Board of City Commissioners

The Board of City Commissioners is scheduled to meet on Tuesday, May 28, 2024, at 5:15 PM in the Tom Baker Meeting Room, City/County Office Building, 221 North Fifth Street, Bismarck, North Dakota.

The City of Bismarck encourages citizens to provide their comments for public hearing items on the Bismarck City Commission agenda via email to bismarckadmin@bismarcknd.gov. Please include the item number that your comment references. The comments will be sent to the members and placed with the minutes.

To ensure your comments are received before the meeting, please submit them by 3:30 PM on the day of the meeting and reference the item your comments address. If you would like to appear via video or audio link for a 3-5 minute comment on a regular agenda public hearing item, please provide your email address and contact information to the above email at least one business day before the meeting.

Live meeting coverage is available on Government Access Channels 2 & 602HD, Radio Access 102.5 FM Radio, or streaming on multiple platforms, including FreeTV.org and Facebook LIVE. Agenda items can be found online at www.bismarcknd.gov/agendacenter.

The Invocation and the Pledge of Allegiance will be presented by a Chaplain from the Bismarck Police Department.

CALL TO ORDER

FUTURE COMMISSION MEETINGS

- June 11, 2024 & June 25, 2024
- July 9, 2024 & July 23, 2024
- August 13, 2024 & August 27, 2024

MISSION STATEMENT

To provide high-quality public services in partnership with our community to enhance our quality of life.

MEETING OF THE BOARD OF CITY COMMISSION

1. PUBLIC COMMENT

   Restricted to items on the Consent Agenda and Regular Agenda, excluding public hearing items.

2. CONSENT AGENDA

A. Consider approval of minutes

Documents:

May 14, 2024 - Minutes.pdf

B. Consider approval of personnel actions

Documents:

HR - Personnel Actions.pdf

C. Consider approval of expenditures

D. Consider the request for approval from the Administration Department for the following:

1. Gaming Site Authorization Renewals.
2. Liquor License Renewals.

Documents:

C) ADMIN - Gaming Site Authorizations.pdf
C) ADMIN - Liquor License Renewals.pdf

E. Consider the request for approval from Bismarck Burleigh Public Health for the following:

1. Permission to apply for Bismarck Parks and Recreation District's Matching Grant funds.

Documents:

C) BBPH - Grant Funds Application.pdf

F. Consider the request for approval from the Community Development Department for the following:

1. Permission to apply for a FY24 Section 5307 grant.
2. Receive information relating to a special meeting to amend section 14-04-19 of the City Code of Ordinances relating to the Flood Insurance Rate Map (FIRM) effective date and requirements for manufactured home parks, enclosures, and substantial improvements – Zoning Ordinance Text Amendment.

Documents:

C) CD - Section 530 Grant Application.pdf
C) CD - Zoning Ordinance Text Amendment.pdf

G. Consider the request for approval from the Engineering Department for the following:

1. Receive bids and award contract for Project HC 168.
2. Resolution approving the engineers' report, approving the plans and specifications, and directing the advertisement of bids and receiving bids for Sewer Improvement District SE 582.
3. Dedication and acceptance of an access easement in Silver Ranch Third Addition.

Documents:

C) ENG - HC 168.pdf
C) ENG - SE 582.pdf
C) ENG - Silver Ranch Third Access Easement.pdf

H. Consider the request for approval from the Finance Department for the following:

1. Applications for Abatement.

Documents:

C) FIN - Abatements.pdf

I. Consider the request for approval from the Human Resources Department for the following:

1. Receive, consider, and approve the updated Community Participation Plan.
2. Receive, consider, and approve the City of Bismarck Title VI Plan updated changes from the Federal Aviation Administration.

Documents:

C) HR - Community Participation Plan.pdf
C) HR - Title VI Plan Approval.pdf

J. Consider the request for approval from the Police Department:

1. Dispose of a bomb squad trailer that is obsolete and serves no

purpose for the City of Bismarck.

Documents:

C) PD - Dispose of Bomb Squad Trailer.pdf

K. Consider the request for approval from the Public Works Service Operations Department for the following:

1. Permission to award the bid for design and construction administration services for the Fire Station 2 generator replacement project to Apex Engineering Group, Inc.
2. Permission from the Weeds Division to assist the Bismarck Parks and Recreation District, as a subrecipient, for two (2) noxious weeds management grant awards.
3. Permission to accept the Targeted Assistance Grant (TAG) Award from the North Dakota Department of Agriculture.
4. Permission for Fleet Services to sell Bismarck Parking Authority's 2012 Chevrolet Silverado 4x4 Pickup at public online auction.
5. Permission for the Solid Waste Division to sell/dispose of items at public online auction.
6. Permission for the Fleet Services Division to sell truck boxes at public auction.

Documents:

C) PW SO - Fire St 2 Generator Replacement Project.pdf
C) PW SO - Grant Awards for Noxious Weeds Management.pdf
C) PW SO - Noxious Weed Control Grant Award.pdf
C) PW SO - Sale of Bismarck Parking Authority Pickup.pdf
C) PW SO - Sale of Fleet Division Items at Public Auction.pdf
C) PW SO - Sale of Solid Waste Items at Public Auction.pdf

L. Consider the request for approval from the Public Works Utility Operations Department for the following:

1. Change Order No. 1 to BEK Consulting Inc. contract for the Hay Creek Interceptor Project (SU90), Century Ave to Calgary Ave.

Documents:

C) PW UO - Change Order No. 1 to BEK Consulting.pdf

3. REGULAR AGENDA

A. Public hearing on a request for a new Class C-2: Hotel or Motel Alcohol license for Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND at 1300 E Capitol Ave.

