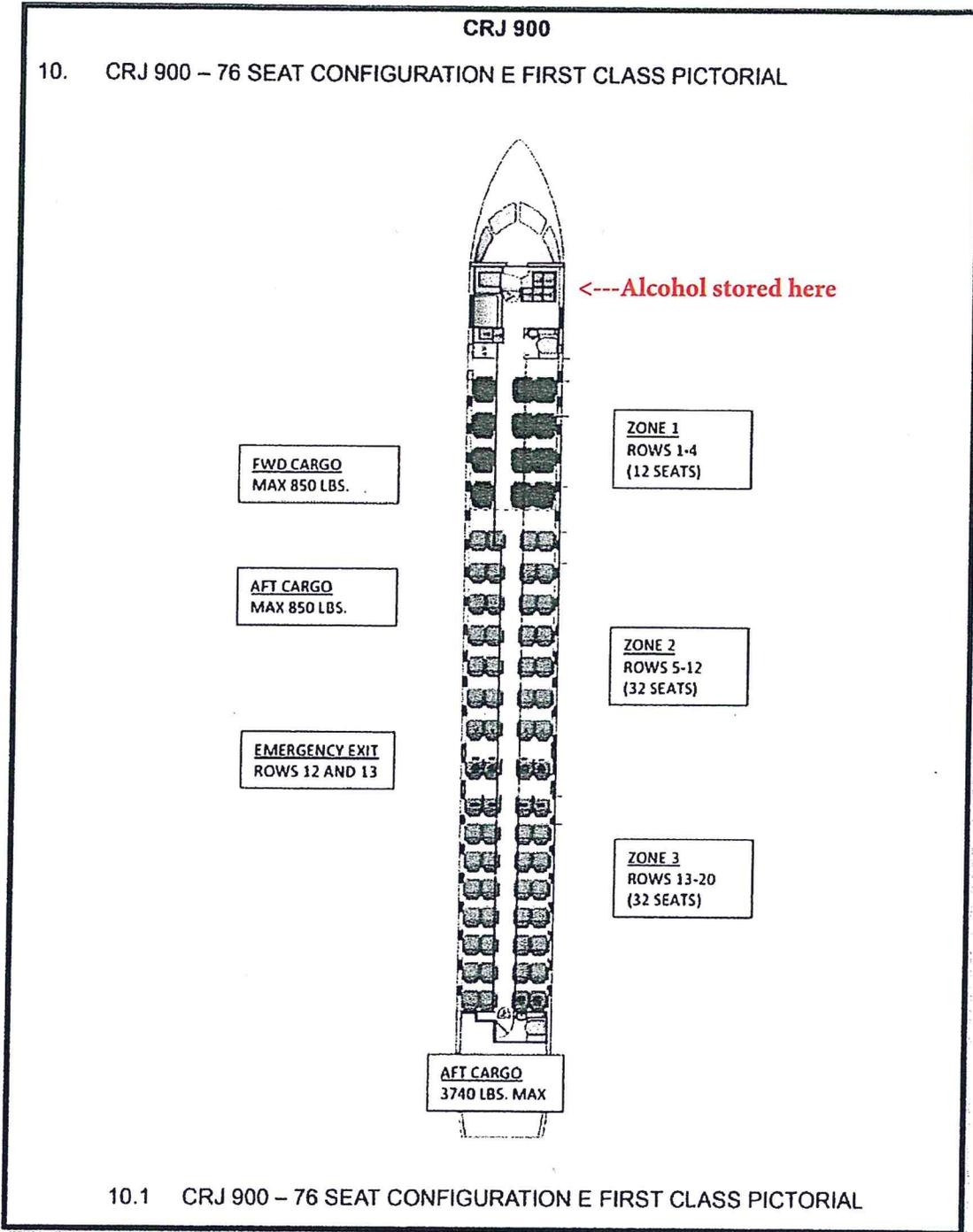


8.1 CRJ 900 – 79 SEAT CONFIGURATION PICTORIAL

SITE DIAGRAM II



SITE DIAGRAM III



MVP #49



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ADMINISTRATION DEPARTMENT

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D-Sale at Retail of Alcoholic Beverages	<input type="checkbox"/>	G-Concession Bismarck Municipal Country Club	<input type="checkbox"/>	J-Non-profit Organization Club or Establishment	<input type="checkbox"/>	O-Microbrewery	<input type="checkbox"/>	T-Senior Living Community	<input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:		State Business ID Number:
Missouri Valley Petroleum		Nov. 1, 1987		70895
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Northbrook MVP			N/A	
Location Address:	City:	State:	Zip:	Phone Number:
1905 N. Washington St	Bismarck	ND	58501	(701) 222-0188
Owner of Building or Premises:				
Missouri Valley Petroleum				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Danny Armstrong		(701) 852-0061	danny.armstrong@parklandusa.com
Mailing Address:		City:	State:
P.O. Box 1847		Minot	ND
		Zip:	
			58702

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 not, 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 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: *N/A*

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:

Southside MVP - Mandan, ND ; Sunset MVP - Mandan, ND ; Country West MVP - Bismark ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

Retail and wholesale business

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

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.

