



# APPLICATION FOR A LICENSE TO SELL BEER AND/OR LIQUOR IN THE CITY OF RAY, NORTH DAKOTA

TO: Board of City Commissioners City of Ray Ray, North Dakota	Date: _____
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**The undersigned applicant/s hereby makes application for a license to engage in the retail sales of beer and/or liquor on the premises hereinafter described and as a basis for such application makes the following statements:**

(list all owners/partners etc)

1. Name of Applicant/s: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Citizen of the US?  yes  no Citizen of ND?  yes  no

4. If granted a license to sell beer and/or liquor, will you individually have charge of the business?  yes  no

5. Legal Description : \_\_\_\_\_  
 \_\_\_\_\_ **to the City of Ray, Williams County, North Dakota**

6. Name and owner of premises: \_\_\_\_\_

7. Are taxes current on said premises?  yes  no

Are City Utility bills current on said premises?  yes  no

8. Have you ever engaged in the sale or distribution of beer and/or liquor prior to this application?  yes  no

9. If yes, where? \_\_\_\_\_

10. Have you ever had a license revoked or cancelled by any municipal, state or federal government?  yes  no

11. Have you ever been convicted for the violation of any local, state or federal law with regards to the sale, distribution, or possession of intoxicating liquor or driving under the influence r?  
 yes  no

12. If yes, which laws? \_\_\_\_\_

13. Does any other person or individual have any right, title or interest in the premises, furniture, fixtures or equipment?  yes  no

14. Have you any interest whatsoever, directly or indirectly, in any other liquor establishment or license?  yes  no

15. What occupation have you engaged in for the past five years? \_\_\_\_\_

16. Are you engaged in any other business or do you intend to engage in any other business than the sale of beer and/or liquor under the license applied for?  yes  no

17. If yes, what? \_\_\_\_\_

18. State the classification(s) of license applied for:

- Beer- on or off sale \$ 500.00
- Liquor - on and off sale \$1,600.00
- On & Off-Sale Beer & Liquor \$ 2,100.00
- Off-Sale Beer & Liquor Only \$1,800.00
- Off-Sale Beer Only \$ 400.00
- Sunday Liquor & Beer \$ 250.00
- Sunday Off Sale Liquor & Beer \$ 250.00

**TOTAL:** \_\_\_\_\_

19.. **I hereby consent to entry and inspection of the premises for which license is sought or any part thereof at any time by any peace officer of the city, state or federal government and further agree that any liquor found on the premises or any property found therein held in violation of the laws of the State of North Dakota or the City Ordinance may be seized and taken away by such officer, and be received in evidence against said applicant in any procedure of the laws of the city or state.**

20. **My ND State Liquor License is current and a copy of said license will be given to the City of Ray to be attached to this application.**

21. **I will provide information to the City regarding all owners and interested parties in the licensed establishment and will agree to authorize background checks of all owners and interested parties.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

State of North Dakota  
County of Williams

Subscribed and sworn to before me \_\_\_\_\_, a

Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



# City of Ray, North Dakota

## Authorization for a Background Check for City Liquor License

Name		* Social Security Number	
Do You Now or Have You in the Past Used Any Name(s) Other Than the One Listed on the line above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", List the Name(s) Now or Previously Used (Be Sure to Include any Maiden Name)			
Present Home Address	City	State	ZIP Code
Present Mailing Address (if different from home address)	City	State	ZIP Code
Country of Citizenship	Date of Birth		
Place of Birth			
Name of Spouse			
Name of Premises to be Licensed		Address of Premises to be Licensed	
Driver's License Number of Applicant		State Issued	
<b>List all Places of Residence During the Past <u>Ten</u> Years: (Including present date <u>and</u> present address)</b>			
Years (From - To)	Street Address	City	State
Years (From - To)	Street Address	City	State
Years (From - To)	Street Address	City	State
Years (From - To)	Street Address	City	State
<b>State Your Employment (Including Part-Time) for the Past <u>Ten</u> Years:</b>			
Years (From - To)	Employer	Business Address	Reason For Leaving
Years (From - To)	Employer	Business Address	Reason For Leaving
Years (From - To)	Employer	Business Address	Reason For Leaving
Years (From - To)	Employer	Business Address	Reason For Leaving
Have You Ever Operated, Had a Financial Interest in, or Been Employed with an Alcoholic Beverage Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No If So List Below			
Years (From - To)	Name of Establishment	Address	Your Involvement
Years (From - To)	Name of Establishment	Address	Your Involvement

