



## *City Administration*

**DATE:** February 2, 2021

**FROM:** Jason Tomanek, Assistant City Administrator

**ITEM:** Harvest LLC (dba) Harvest Catering and Events Application for a New Class M Catering Liquor License.

### **REQUEST**

Introduction of and call for a public hearing on a request for a new Class M Catering liquor license for Harvest LLC (dba) Harvest Catering and Events.

Please place this item on the February 9, 2021 City Commission meeting agenda.

### **BACKGROUND INFORMATION**

Harvest LLC (dba) Harvest Catering and Events is applying for a Class M Catering Liquor License for address, 308 West Main Street, Mandan, ND 58554.

Class M. A license to sell catered retail beer, wine and liquor on-sale only, may be issued subject to the following conditions:

- (1) The licensee shall not be permitted to provide on-sale alcoholic beverages at a site owned, leased or operated by the licensee.
- (2) The licensee may operate a "cash" bar at up to twenty (20) catered events per license year. For the purposes of this section, a cash bar is a bar in which alcoholic beverages are sold to individual customers at the catered event.
- (3) The licensee must obtain and keep in effect off-premises alcohol liability insurance and provide the City proof of insurance with its license application.
- (4) Gross sales of alcoholic beverages may not be greater than 40 percent of the total gross sales of food and alcoholic beverages. All Class M license holders shall file with the application for license renewal a sworn statement executed by the licensee and a certified public accountant certifying that gross food and liquor sales for the previous calendar year meet the requirements of this section. The Board of City Commissioners may, in its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the Commission deems necessary.
- (5) A licensee shall obtain an event permit pursuant to Ordinance 5-01-13 for each catered event. An application for an event permit must indicate whether or not the event will have a cash bar.
- (6) A Class M license may only be transferred to a person or entity purchasing the licensee's catering business.

## **RECOMMENDED CITY COMMISSION ACTION**

Staff recommends approval of the introduction of and call for a public hearing on the request from Harvest LLC (dba) Harvest Catering and Events with the public hearing scheduled for Tuesday, February 23, 2021. Staff also recommends approval of the new Class M Catering Liquor License.

## **STAFF CONTACT INFORMATION**

Jason Tomanek | Assistant City Administrator, 355-1300 or [jtomanek@bismarcknd.gov](mailto:jtomanek@bismarcknd.gov)

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## Retail Alcohol Beverage License

### Step 1

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#### License Information:

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Application Type	New License Application
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License Type	M-Catered Retail Beer, Wine, & Liquor - \$630.00
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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)*

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#### Location Information:

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Name of Partnership or Corporation:	Harvest LLC
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Name of business for which license is requested (DBA):	Harvest Catering & Events
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Date of Incorporation:	12/19/2008
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State of ND Liquor License No.:	<i>Field not completed.</i>
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If out of state corporation, is corporation registered in North Dakota?	<i>Field not completed.</i>
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Location Address:	308 West Main St
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City:	Mandan
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State:	ND
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Zip:	58554
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Phone No.:	██████████
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Zip: *Field not completed.*

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Phone No.: *Field not completed.*

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Occupation: *Field not completed.*

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Title: *Field not completed.*

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Email Address: *Field not completed.*

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(Section Break)

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Name: *Field not completed.*

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Date of Birth: *Field not completed.*

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Driver's License No.: *Field not completed.*

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State Issued: *Field not completed.*

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Gender: *Field not completed.*

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Race: *Field not completed.*

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Home Address: *Field not completed.*

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City: *Field not completed.*

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State: *Field not completed.*

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Zip: *Field not completed.*

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Phone No.: *Field not completed.*

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Occupation: *Field not completed.*

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Title: *Field not completed.*

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Email address: *Field not completed.*

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

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### Step 3

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

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1. Are manager and partners legal residents  Yes

of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?

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

No

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

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*Field not completed.*

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

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Yes

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?

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No

If yes please, give details:

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*Field not completed.*

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

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Yes

If yes please, give details:

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I have owned three separate licenses for 3 different entities in the past. I currently have a license in Mandan for Harvest Catering & Events.

6. Has applicant, or any of the persons

No

listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied?

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If yes please, give details:

*Field not completed.*

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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?

No

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If yes please, give details:

*Field not completed.*

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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

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If yes please, give details:

The business has been listed, but there is no buyer at this time and the license is not part of the deal.

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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?

No

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If yes please, give details:

*Field not completed.*

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10. Will the applicant, or any of the persons listed above, be

Yes

engaged in any other business other than the sale of liquor under the license applied for?

If yes please, give details:

It's a catering business so the we will be selling food in addition to liquor.

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

Yes

If not please, explain why:

*Field not completed.*

#### Step 4

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.

Upload Gross Food Sales Report:

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Liquor License Site Diagram Requirements:

*Field not completed.*

Upload Site Diagram:

[Harvest Catering Events Official Logo copy.png](#)

(Section Break)

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

I agree

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.

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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

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Signature of Applicant: Edgar Oliveira

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

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Date: 1/25/2021

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

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Credit Card [Credit Card Authorization Form](#)

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Upload Credit Card Authorization Form *Field not completed.*