North Dakota

State of

WARD

County of

[Signature]

Signature of Applicant

Dan Dunstron

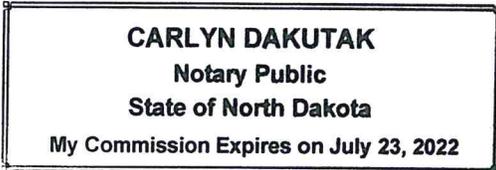
Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 3rd

day of August, 2020

Carlyn Dakutak

Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

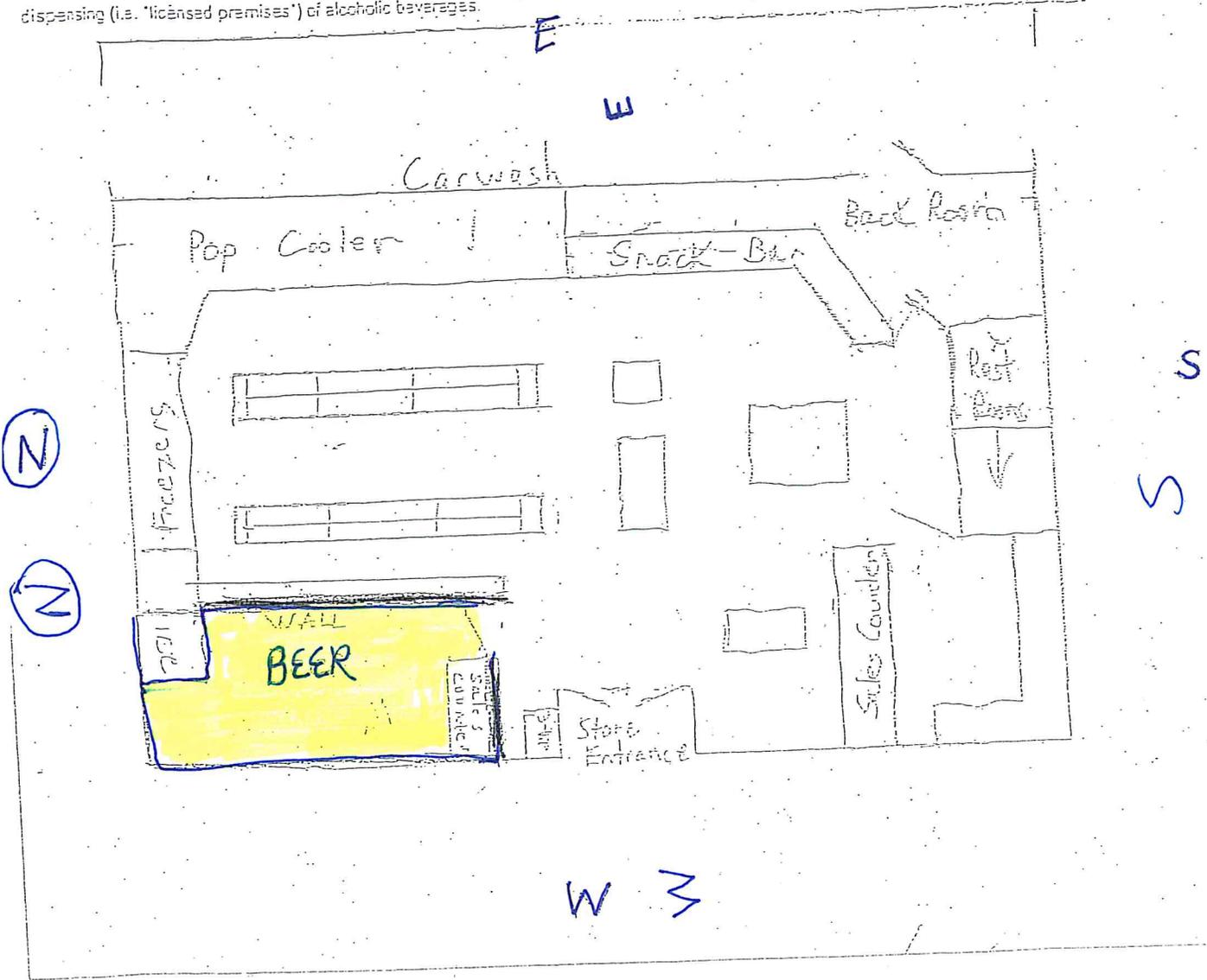
- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included 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. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Northbrook - MUP

Have you any interest whatsoever, directly or indirectly, in any other liquor establishment in or out of the state of North Dakota? Yes No

S. give details:
Country West MUP Store
Southside

Draw a clear and understandable floor plan of the premises. Show all exits, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. Use a different color to outline the area to be used for the sale and/or dispensing (i.e. "licensed premises") of alcoholic beverages.





CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

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

LAST REVISED: 5/1/2019

**APPLICATION FOR RETAIL
ALCOHOL BEVERAGE LICENSE**

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

License Type:				
Individual <input type="checkbox"/>		Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>
New Application <input type="checkbox"/>		Renewal <input checked="" type="checkbox"/>		Transfer <input type="checkbox"/>
Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club	E-Sale at Retail of Beer Only	H-Commercial vessels on the Missouri River	K-Beer and Wine at the Bismarck Event Center	P-Event Site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Airport Terminal Building	F1-Restaurant - Alcoholic Beverages - 55/45 Split	I1-Restaurant - Alcoholic Beverages - 70/30 Split	L-Beer & Wine at Parks & Recreation Locations	Q-Restaurant On-Sale and Off-Sale Wine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-Hotel or Motel Full Service	F2-Restaurant - Beer/Wine Only - 55/45 Split	I2-Restaurant - Beer and Wine Only - 70/30 Split	M-Catered Retail Beer, Wine, & Liquor	R-Commercial Airline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2-Hotel or Motel	F3-Restaurant - Beer Only - 55/45 Split	I3-Restaurant - Beer Only - 70/30 Split	N-Domestic Winery	S-Beer Arcade
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-Sale at Retail of Alcoholic Beverages	G-Concession Bismarck Municipal Country Club	J-Non-profit Organization Club or Establishment	O-Microbrewery	T-Senior Living Community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:	State Business ID Number:	
Ozark Spirits, LLC		4/27/2006	51-0006522	
Name of business for which license is requested (DBA):		If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sam's Club #4933				
Location Address:	City:	State:	Zip:	Phone Number:
2821 Rock Island PL	Bismarck	ND	58504	701-222-1101
Owner of Building or Premises:				
Sam's West, Inc.				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Walmart Licensing: Jacey Windel		479-696-2873	complic@wal-mart.com
Mailing Address:		City:	State: Zip:
702 SW 8th Street		Bentonville	AR 72716-0500

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 not, please explain:

Manager is legal resident of the state of ND and the United States.

