



APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES

STATE OF NORTH DAKOTA
COUNTY OF CASS

The undersigned, being the individual alcoholic beverage applicant, or the partners in an application by a partnership, or an officer or officers of the corporation in an application by a corporation duly authorized to make such application and representations, and being first duly sworn on oath, represent and state the following: **(please type or print)**

The license is to be issued to: Northdale Oil (Corporation)
(indicate whether an individual, partnership, or corporation)

The license is to be mailed to: 3000 Heartland Dr, Grand Forks, ND 58201
(mailing address)

The legal description of the proposed licensed premises is:
Parcel Number 60000001050017; 4300 County Rd 81 N, Fargo, ND 58102

Type of license applied for: (please check)

Board of Commissioners to consider application for county alcoholic beverage license upon submission of the above completed documents, along with a check made payable to Cass County Finance based upon the following fee schedule*:

- | | | |
|-------------------------------------|--|--------|
| <input type="checkbox"/> | On AND Off Sale Alcoholic Beverage | \$1000 |
| <input type="checkbox"/> | On OR Off-Sale Alcoholic Beverage | \$1000 |
| <input checked="" type="checkbox"/> | Conditional Alcoholic Beverage | \$1000 |
| <input type="checkbox"/> | Beer and Wine | \$ 500 |
| <input type="checkbox"/> | Half Year Beer and Wine | \$ 250 |

The individual owner(s), all partners in a partnership, and all officers and shareholders in a corporation, whichever is applicable are applicants and are named as follows:

Scott Reck

Marylee Reck

A personal information sheet is attached for each individual named above as well as a personal information sheet for the proposed manager or managers of the licensed premises.

The real estate taxes on the proposed licensed premises are paid and no taxes are due.

The applicant does hereby consent and agree that the Cass County Sheriff or any of his/her Deputies, the Cass County State's Attorney or any of his/her Assistants, and any of the Cass County Commissioners may enter upon the premises described in this application at any hour of the day or night and that they, or either, or any of them shall have free and unlimited access to the Premises for the purpose of inspecting the Premises and the records of this applicant relating to the purchase and sale of alcoholic beverages.

The applicant does hereby to agree to abide by the rules and regulations passed by the Board of County Commissioners, Title 5 of the North Dakota Century Code, and any future amendments to Title 5 or the County rules and regulations.

The applicant does further hereby acknowledge that any misrepresentation, false statement or omission in the application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.
Signed on the 10 day of March, 2025 at Grand Forks, ND, USA.
(month) (year) (city or other location, and state) (country)

Scott Reck

(printed name)


(signature)

Cass County checklist:

- Are Property Taxes Current?
- Personal Information Attachments
- Payment of Fee
- Township Board Consent
- Fire Marshall or Chief Approval
- 1st District Health Unit Approval (existing Bldg. Only)
- Scale drawing of proposed licensed premises - utilize SFN 14985
- Does the building meet all state and local sanitation and safety requirements?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

State's Attorney's Review (initial where appropriate)

☐ comments attached

☐ reviewed without comment

Sheriff's Review: (initial where appropriate)

☐ comments attached

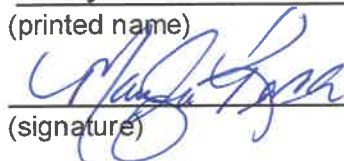
☐ reviewed without comment

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Marylee Reck
(printed name)

(signature)

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