

Robert W. Wilson County Administrator

Telephone: 701-241-5770 wilsonro@casscountynd.gov

MEMO

TO: County Commission

FROM: Robert W. Wilson

Date: August 15, 2024

Subject: County alcoholic beverage license application and procedures update

The Administration Office with the assistance of the State's Attorney's Office has been working to update the County's alcoholic beverage license application and procedures for obtaining a license. The current application and procedures have been in place for many years. The application is cumbersome to fill out and additional legal requirements have been added that are not included in the current application.

The changes include:

- A personal information sheet for owners
- Fire Marshall or Chief approval
- 1st District Health Unit approval
- Scale drawing of proposed license premises

All the County requirements are dictated by North Dakota Century Code and are also required for County establishments to obtain a license from the State of North Dakota. The new application and procedures will be clear for applicants to fill out and understand while following applicable requirements.

<u>SUGGGESTED MOTION:</u> Approve the updated County application for license to sell alcoholic beverages and procedure for obtaining county alcoholic beverage license.

PROCEDURE FOR OBTAINING COUNTY ALCOHOLIC BEVERAGE LICENSE (PROVIDE COPY TO APPLICANT)

- For an alcoholic beverage establishment located outside of any city limits, applicant(s)
 must contact the Cass County Commission Office. If the establishment will be located in
 an incorporated city, applicant(s) must contact the respective city auditor.
- 2) The following forms should be supplied by the Commission Office to applicant(s) for a county alcoholic beverage license:
 - Application for license to sell alcoholic beverages
 - Personal information attachments
 - Payment of fee
 - Township Board Consent form
 - Background Investigation for all new, prospective licensees.

APPLICANT(S) SHOULD FILE THIS FORM WITH THE SHERIFF AS SOON AS POSSIBLE BECAUSE THIS PART OF THE APPLICATION CAN TAKE UP TO SIX (6) WEEKS TO COMPLETE. Sheriff's Department to submit results of background investigation to State's Attorney for comment to the Board of Commissioners.

- Fire Marshall or Chief Approval
- 1st District Health Unit Approval
- Scale drawing of proposed licensed premises
 - The County will utilize North Dakota State Office of the Attorney General Form SFN 14985
- 3) 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 Auditor based upon the following fee schedule*:

On & Off Sale Alcoholic Beverage	\$1000
On OR Off-Sale Alcoholic Beverage	\$1000
Beer and Wine	\$ 500

^{*} An applicant may apply for a six (6) month retail license. Such a license shall be valid during any consecutive six (6) month period within the calendar year. The fee for a six (6) month license shall be $\frac{1}{2}$ of the annual fee stated above.

Inform the applicant(s) of meeting dates for the Board of Commissioners and the agenda deadline of ten (10) days before each meeting. All necessary completed documentation as stated in Item #2 to be submitted by the agenda deadline (Monday at 5 PM prior to the meeting date).

4) Applicant(s) shall be responsible for obtaining proper permit or license from the State of North Dakota and from the United States Government.

Rules and regulations are in accordance with Ordinance #2018-3 of the Board of Cass County Commissioners and appropriate sections in the North Dakota Century Code.

Proposed Application



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:	
	(indicate whether an individual, partnership, or corporation)
The license is to be mailed to:	
	(mailing address)
The legal description of the propos	sed licensed premises is:
Type of license applied for: (pleas	e check)
•	pplication for county alcoholic beverage license upon submission of with a check made payable to Cass County Finance based upon the
On AND Off Sale Alcoholic Beve	erage \$1000
On OR Off-Sale Alcoholic Bever	age \$1000
Beer and Wine	\$ 500
Half Year Beer and Wine	\$ 250
The individual owner(s), all partne whichever is applicable are applicants and	ers in a partnership, and all officers and shareholders in a corporation, d are named as follows:

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 of 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 signed on the day of, at, (month) (year) (city or other location, and state) (country)		
(printed name)		
(signature)		
ass 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 Yes Yes Yes Yes Yes Yes	No No No No No No No
State's Attorney's Review (initial where appropriate)comments attachedreviewed wit Sheriff's Review: (initial where appropriate)	hout co	mment
comments attached reviewed wit	hout co	mment

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PERSONAL INFORMATION ATTACHMENT TO APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES

STATE OF NORTH DAKOTA COUNTY OF CASS

Code, beir	oplicant for a license to sell alcoholic beverages, a lig duly sworn on oath represents and states: (plea		orth Dakota Centu
License to	be issued to the following:(indicate whether an individual, p	artnership or corporation)	
Name of a	pplicant:	• • • • •	
	urity No.:		
	date of birth:		
	legal residence:		
	ime applicant has resided in Cass County:		
_	mailing address:		
	Citizenship		
	rth		
Indicate	one of the following:		
1.	an individual applicant		
2.	a partner in a partnership		
3.	position with corporation (specify)		
4.	manager of proposed licenses premises		
Answer Ye	es or No to each of the following:		
1.	Have you been convicted of a felony in any juris past five years?	sdiction within the	
2.	Are you on parole or probation for a felony conv	viction?	
3.	Have you been convicted within the past five ye	•	
	a minor or contributing to the deprivation or deli minor?	nquency of a	
4.	Have you been convicted of three or more viola	tions of Title 5 of	
	the NDCC within the past five years?		
5.	Have you been convicted of an offense compar	•	
6.	above offenses in any jurisdiction within the pas Have you operated, had a financial interest in, of	•	
0.	with an alcoholic beverage establishment?	or been employed	
		Years (From/To)	
		Name of Establishment	
		Address	
		Your Involvement	

The information provided in this attachment to the alcoholic beverage license application of the indicated licensee and my relationship to the licensee are true and accurate to the best of my knowledge. I understand that should these facts change, the County Auditor/Treasurer must be notified within 14 days.

County rules and regulations.	
I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and co	orrect.
Signed on the, at, (month) (year) (city or other location, and state) (country)	
(printed name)	

(signature)

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

10. The dass dounty dominissioner	TO:	The Cass	County	Commissioner
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I hereby certify that the scale drawing of the licensed premises set forth below, and the parking lot serving said premises, have not changed since I last submitted the drawings to the County Commission.

Signed (owner, manager or president of a Corporation)
Printed Name
Daytime Phone Number
Date
Name of Licensed Premises

Return to:

Cass County Commission Office PO Box 2806 Fargo, ND 58108

PROCEDURE FOR OBTAINING COUNTY ALCOHOLIC BEVERAGE LICENSE (PROVIDE COPY TO APPLICANT)

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- 2) The following forms should be supplied by the Commission Office to applicant(s) for a county alcoholic beverage license:
 - Application for Beer License
 - Application for Retail Liquor License
 - Township Board Consent
 - Background Investigation for all new, prospective licensees.

 APPLICANT(S) SHOULD FILE THIS FORM WITH THE SHERIFF AS SOON AS POSSIBLE BECAUSE THIS PART OF THE APPLICATION CAN TAKE UP TO SIX (6) WEEKS TO COMPLETE. Sheriff's Department to submit results of background investigation to State's Attorney for comment to the Board of Commissioners.
- 3) All outstanding real estate taxes must be paid.
- 4) 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 Auditor based upon the following fee schedule*:

On & Off Sale Alcoholic Beverage	\$1000
On OR Off-Sale Alcoholic Beverage	\$1000
Beer and Wine	\$ 500

^{*} An applicant may apply for a six (6) month retail license. Such a license shall be valid during any consecutive six (6) month period within the calendar year. The fee for a six (6) month license shall be ½ of the annual fee stated above.

Inform the applicant(s) of meeting dates for the Board of Commissioners and the agenda deadline of ten (10) days before each meeting. All necessary completed documentation as stated in Item #2 to be submitted by the agenda deadline.

5) Applicant(s) shall be responsible for obtaining proper permit or license from the State of North Dakota and from the United States Government.

Rules and regulations are in accordance with Ordinance #2018-3 of the Board of Cass County Commissioners and appropriate sections in the North Dakota Century Code.

APPLICATION FOR BEER LICENSE

To the Hon. Board of County Commissioners of
County, North Dakota:
The undersigned applicant hereby makes application for license to engage in the retail sale of beer off of (and on)
the premises hereinafter described, and as a basis therefor makes the following representations:
1. Name of applicant
Citizenship
For how long past have you been a resident of the State of North Dakota?
2. State whether incorporated
Date of charter
Date of charter
3. State whether partnership If so, state name, age, citizenship and place of residence of each partner
4. In what business are you now engaged?
Business address
Description of premises for which license is desired:
located on lot
6. Have you pleaded guilty to or been convicted of a crime? If so, what crime?
In what Court?
7. Will you personally conduct the business on premises hereinbefore described and for which license is ap-
plied? If not, state name, age, citizenship and place of residence of person who will be in charge thereof
When issued?
immunities shall never be claimed by him, and that such search, seizure, and inspection may be made at any time
without a search warrant. Do you agree to each provision of this paragraph?
The amount of the remittance accompanying this application is \$
Dated at, North Dakota, on thisday
of
Applicant

STATE OF NORTH DAKOTA)	
County of	ss.	
and above application, that he has read each	applicant who is described in and who executed the formula and statement therein contained and knows the contents in said application, and that each one of said answers is true of	thereof,
Subscribed and sworn to before me on 20	nis day of	
(SEAL)	Notary Public for	
	My Commission Expires	
Application for License to Sell Beer Name of Applicant For consumption off of (and on) premises for period ending.	Action of Governing Board 20	BURNIE'S
Application to Sel Name of Applicant. For consumption of for period ending.	Action of Governing Date.	