The officers are not legal residents of North Dakota but are legal residents of the United States.

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

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 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:

NA

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:

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.

Arkansas
 State of

[Handwritten Signature]
 Signature of Applicant

Benton
 County of

David Reading
 Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 8
 day of September, 2020

[Handwritten Signature]
 Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
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- The direction "North" shall be included on the diagram.
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- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.



CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

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

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

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

LAST REVISED: 5/1/2019

License Type: Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/>				
New Application <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club <input type="checkbox"/>	E-Sale at Retail of Beer Only <input checked="" type="checkbox"/>	H-Commercial vessels on the Missouri River <input type="checkbox"/>	K-Beer and Wine at the Bismarck Event Center <input type="checkbox"/>	P-Event Site <input type="checkbox"/>
B-Airport Terminal Building <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine <input type="checkbox"/>
C-Hotel or Motel Full Service <input type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor <input type="checkbox"/>	R-Commercial Airline <input type="checkbox"/>
C2-Hotel or Motel <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split <input type="checkbox"/>	I3-Restaurant - Beer Only - 70/30 Split <input type="checkbox"/>	N-Domestic Winery <input type="checkbox"/>	S-Beer Arcade <input type="checkbox"/>
D-Sale at Retail of Alcoholic Beverages <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club <input type="checkbox"/>	J-Non-profit Organization Club or Establishment <input type="checkbox"/>	O-Microbrewery <input type="checkbox"/>	T-Senior Living Community <input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:	State Business ID Number:	
Superpumper Licensing Inc.		02/06/2015	31748300	
Name of business for which license is requested (DBA):		If out of state corporation, is corporation registered in North Dakota? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Superpumper #39		N/A		
Location Address:	City:	State:	Zip:	Phone Number:
2901 N 19 th Street	Bismarck	ND	58503	(701) 250-9289
Owner of Building or Premises:				
Superpumper, Inc.				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:	Phone Number:	Email Address:	
Danny Armstrong	(701) 852-0061	danny.armstrong@parklandusa.com	
Mailing Address:	City:	State:	Zip:
P.O. Box 1847	M. Hot	ND	58702

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 not, 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:

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If yes, please give details:

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Superpumper #40 Bismark ND; Superpumper #22 Belfie Id ND; Superpumper #32 Minot ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

retail sales from Convenience store

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

SP#39

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.

North Dakota

State of

WARD

County of

Signature of Applicant

Dan Dunstan

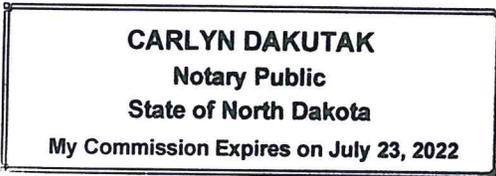
Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 3rd

day of August, 2020

Notary Public

Note: Each application needs to be signed and notarized.

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- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Superpumper #39 - Bismark

THIS LEASE dated effective the 29th day of April, 2015.

B E T W E E N:

SUPERPUMPER, INC.
(hereinafter called the "Landlord")

- AND -

SUPERPUMPER LICENSING, INC.
(hereinafter called the "Tenant")

WHEREAS:

A. The Landlord is the registered owner of those lands with the legally described as follows:

**Auditors Lot A of Lots 1 and 2
Block 1, Pebble Creek
5th Addition to the City of Bismarck, ND**

and with the municipal address:

**2901 N 19th Street
Bismark, ND
58503**

and as set forth in Schedule "A" attached hereto (hereinafter called the "**Demised Premises**").

B. The Landlord and the Tenant desire to enter into a lease agreement.

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of the premises, and the mutual covenants herein contained, and the payment of rental as hereinafter provided, the parties hereto covenant and agree together as follows:

TERM

1.1 Subject to any rights of termination herein contained, the Landlord hereby demises and leases unto the Tenant the Demised Premises for term of **Five (5) Years** commencing April 29, 2015 (the "Commencement Date").

RENT

2.1 The Tenant shall pay to the Landlord a monthly rent in the sum of **One Hundred (\$100.00) Dollars** plus applicable taxes or such other rent as may be agreed to between the Tenant and Landlord from time to time, payable in advance on first day of each and every month of the lease term and to commence on the Commencement Date of this lease.

TENANT'S COVENANTS

3.1 The Tenant covenants with the Landlord as follows:

(a) to pay the said rent on the days and in the amount provided for herein;

- (b) to repair, maintain, and keep the Demised Premises in good and substantial repair, excepting only reasonable wear and tear. And repairs required by this lease to be made by the Landlord. The cost of any repair required to be made directly as a result of any act or omission of the Tenant, its employees, customers, servants, agents or licensees shall be paid in full by the Tenant;
- (d) the Tenant shall not transfer, sublet, assign or part with possession of the Demised Premises or any part thereof without the consent of the Landlord and notwithstanding any transfer, subletting, assignment or parting with possession of the Demised Premises with the consent of the Landlord, the Tenant shall continue to be bound by all terms and conditions contained herein;
- (h) The Tenant shall use the Demised Premises only for the purpose of sale alcohol and for no other purpose unless approved in writing by the Landlord; and
- (j) The Tenant shall permit the Landlord access to enter upon the Demised Premises at all reasonable times for the purpose of monitoring, testing or taking action with respect to the environmental state of the Demised Premises.

LANDLORD'S COVENANTS

4.1 The Landlord covenants with the Tenant as follows:

- (a) The Tenant, paying the rents hereby reserved and performing and observing the covenants and conditions herein contained, shall peaceably and quietly hold and enjoy the Demised Premises during the said term without any interruption by the Landlord or any person rightfully claiming under or in trust for him subject only to clause 3.1(j) herein; and
- (b) To pay all taxes and other costs to which the Tenant contributes under the provisions of this lease.

DEFAULT AND TERMINATION

5.1 Should the rent hereby reserved, or any part thereof be unpaid after fifteen (15) days written notice of such default, or if any of the Tenant's covenants herein contained shall not be performed or observed after fifteen (15) days written notice of such default, or if the Tenant shall be adjudicated a bankrupt or enter into an agreement for the benefit of its creditors, or suffer any distress or execution to be levied on its goods, or if the Tenant should enter into liquidation either compulsorily or voluntarily, then this lease at the option of the Landlord may be terminated and it shall be lawful for the Landlord at any time thereafter to re-enter upon the Demised Premises and thereupon this lease shall terminate.

RENEWAL TERM

6.1 This lease shall automatically be renewed for one further term of Five (5) Years unless either party notifies the other in writing no later than 90 days prior to the expiration of the term of this lease therein of their intention to terminate. All conditions and provisions of this lease will remain the same for the renewal term with the exception of the rent to be paid during the renewal term which will be agreed upon between the Tenant and the Landlord.

OTHER COVENANTS

7.1 The Tenant shall indemnify and save harmless the Landlord from, of and against all liabilities, claims, demands, suits, actions and judgments arising out of or connected directly or indirectly to any accident, damage loss or injury to any person or property by reason of any act, neglect or default on the part of the Tenant or any

of its employees, agents, servants or contractors; provided always that, the Tenant shall not be liable for any damage, expense, cause of action, suits, claims, or judgments arising out of any accident, damage, loss or injury to any person or property as a result of the negligence of the Landlord, its agents, servants or contractors.

NOTICES

8.1 That any notice may be served upon the Landlord by personal service or by mailing same in a registered letter addressed to the Landlord at:

**Superpumper, Inc.
P.O. Box 1847
Minot, ND
58702-1847**

or at such address as the Tenant may be notified of in writing.

Any notice required to be given to the Tenant shall be sufficiently given by personal service or by mailing same in a prepared registered letter addressed to the Tenant at:

**Superpumper Licensing, Inc.
P.O. Box 1847
Minot, ND
58702-1847**

or at such address as the Landlord may be notified of in writing.

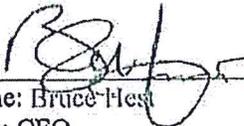
Such notice shall be deemed to have been received by the Landlord or the Tenant respectively on the date on which it shall have been so delivered or five (5) days after it is so mailed, provided that in the event that there is an obvious and known disruption of the postal service, then any notice required to be served shall be served by actual delivery to the address for service as herein before provided.

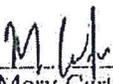
8.2 This lease shall be binding upon the parties hereto, their heirs, executors, successors and permitted assigns.

[Signature Page Follows]

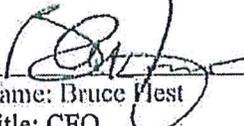
IN WITNESS WHEREOF the parties hereto have executed this agreement on the day and year first above written.

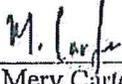
SUPERPUMPER LICENSING, INC.

Per: 
Name: Bruce Hest
Title: CFO

Per: 
Name: Merv Carter
Title: Director of Operations

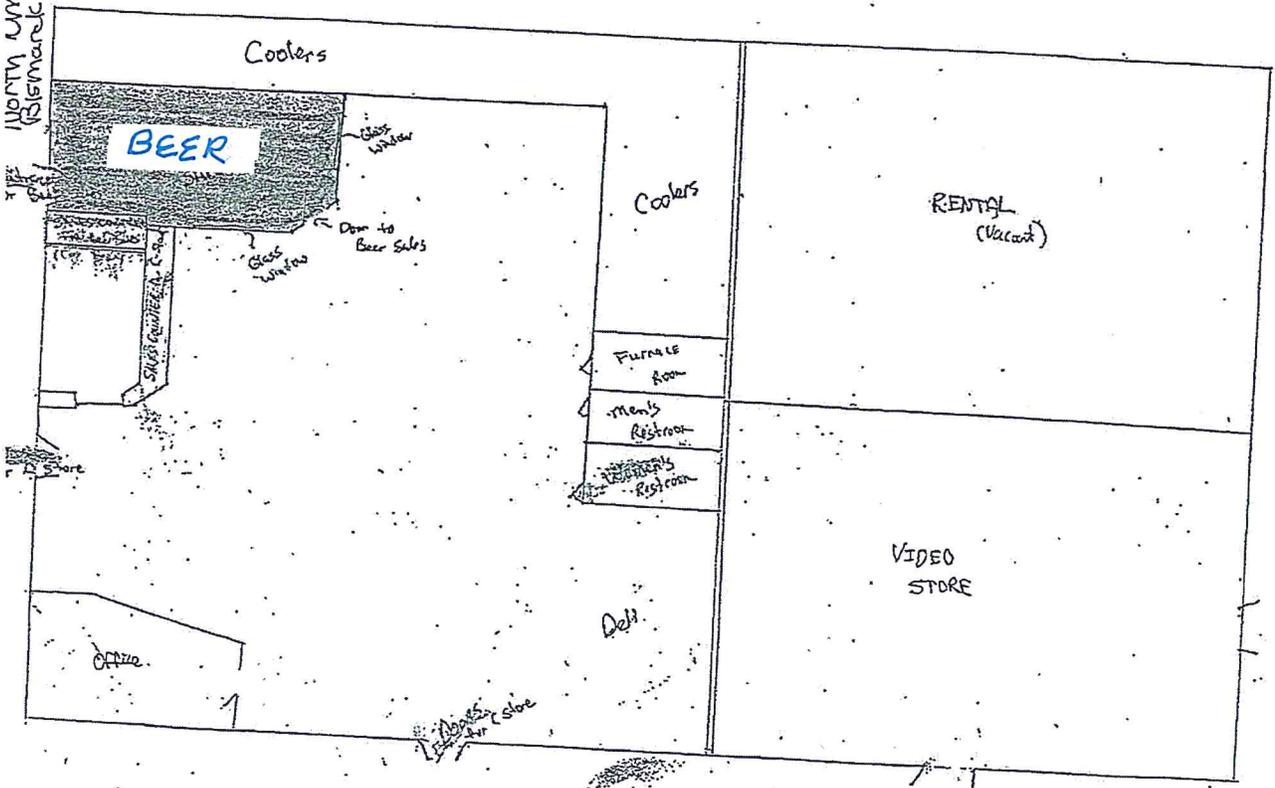
SUPERPUMPER, INC.

