

CITY OF BEULAH

RETAIL ALCOHOLIC BEVERAGE LICENSE APPLICATION

The undersigned applicant states that the following information is true and correct: (PLEASE TYPE OR PRINT)

Your Name: (Must be manager, corporate officer, governor, or partner listed on this application)			Position:
Is Organization a: (List One - Corporation, Limited Liability Company, Limited Partnership, General Partnership, Limited Liability Partnership)			
Name of Organization:			
Name of Business:			
If Organization Consists of More Than One Entity, Draw a Flow Chart Showing ALL Entities and Their Connection in the Make-up of the Organization:			
Business Address: (Street Address)	City:	Zip Code:	Telephone Number:
Mailing Address:	City:	State:	Zip Code:

City and County in Which Premises are Located:

City:			County:
Name of Manager:			Telephone Number:
Name of Registered Agent: (If Corporation, Limited Partnership, or Limited Liability Company)			
Street Address:	City:	State:	Zip Code:
Type of License Requested: <input type="checkbox"/> Beer <input type="checkbox"/> Liquor			
1. Is organization presently licensed by this office? <input type="checkbox"/> Yes <input type="checkbox"/> No			
if YES, give license number:			
2. Does organization have a current city or county license: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach copy of local license - Must be issued in the organization name)			
3. Is your organization within the limits of an incorporated city? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Is business being taken over from another? <input type="checkbox"/> Yes <input type="checkbox"/> No			if YES, who is the former owner?
5. Intended beginning date of alcoholic beverage sales:			
6. Does the building in which the business is to be conducted meet local and state requirements regarding sanitation and safety? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach copies of reports)			
7. Is organization properly registered with the North Dakota Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of corporate certificate, or certificate of organization, or partnership registration)			
8. Have manager, officers, directors, shareholders, members, individual partners, or any individuals within the organization been charged with or convicted of a felony or misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, attach a full explanation:			
9. Are manager, officers, directors, shareholders, members, individual partners, and all individuals within the organization legal residents of the United States and persons of good moral character? <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. IF CORPORATION , list corporate officers: IF LIMITED LIABILITY COMPANY, list managers, governors, or individual members, or Corp., LLC, etc.: IF LIMITED PARTNERSHIP, GENERAL PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP, list general partners, individual partners.

NAME	TITLE	HOME ADDRESS	CITY	STATE	ZIP CODE	DAYTIME TELEPHONE

11. Names and Addresses of Directors: (If "none", please indicate)

NAME	HOME ADDRESS	CITY	STATE	ZIP CODE

12. Are there shareholders or members other than those names as officers, directors or governors? Yes No

If so, list the names, addresses and number of shares or units held by those persons. (If number of persons exceeds ten (10) list only the ten highest shareholders or members.)

NAME	HOME ADDRESS	CITY	STATE	ZIP CODE	UNITS/SHARES

13. Have you any agreement or understanding, or intend to have any agreement or understanding, to obtain this license for any other person, partnership or organization, or to obtain it for any other than the specific use of the applicant? Yes NO

if YES, give details:

14. Do you lease, or intend to lease, the premises to any other person, partnership or organization for the sale of alcoholic beverages? Yes No

if YES, give details:

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

if YES, give details:

16. 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 moveable 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.

State of _____)
County of _____)

Signature

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

Notary Public:

(SEAL)

My commission expires on: