



APPLICATION FOR HOTEL LIQUOR LICENSE

TO: The City Commission of the City of Devils Lake, North Dakota.

LICENSE # \_\_\_\_\_

I hereby make application for a Class VIII license to engage in the hotel limited sale of alcohol and alcoholic beverages. I understand that I can provide on-sale or complementary alcoholic beverages but must adhere to off-sale only to registered guests. This hotel license will be in effect for the period beginning, \_\_\_\_\_ and ending \_\_\_\_\_, and as a basis therefore make the following representations:

1. Name of Hotel Liquor License Applicant (Business Name): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Business Owner/Owners Information:

1). Name: \_\_\_\_\_ 2). Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

3). Name: \_\_\_\_\_ 4). Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

2. I am a citizen of the United States, and a resident of North Dakota. \_\_\_\_\_.

(Applicant, if an individual, must be a legal resident of U.S. and a resident of the State. If applicant is a partnership or a corporation, the manager of the licensed premises must be a resident of the state and the partners or officers, directors and stockholders must be legal residents of the U.S.)

3. If incorporated, give date of charter \_\_\_\_\_. Is it a North Dakota corporation of authorized capitalization? \_\_\_\_\_.

If so, amount paid in capital \_\_\_\_\_. Is it a subsidiary of any other corporation? \_\_\_\_\_. 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. Legal description of premises for which license is desired is located on \_\_\_\_\_ to the City of Devils Lake.

5. Street address of business is: \_\_\_\_\_.

6. Date applicant acquired title: \_\_. If lease, state name and address of owner: \_\_\_\_\_.

7. Have you ever been engaged in the sale or distribution of liquor prior to this application? \_\_\_\_\_.  
If renewal, give date first began business. \_\_\_\_\_

8. Is the diagram or blueprint of the licensed premise previously submitted on which alcoholic beverages are normally sold or dispensed current?\_. **If this is a new application, or a change in the licensed premise has occurred, a copy must be submitted with application.**

9. Have you ever had a license rejected by any municipality, state or federal authority?\_\_\_\_\_.

10. Have you ever been convicted of any violation of any law of the United States, or the State of North Dakota, or local ordinance governing the manufacture, sale, distribution, or possession of alcoholic beverages?\_\_\_\_\_.

11. Have you had a license for the sale of alcoholic beverages revoked for any violation of any state law or local ordinance?\_\_\_\_\_.

12. Ever been convicted of any crime other than that stated in 9/10 either in ND or any other state, or under any federal law?\_\_\_\_\_.

13. Information on any person who will have charge, management, or control of the establishment (**must be a resident of the State**):

Name:\_\_\_\_\_ Address:\_\_\_\_\_

Social Security Number:\_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth:\_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

14. Has any person, other than applicant, any right, title, estate, or interest in the leasehold, or in the furniture, fixtures or equipment in the premises for which license is sought? If yes, state name, address, and what interest is held. \_\_\_\_\_  
\_\_\_\_\_.

15. Have you any interest whatsoever directly or indirectly, in any other establishment dispensing alcoholic beverages, either at wholesale or retail, within or without the state?\_\_\_\_\_.

16. List the occupations which you have followed the past five (5) years. \_\_\_\_\_  
\_\_\_\_\_.

17. Give the names and addresses of at least three (3) business references. \_\_\_\_\_  
\_\_\_\_\_.

18. Are you rated by any commercial agency?\_\_\_\_\_.

19. Will you be engaged in any other form of business than the sale of alcoholic beverages under the license applied for? \_\_\_\_\_  
\_\_\_\_\_.

20. Are the property taxes of the applicant delinquent?\_. Property taxes of the place of business delinquent?\_.

21. Do you consent to entry and inspection of the premises for which license is sought or any part thereof at any time by any police officer, sheriff, or any peace officer of the City of Devils Lake or of the state, and waive all rights, constitutional or otherwise, against unreasonable searches or seizures, and further consent that any alcoholic beverages or any other property found upon said premises which is held therein in violation of the laws of the state or in violation of the Municipal Code of the City of Devils Lake may be seized and taken away by such officer, and such alcoholic beverages or other property so seized may be received in evidence against you in any procedure brought pursuant to the laws of the state or the Municipal Code of the City of Devils Lake?\_\_\_\_\_.

22. Do you promise and agree to abide by each provision of Chapter 5.24 of the Devils Lake Municipal Code, and of any future amendments thereto? \_\_\_\_\_.

The fee for the Hotel Liquor License is **\$1,500.00**.

Dated at Devils Lake, North Dakota, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**(Applicant's Signature)**

STATE OF NORTH DAKOTA  
County of Ramsey

\_\_\_\_\_  
**(Print Applicant Name)**

\_\_\_\_\_, being first duly sworn, deposes and says that he/she is the applicant who is described in and who executed the foregoing and above application, that he/she 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.

RENEWAL REVIEWED

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

\_\_\_\_\_  
Notary Public for Ramsey County, North Dakota.  
My commission expires \_\_\_\_\_.  
\_\_\_\_\_. (SEAL)

\_\_\_\_\_  
POLICE CHIEF

Revised: April 2023

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