Per: 
Name: Bruce Hest
Title: CFO

Per: 
Name: Merv Carter
Title: Director of Operations

NORTH

NORTH WIMISTOP
1315 MAR 26





CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

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

LAST REVISED: 5/1/2019

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

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

License Type: Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/>				
New Application <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club <input type="checkbox"/>	E-Sale at Retail of Beer Only <input checked="" type="checkbox"/>	H-Commercial vessels on the Missouri River <input type="checkbox"/>	K-Beer and Wine at the Bismarck Event Center <input type="checkbox"/>	P-Event Site <input type="checkbox"/>
B-Airport Terminal Building <input type="checkbox"/>	F1-Restaurant - Alcoholic Beverages - 55/45 Split <input type="checkbox"/>	I1-Restaurant - Alcoholic Beverages - 70/30 Split <input type="checkbox"/>	L-Beer & Wine at Parks & Recreation Locations <input type="checkbox"/>	Q-Restaurant On-Sale and Off-Sale Wine <input type="checkbox"/>
C-Hotel or Motel Full Service <input type="checkbox"/>	F2-Restaurant - Beer/Wine Only - 55/45 Split <input type="checkbox"/>	I2-Restaurant - Beer and Wine Only - 70/30 Split <input type="checkbox"/>	M-Catered Retail Beer, Wine, & Liquor <input type="checkbox"/>	R-Commercial Airline <input type="checkbox"/>
C2-Hotel or Motel <input type="checkbox"/>	F3-Restaurant - Beer Only - 55/45 Split <input type="checkbox"/>	I3-Restaurant - Beer Only - 70/30 Split <input type="checkbox"/>	N-Domestic Winery <input type="checkbox"/>	S-Beer Arcade <input type="checkbox"/>
D-Sale at Retail of Alcoholic Beverages <input type="checkbox"/>	G-Concession Bismarck Municipal Country Club <input type="checkbox"/>	J-Non-profit Organization Club or Establishment <input type="checkbox"/>	O-Microbrewery <input type="checkbox"/>	T-Senior Living Community <input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation:		Date of Incorporation:	State Business ID Number:	
Superpumper Licensing Inc		02/06/2015	317482 00	
Name of business for which license is requested (DBA):		If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Superpumper #40				
Location Address:	City:	State:	Zip:	Phone Number:
1120 Tacoma Ave	Bismarck	ND	58504	(701) 255-2251
Owner of Building or Premises:				
Superpumper, Inc.				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Danny Armstrong		(701) 852-0061	danny.armstrong@Parkland.us# .com
Mailing Address:		City:	State:
P.O. Box 1847		Minot	ND
		Zip:	
			58702

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 not, 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 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: *N/A*

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:

Superpumper #39 Bismarck ND; Superpumper #72 Belfield ND; Superpumper #32 Minot ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No If not, please explain:

SP#40

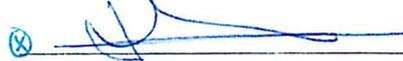
I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

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.

North Dakota

State of



Signature of Applicant

Ward

Dan Dunstan

County of

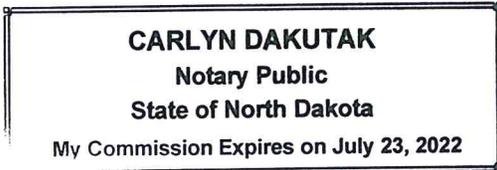
Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 3rd

day of August, 2020



Notary Public

Note: Each application needs to be signed and notarized.

Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

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- The licensed area shall be identified within the margins.
- 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. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Superpumper #40 - Bismark

THIS SUBLEASE dated effective the 29th day of April, 2015.

B E T W E E N:

SUPERPUMPER, INC.
(hereinafter called the "Landlord")

- AND -

SUPERPUMPER LICENSING, INC.
(hereinafter called the "Subtenant")

WHEREAS:

A. The Landlord is the current tenant of those lands with the legally described as follows:

Lot Five (5), Block One (1), less the West Sixty-Nine (69') Feet thereof
Cottonwood Lake
Fifth Addition to the City of Bismarck
Burleigh County, North Dakota

and with the municipal address:

1120 Tacoma Avenue
Bismark, ND
58504

and as set forth in Schedule "A" attached hereto (hereinafter called the "Demised Premises").

B. The Landlord and the Subtenant desire to enter into a sublease agreement with respect to the Demised Premises.

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of the premises, and the mutual covenants herein contained, and the payment of rental as hereinafter provided, the parties hereto covenant and agree together as follows:

TERM

1.1 Subject to any rights of termination herein contained, the Landlord hereby demises and leases unto the Subtenant the Demised Premises for term of **Five (5) Years** commencing April 29, 2015 (the "Commencement Date").

RENT

2.1 The Subtenant shall pay to the Landlord a monthly rent in the sum of **One Hundred (\$100.00) Dollars** plus applicable taxes or such other rent as may be agreed to between the Subtenant and Landlord from time to time, payable in advance on first day of each and every month of the lease term and to commence on the Commencement Date of this lease.

SUBTENANT'S COVENANTS

3.1 The Subtenant covenants with the Landlord as follows:

(a) to pay the said rent on the days and in the amount provided for herein;

- (b) to repair, maintain, and keep the Demised Premises in good and substantial repair, excepting only reasonable wear and tear. And repairs required by this lease to be made by the Landlord. The cost of any repair required to be made directly as a result of any act or omission of the Subtenant, its employees, customers, servants, agents or licensees shall be paid in full by the Subtenant;
- (d) the Subtenant shall not transfer, sublet, assign or part with possession of the Demised Premises or any part thereof without the consent of the Landlord and notwithstanding any transfer, subletting, assignment or parting with possession of the Demised Premises with the consent of the Landlord, the Subtenant shall continue to be bound by all terms and conditions contained herein;
- (h) The Subtenant shall use the Demised Premises only for the purpose of sale alcohol and for no other purpose unless approved in writing by the Landlord; and
- (j) The Subtenant shall permit the Landlord access to enter upon the Demised Premises at all reasonable times for the purpose of monitoring, testing or taking action with respect to the environmental state of the Demised Premises.