APPLICATION FOR RETAIL LIQUOR LICENSE

The undersigned applicant hereby makes application for license to enga	age in the retail sale of alcohol and alcoholi
beverages for consumption the premises herei	inafter described for the period beginning
, 20 and ending	20 and as a basis ther
to the following representations:	
1. Name of applicant	Ageyear
Address	
2. Are you a citizen of the United States? If naturali For how	long past have you been a resident of th
State of North Dakota?	In it a North Delicate an
3. If incorporated give date of charter	capital \$ Is it a North Dakota col
subsidiary of any other corporation?	address
Purpose for which incorporated	
Give names and addresses of all officers, directors and individuals holding	1% of capital stock with amount held by
each	
4. Description of premises for which license is desired.	floor of building located o
4. Description of premises to: which means to	
5. Name and address of owner of the business premises	
6. Date of the deed or lease for the premises	
7. Are there any delinquent taxes against said premises?	or prior to this application?
8. Have you ever been engaged in the sale or transportation of liquo	or prior to this application:
It so, give date and type of business and address.	
9 If application is for a renewal, give date applicant first began to o	pperate
10 Have you ever had a license rejected by any municipality, state	or federal authority? If so
give details	
11. Have you ever been convicted of any violation of any law of t	the United States, or the State of North
Dakota, or local ordinance governing the manufacture, sale or possession of	intoxicating liquor!
give date and details	evoked for any violation of any state law
or local ordinance? If so, give date and details	evoked for any violation of any state law
13. Have you ever been indicted or convicted of any crime other	than that stated in (11) either in North
Dakota or elsewhere? If so, give date and details	
14 Give names and addresses of all partners, silent or otherwise, inte	erested in any manner in said business, o
who will have charge, management, or control of the establishment for wh	ich license is requested
al al and any right title estate or i	interest in the lessehold or in the furni
15. Has any person, other than applicant, any right, title, estate, or iture, fixtures or equipment in the premises for which license is requested?	If so, give names, addresses
and details	
16. Have you any agreement or understanding or intention to have	ve any agreement or understanding with
pay person, partnership or corporation to obtain for any other, or transfe	er to any other person this license, or to
obtain it for any other than the specific use of the applicant?	. If so, give names, addresses and details
	het liquor establishment within or without
17. Have you any interest whatsoever, directly or indirectly, in any other State of North Dakota? If so, give names and addresses	of establishments
he State of North Dakota:	
18. List the occupations which you have followed during the past ter	
19. Give names and addresses of at least three business references, in	cluding one bank, and state briefly extent
of business relations with each	
20. Are you rated by any commercial agency? If so, g	give names and details of rating
21. Do you intend to handle certain exclusive brands of intoxicat	ting liquors! It so, give
letails of contract or arrangement with person from whom purchases are t	to be made

22. Will you be eng	type of business ar	nd name of em	loyer and address	
,		•••••		
24. Do you owe any	past due personal	property taxes		
25. Do you promise	and agree to abide	by the provis	ons of the initiated law, known as the "Liquor	Contro
t," enacted at the elect	ion November 3, 19	36, and the ru	and regulations passed by the Board of Coun and regulations?	ty Com
26 Are you prepare	ed to furnish a bond	in the amount	of \$ as provided for in such r	ules and
gulations?	. Give name of sur	ety	man of the Board of County Commissioners, th	- Sharif
The applicant herein	does hereby consent	t that the Cha	aforesaid, or any person or personate man enter upon the premises described	one duls
thorized by the Board plication at any hour of scribed premises and e plicant relating to the d all rights that he material Dakota relative to reby agree that such in	of County Commisof the day or night, very part thereof for purchase and sale of the law have under the Consearches and sein munities shall never	and that they or the purpose f alcohol and a Constitution of zures without or be claimed b	and any one of them shall have free access to of inspecting the said premises and the record coholic beverages, and applicant does hereby we the United States and the Constitution of the ssuance of a search warrant, and the application, and that such search, seizure, and inspect	the said s of this aive any State of ant does ion may
made at any time with	hout a search warra	nt. Do you ag	ee to each provision of this paragraph?	
The amount of the r	emittance accompar	nying this appl	cation is \$ North Dakota, on this	da
Dated at			,	•
				1.
	,		App	licant.
STATE OF NORT		ss.		
ounty of		-)		
				and sav
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