



108 Main Street, PO Box 65
Harwood, ND 58042
701-281-0314 (office)
auditor@cityofharwood.com

Liquor License Application

TO THE MAYOR AND CITY COUNCIL OF HARWOOD, NORTH DAKOTA:

I hereby make a formal application for the following License for the year 2027:

Applying for: New License Re-Application

Business Type (check one)

- Individual Corporation Limited Liability Company Partnership
 Cooperative Association Other _____

Requested	License Type	Fee Per License
<input type="checkbox"/>	On & Off Sale- Retail	\$1000
<input type="checkbox"/>	Off Sale - Retail	\$750
<input type="checkbox"/>	On Sale – Retail	\$750
		Total Fees: \$ _____

Business Name	Address	City, State, Zip
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*Owner or Manager	Address	City, State, Zip
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Date of Birth Owner/Manager	Federal Tax Stamp Rec't
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Cellphone Number	Work Number
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Names and addresses of all partners and individuals having any interest in the establishment for which application is made:

Business Type : (Circle One) Sole Proprietorship, Partnership, Corporation

Based on the business type above provide below any changes to the ownership list since your last application. For all new individuals please provide name, address and date of birth as well as percentage of ownership if applicable:

Names and addresses of at least three business references, including one bank:

1. _____
2. _____
3. _____

Qualifications of Applicant/Manager/Partner (Please check appropriate box)

Yes No Citizen of the United States and resident of ND for ___ years.

Good Moral Character (Criminal History, License History, General Personal History):

Yes No Do any owners or governing board members have any other interest, either directly or indirectly, in any other alcoholic beverage establishment in or out of the state of North Dakota? If yes, attach full explanation.

Yes No Does the building in which the business is to be conducted meet local and state requirements regarding sanitation and safety?

Yes No Have manager, owners or governing board members been charged with or convicted of a felony or misdemeanor, or been released from parole or probation for a felony, within the past five years? If yes, attach a full explanation.

Yes No Any manger, owners or governing board members legal residents of the United States and persons of good moral character?

Yes No Do you 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 applicants? If yes, attach full explanation.

Yes No Do you lease, or intend to lease, the premises to any other person, partnership or organization for the sale of alcoholic beverages? If yes, attach full explanation.

Yes No Do you understand that any license granted with this application will not be transferable except by specific authority of the governing body and will authorize the sale of product as applied for only at the place and premises designated in the application and said license?

Yes No Have you reviewed the Alcoholic Beverage Ordinances(s) of the City of Harwood and are familiar with the conditions and requirements of these ordinances?

Yes No If granted an alcoholic beverage license, will you comply with the State of North Dakota Liquor Control Act and the City of Harwood Alcoholic Beverage Ordinances, as well as any amendments to either of these, which may be made in the future?

Yes No Do you understand that approval of license application is contingent upon having completed successful inspections from the Police Department, Fire Department, Building Inspection Department and Cass County Health Department?

Yes No Any offense involving the manufacture, sale, distribution, or possession for sale or distribution, of alcoholic beverages or drugs.

Yes No Any other offense determined by the City Council to have a direct bearing on the person's ability to serve the public

Yes No Obscenity

Yes No Two or more convictions for driving or being in actual physical control of a motor vehicle while under the influence of intoxicating beverages or drugs.

Yes No Outstanding obligations to the City of Harwood (Must not be in default or indebted in any manner to the City, including but not limited to economic development loans, utility billings, special assessments, or property taxes.)

New Applicants Only

Intended Beginning Date _____

Are you taking over this business from someone? _____

If yes, enter the previous owner's name _____

If organization, is it properly registered with the North Dakota Secretary of State? (Attach copy of corporate certificate or registration) _____

Provide a clear and understandable floor plan of the premises. This may be done on SFN 14985 "Alcoholic Beverage Floor Plan" or other 8 1/2" x 11" format. Show all exits, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers and movable partitions. Use a different color to outline the area to be used for the sale and/or dispensing (the "licensed premises") of alcoholic beverages. This should include any area where alcoholic beverages will be served to customers and where customers will be allowed to pay for their alcoholic beverages.

Retail alcoholic beverage licenses expire on **December 31st** of each year and must be renewed before expiration, or a reinstatement fee will be required.

The applicant herein does hereby consent that the Mayor, and any police officer of the City of Harwood aforesaid, or any person or persons duly authorized by the City Council of said city may enter upon the premises described in this application at any hour of the day or night, and that they and any one of them shall have free access to the said described premises and every part thereof for the purpose of inspecting the said premises, and the records of this applicant relating to the purchase and sale of alcohol and alcoholic beverages, and applicant does hereby waive any and all rights that he may have under the Constitution of the United States and the Constitution of the State of North Dakota relative to searches and seizures without issuance of a search warrant, and the applicant does hereby agree that such immunities shall never be claimed by him, and that such search, seizure, and inspection may be made at any time without a search warrant.

The applicant hereby agrees to abide by the provisions of the ordinances under which this license or permit is to be granted, or other ordinances of the City of Harwood which govern the limitations of the license or permit. (Copies of ordinances are available upon request). Applicant further agrees to release any information required to the City of Harwood to complete a criminal background check.

It is hereby expressly understood that the City of Harwood will not be liable for refunds or rebates of any part or portion of the license fee paid in any case whatsoever. The applicant hereby agrees to conform to the provisions of the laws of the State of North Dakota; The City of Harwood assumes no responsibility whatsoever in cause where the equipment or apparatus of the license is in violation of state law and seizure or confiscation or removal is ordered by other law enforcement agencies. Do you agree to each provision of the above paragraph? _____

Signature of Applicant

Date

ALL APPLICANTS MUST COMPLETE – THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

State of _____ County of _____ Signed and sworn before me Date _____

Name(s) of Individual(s) Making Statement _____

_____ being first duly sworn, deposes and says that he/she is the applicant who is described herein and who executed the foregoing and above application, that he/she has read each question and statement therein contained and knows the contents thereof, and that he/she has made the answers set forth in said application, and that each one of said answers is true of his/her own knowledge.

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

Signature of Notary Public or Other Authorized Office _____

Commission Expiration Date _____ Applicant Signature _____

Affix Notary Stamp:

Renewal of Application Checklist

When completed please mail or drop off at:

108 Main Street, PO Box 65
Harwood, ND 58042
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For questions, please call Chayla Hansen

- Application is completed in full.
- Certificate of Insurance is attached and kept current with the City?
- A list of employees who have completed server training is filled with all required information.
- Revised floor plan is attached if changes have been made since the last license period.
- If you allow patrons under 21 into the restaurant area, did you attach a statement from a CPA indicating gross food sales exceeded gross alcohol sales in the dining area for the prior year?

For City Use Only

Date Applications Received: _____

Date License Granted: _____

Fee Received \$ _____

Date License Issued: _____