LANDLORD'S COVENANTS

4.1 The Landlord covenants with the Subtenant as follows:

- (a) The Subtenant, paying the rents hereby reserved and performing and observing the covenants and conditions herein contained, shall peaceably and quietly hold and enjoy the Demised Premises during the said term without any interruption by the Landlord or any person rightfully claiming under or in trust for him subject only to clause 3.1(j) herein; and
- (b) To pay all taxes and other costs to which the Subtenant contributes under the provisions of this lease.

DEFAULT AND TERMINATION

5.1 Should the rent hereby reserved, or any part thereof be unpaid after fifteen (15) days written notice of such default, or if any of the Subtenant's covenants herein contained shall not be performed or observed after fifteen (15) days written notice of such default, or if the Subtenant shall be adjudicated a bankrupt or enter into an agreement for the benefit of its creditors, or suffer any distress or execution to be levied on its goods, or if the Subtenant should enter into liquidation either compulsorily or voluntarily, then this lease at the option of the Landlord may be terminated and it shall be lawful for the Landlord at any time thereafter to re-enter upon the Demised Premises and thereupon this lease shall terminate.

RENEWAL TERM

6.1 This lease shall automatically be renewed for one further term of Five (5) Years unless either party notifies the other in writing no later than 90 days prior to the expiration of the term of this lease therein of their intention to terminate. All conditions and provisions of this lease will remain the same for the renewal term with the exception of the rent to be paid during the renewal term which will be agreed upon between the Subtenant and the Landlord.

OTHER COVENANTS

7.1 The Subtenant shall indemnify and save harmless the Landlord from, of and against all liabilities, claims, demands, suits, actions and judgments arising out of or connected directly or indirectly to any accident,

damage loss or injury to any person or property by reason of any act, neglect or default on the part of the Subtenant or any of its employees, agents, servants or contractors; provided always that, the Subtenant shall not be liable for any damage, expense, cause of action, suits, claims, or judgments arising out of any accident, damage, loss or injury to any person or property as a result of the negligence of the Landlord, its agents, servants or contractors.

NOTICES

8.1 That any notice may be served upon the Landlord by personal service or by mailing same in a registered letter addressed to the Landlord at:

**Superpumper, Inc.
P.O. Box 1847
Minot, ND
58702-1847**

or at such address as the Subtenant may be notified of in writing.

Any notice required to be given to the Subtenant shall be sufficiently given by personal service or by mailing same in a prepared registered letter addressed to the Subtenant at:

**Superpumper Licensing, Inc.
P.O. Box 1847
Minot, ND
58702-1847**

or at such address as the Landlord may be notified of in writing.

Such notice shall be deemed to have been received by the Landlord or the Subtenant respectively on the date on which it shall have been so delivered or five (5) days after it is so mailed, provided that in the event that there is an obvious and known disruption of the postal service, then any notice required to be served shall be served by actual delivery to the address for service as herein before provided.

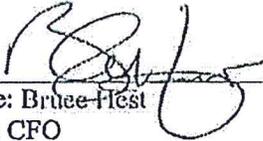
8.2 This lease shall be binding upon the parties hereto, their heirs, executors, successors and permitted assigns.

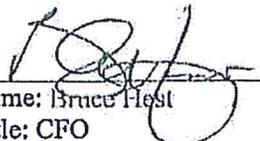
[Signature Page Follows]

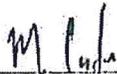
IN WITNESS WHEREOF the parties hereto have executed this agreement on the day and year first above written.

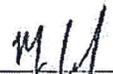
SUPERPUMPER LICENSING, INC.

SUPERPUMPER, INC.

