

**PLEASE READ INSTRUCTIONS THOROUGHLY!**

Please complete the attached Beer & Wine License application and return it with the following item to the City of Jamestown, 102 3<sup>rd</sup> Avenue SE, Jamestown, ND 58401

1. Beer & Wine License Fee: \$720.00

(Check should be made payable to the City of Jamestown)

**INFORMATIONAL:**

A background check will be completed on applicant(s) prior to the application being forwarded to Committee for recommendation to City Council. Please allow sufficient time for this to be completed – may take up to 5 days.

**CITY OF JAMESTOWN  
102 3RD AVENUE SE  
JAMESTOWN, ND 58401  
701-252-5900 Telephone  
701-252-5903 Fax**

**APPLICATION FOR A LICENSE  
FOR THE RETAIL SALE OF BEER, WINE AND SPARKLING WINE**

LICENSE FEE: \$720.00 (Check type of license requested)

(\_\_\_\_) ON SALE

(\_\_\_\_) OFF SALE

(\_\_\_\_) ON-OFF SALE

1. LICENSE IS TO BE ISSUED IN THE FOLLOWING NAME:

- A. Individual: \_\_\_\_\_  
B. Partnership: \_\_\_\_\_  
C. Corporation: \_\_\_\_\_

2. ADDRESS OF PREMISES TO BE LICENSED:

- A. Number and street: \_\_\_\_\_  
B. Legal Description: \_\_\_\_\_

3. APPLICANT IS:

A. INDIVIDUAL:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_  
Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

B. PARTNERSHIP:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_  
Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_  
Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

C. CORPORATION:

Date of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_  
Authorized Capital: \_\_\_\_\_ Paid in Capital: \_\_\_\_\_  
Parent Corporation (if subsidiary): \_\_\_\_\_  
Purpose of Incorporation: \_\_\_\_\_

DIRECTORS

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

OFFICERS & MANAGING AGENTS

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Resident of ND: Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Resident of U.S. (if not a citizen): Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach Proof)

4. Has applicant been convicted of a felony within five years of the date of application? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has applicant been convicted for any violation of any law relating to alcoholic beverages within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has applicant had any license relating to alcoholic beverages revoked within the last five years.  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. The application represents that the proposed licensee is the owner of the business being conducted at the location to be licensed and is duly qualified to receive such license pursuant to the laws of the United States, the laws of North Dakota, and the ordinances and regulations of the above named city. The applicant accepts such license when issued subject to all the conditions of the ordinances of such city and agrees that any police officer, sheriff, duly authorized representative of the city or peace officer of the state may enter upon the licensed premises at any time for the purpose of inspection or to determine whether the business is being conducted in compliance with the ordinances of the above named city, and hereby waives the issuance of search warrant or other legal process as a condition to the entry upon and inspection or search of such premises.

I AFFIRM AND SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF NORTH DAKOTA  
COUNTY OF STUTSMAN

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public , North Dakota

My Commission Expires: \_\_\_\_\_