Per: 
Name: Bruce Hest
Title: CFO

Per: 
Name: Bruce Hest
Title: CFO

Per: 
Name: Merv Carter
Title: Director of Operations

Per: 
Name: Merv Carter
Title: Director of Operations

South Unistop

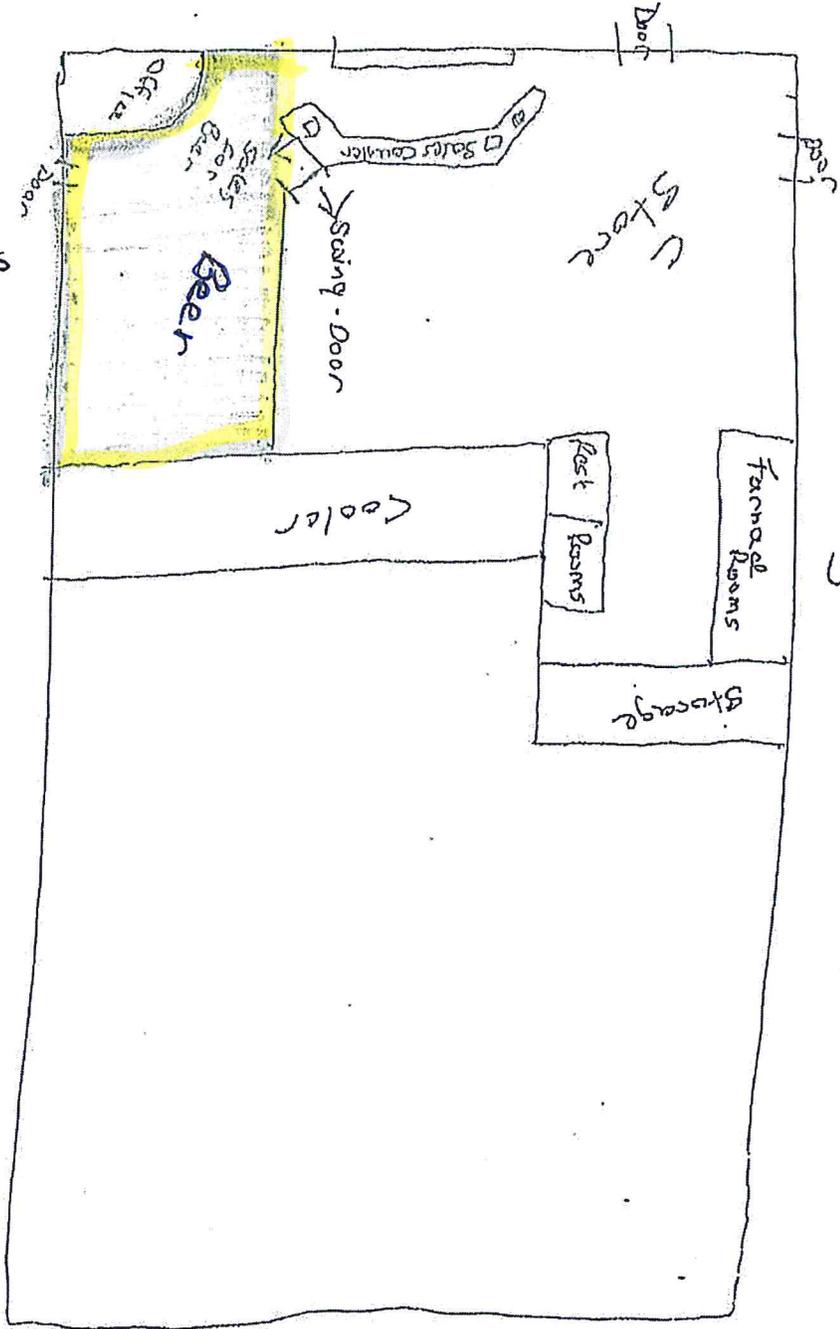
East

E

Legend

Demised Premises

North



South

West

W

465968



CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

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

LAST REVISED: 5/1/2019

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

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

License Type:				
Individual <input type="checkbox"/>		Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>
New Application <input type="checkbox"/>		Renewal <input checked="" type="checkbox"/>		Transfer <input type="checkbox"/>
Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club	E-Sale at Retail of Beer Only	H-Commercial vessels on the Missouri River	K-Beer and Wine at the Bismarck Event Center	P-Event Site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Airport Terminal Building	F1-Restaurant - Alcoholic Beverages - 55/45 Split	I1-Restaurant - Alcoholic Beverages - 70/30 Split	L-Beer & Wine at Parks & Recreation Locations	Q-Restaurant On-Sale and Off-Sale Wine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-Hotel or Motel Full Service	F2-Restaurant - Beer/Wine Only - 55/45 Split	I2-Restaurant - Beer and Wine Only - 70/30 Split	M-Catered Retail Beer, Wine, & Liquor	R-Commercial Airline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2-Hotel or Motel	F3-Restaurant - Beer Only - 55/45 Split	I3-Restaurant - Beer Only - 70/30 Split	N-Domestic Winery	S-Beer Arcade
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-Sale at Retail of Alcoholic Beverages	G-Concession Bismarck Municipal Country Club	J-Non-profit Organization Club or Establishment	O-Microbrewery	T-Senior Living Community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location Information:				
Name of Partnership or Corporation:			Date of Incorporation:	State Business ID Number:
Ozark Spirits, LLC			4/27/2006	51-0006522
Name of business for which license is requested (DBA):			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Walmart #1534				
Location Address:	City:	State:	Zip:	Phone Number:
2717 Rock Island PL	Bismarck	ND	58504	701-223-3066
Owner of Building or Premises:				
Walmart Inc.				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact:		Phone Number:	Email Address:
Walmart Licensing: Jacey Windel		479-696-2873	complic@wal-mart.com
Mailing Address:		City:	State: Zip:
702 SW 8th Street		Bentonville	AR 72716-0500

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 not, please explain:

Manager is legal resident of the state of ND and the United states.

The officers are not legal residents of North Dakota but are legal residents of the United States.

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No

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

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 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:

NA

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:

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.

Arkansas
State of

[Handwritten Signature]
Signature of Applicant

Benton
County of

David Reading
Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 3

day of September, 2020

[Handwritten Signature]
Notary Public

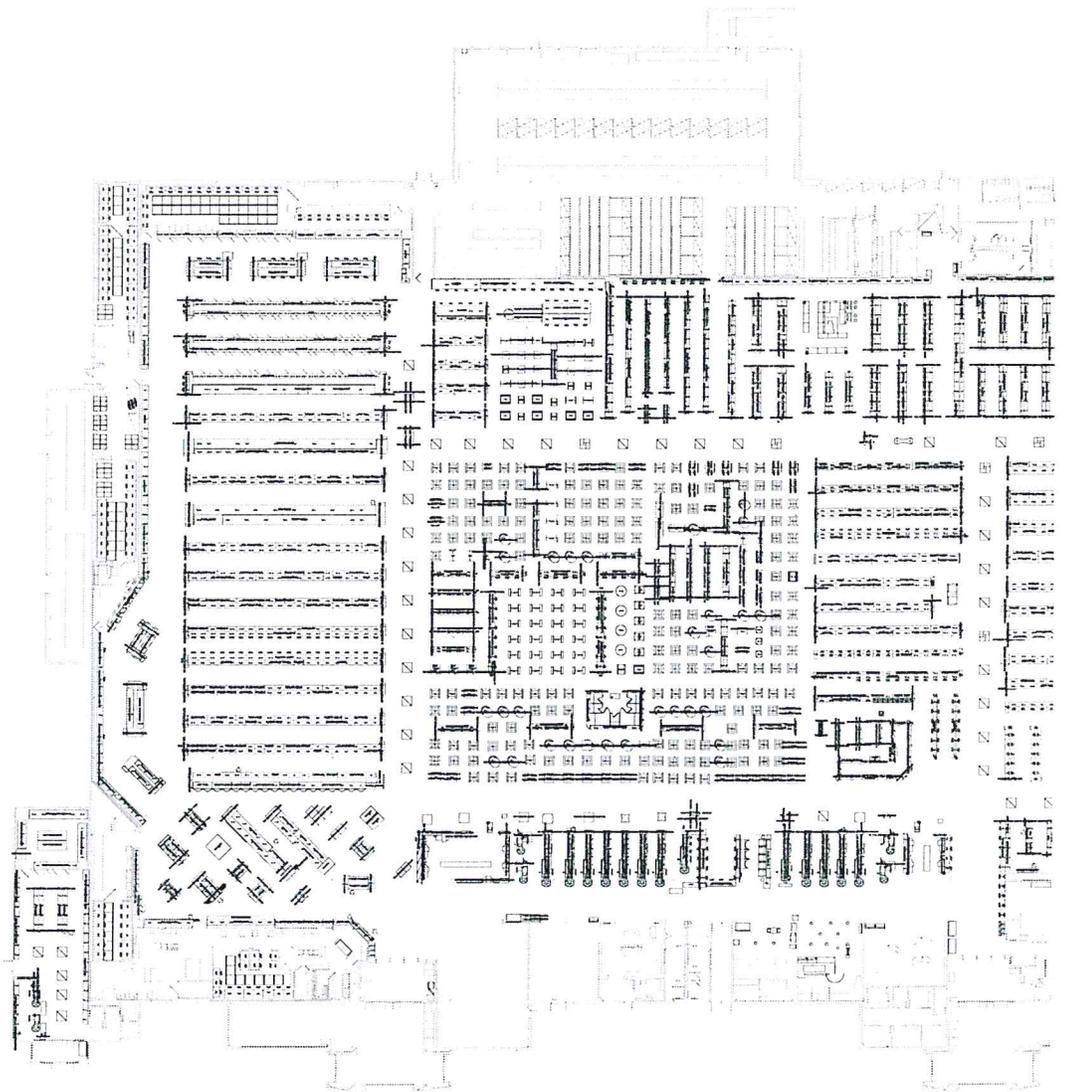
Note: Each application needs to be signed and notarized.

Restaurant Requirements:

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- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- 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.
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- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.





**CITY OF BISMARCK
ADMINISTRATION DEPARTMENT**

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

LAST REVISED: 5/1/2019

**APPLICATION FOR RETAIL
ALCOHOL BEVERAGE LICENSE**

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

License Type: Individual <input type="checkbox"/>					Corporation <input type="checkbox"/>					Partnership <input type="checkbox"/>									
New Application <input type="checkbox"/>					Renewal <input checked="" type="checkbox"/>					Transfer <input type="checkbox"/>					Relocation <input type="checkbox"/>				
A-Nationally Organized Fraternal Order or Club <input type="checkbox"/>			E-Sale at Retail of Beer Only <input checked="" type="checkbox"/>			H-Commercial vessels on the Missouri River <input type="checkbox"/>			K-Beer and Wine at the Bismarck Event Center <input type="checkbox"/>			P-Event Site <input type="checkbox"/>							
B-Airport Terminal Building <input type="checkbox"/>			F1-Restaurant - Alcoholic Beverages - 55/45 Split <input type="checkbox"/>			I1-Restaurant - Alcoholic Beverages - 70/30 Split <input type="checkbox"/>			L-Beer & Wine at Parks & Recreation Locations <input type="checkbox"/>			Q-Restaurant On-Sale and Off-Sale Wine <input type="checkbox"/>							
C-Hotel or Motel Full Service <input type="checkbox"/>			F2-Restaurant - Beer/Wine Only - 55/45 Split <input type="checkbox"/>			I2-Restaurant - Beer and Wine Only - 70/30 Split <input type="checkbox"/>			M-Catered Retail Beer, Wine, & Liquor <input type="checkbox"/>			R-Commercial Airline <input type="checkbox"/>							
C2-Hotel or Motel <input type="checkbox"/>			F3-Restaurant - Beer Only - 55/45 Split <input type="checkbox"/>			I3-Restaurant - Beer Only - 70/30 Split <input type="checkbox"/>			N-Domestic Winery <input type="checkbox"/>			S-Beer Arcade <input type="checkbox"/>							
D-Sale at Retail of Alcoholic Beverages <input type="checkbox"/>			G-Concession Bismarck Municipal Country Club <input type="checkbox"/>			J-Non-profit Organization Club or Establishment <input type="checkbox"/>			O-Microbrewery <input type="checkbox"/>			T-Senior Living Community <input type="checkbox"/>							

Location Information:						
Name of Partnership or Corporation: Ozark Spirits, LLC			Date of Incorporation: 4/27/2006		State Business ID Number: 51-0006522	
Name of business for which license is requested (DBA): Walmart #3648			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Location Address: 1400 Skyline Blvd		City: Bismarck	State: ND	Zip: 58503		Phone Number: 701-323-0530
Owner of Building or Premises: Walmart Inc.						

Correspondence Information (Where correspondence is to be sent):				
Primary Contact: Walmart Licensing: Jacey Windel		Phone Number: 479-696-2873	Email Address: complic@wal-mart.com	
Mailing Address: 702 SW 8th Street		City: Bentonville	State: AR	Zip: 72716-0500

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 not, please explain:

Manager is legal resident of the state of ND and the United states.
The officers are not legal residents of North Dakota but are legal residents of the United States.

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

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Arkansas
 State of

[Handwritten Signature]
 Signature of Applicant

Benton
 County of

David Reading
 Print Name

License transfers require signatures from both parties.

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

Signature of Current Owner of Liquor License

Signature of Applicant



Subscribed and sworn to before me this 8
 day of September, 2020

[Handwritten Signature]
 Notary Public

Note: Each application needs to be signed and notarized.

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- 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. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