Documents:

R) ADMIN - Days Inn Application.pdf

B. Public hearing on a request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue.

Documents:

R) ADMIN - Tri-Energy Cenex Application.pdf

C. Public hearing on a request for a new Class I-2: Complementary Alcohol license for Rainbow Nails & Spa, LLC. at 722 South 26th Street, Units A & B.

Documents:

R) ADMIN - Rainbow Nails and Spa Application.pdf

D. Consider request to receive update on half cent sales tax and assign Tyler Parkway Extension as the next half-cent sales tax funded project and begin preliminary engineering.

Documents:

R) ENG - Tyler Parkway Half Cent Sales Tax.pdf

E. Consider the request to receive an update regarding the Bismarck Event Center.

Documents:

R) BEC - Bismarck Event Center Update.pdf

F. Consider the request by Executive Air Taxi Corporation (EATC) to amend its Development Agreement Hangar size from 260' x 120' to 280' x 120'.

Documents:

R) AIR - Executive Air Taxi Corporation Request.pdf

4. OTHER BUSINESS

ADJOURN

MEETING OF THE BOARD OF CITY COMMISSIONERS

5/14/2024 - Minutes

DRAFT

CALL TO ORDER

The Board of City Commissioners met on May 14, 2024, at 5:15 PM in the Tom Baker Meeting Room, City/County Office Building, 221 North Fifth Street, Bismarck, North Dakota. Commissioner Cleary, Commissioner Connelly, Commissioner Marquardt, Commissioner Zenker, and Mayor Schmitz were present.

FUTURE COMMISSION MEETINGS

- May 28, 2024
- June 11, 2024 & June 25, 2024
- July 9, 2024 & July 23, 2024

MISSION STATEMENT

To provide high-quality public services in partnership with our community to enhance our quality of life.

MEETING OF THE BOARD OF CITY COMMISSION

1. PLEDGE OF ALLEGIANCE LED BY BOY SCOUT TROOP 1089

2. PROCLAMATIONS

   - Bike Month: https://bismarcknd.gov/Archive.aspx?ADID=3205
   - Maternal Mental Health Awareness Month: https://bismarcknd.gov/Archive.aspx?ADID=3206
   - National Public Works Week: https://bismarcknd.gov/Archive.aspx?ADID=3207

3. PUBLIC COMMENT

   No Public Comment was received.

4. CONSENT AGENDA

   Commissioner Marquardt motioned to approve the Consent Agenda as presented and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C.

   A. Consider approval of minutes

B. Consider approval of personnel actions

C. Consider approval of expenditures

Vouchers: 1117509 to 1117883.

D. Consider the request for approval from the Administration Department for the following:

1. Gaming Site Authorization Renewals.
2. Liquor License Renewals.
3. Blue Bowtie Properties, LLC Letter of Support
4. Krumm & Co., PLLC Letter of Support
5. Mustard Seed, LLC Letter of Support
6. Introduction of and call for a public hearing on a request for a new Class C-2: Hotel or Motel Alcohol license for Merlin Hotel Group, LLC. (dba) Days Inn Bismarck, ND at 1300 E Capitol Ave.
7. Introduction of and call for a public hearing on a request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue.
8. Introduction of and call for a public hearing on a request for a new Class I-2: Complementary Alcohol license for Rainbow Nails & Spa, LLC at 722 South 26th Street, Units A & B.

E. Consider the request for approval from the Bismarck Airport for the following:

1. Change Order 4 to Edling Electric April 12, 2023, Agreement for GA Apron Phase 4 Project.

F. Consider the request for approval from the Community Development Department for the following:

1. Minor subdivision final plat titled Apple Creek Country Club Fourth Subdivision where the Planning and Zoning Commission recommends approval.
2. Ordinance 6577 to amend Section 14-04-19 of the City Code of Ordinances (FP – Floodplain).
3. Proposed street name change of “Gallatin Loop” to “Gallatin Drive” within Fox Island Subdivision and Fox Island Second Subdivision.

G. Consider the request for approval from the Engineering Department for the following:

1. Consider the request for US Foods to close Saratoga Avenue next to their building on Saturday, May 18, 2024, from 8 AM to 3 PM.
2. Consider the request for the Church of St Mary's to close 8th St from Broadway Avenue to Thayer Avenue on Saturday, June 1, 2024, at 5:30 PM until Sunday, June 2, 2024, at 5:00 PM.
3. Development Agreement with Grendahl Design Company, LLC.
4. Cost share reimbursement agreement with the State Water Commission relating to the South Bismarck Flood Control Project and Amendment 2 with Apex Engineering Group, Inc. relating to the South Bismarck Flood Control Project.

H. Consider the request for approval from the Finance Department for the following:

1. Applications for Abatement.

DRAFT

I. Consider the request for approval from the Fire Department for the following:

1. Increase to the design fee due to an increase in total project cost as well as a time extension to the contract for the Fire Station 1 Remodel.

J. Consider the request for approval from the Human Resources Department for the following:

1. Revised Drug Free Workplace and Substance Abuse Screening Program.

K. Consider the request for approval from the Public Works Service Operations Department for the following:

1. Permission to sell city vehicles and worn out broom cores at public or online auction.

L. Consider the request for approval from the Public Works Utility Operations Department for the following:

1. Amendment No. 2 to HDR Engineering WTP Expansion Contract.
2. Change Order No. 3 to Edling Electric's Contract for Water Treatment Plant Filters 1-6 & 12 MGD Accelerator Project.
3. Agreement for Cost-Share Reimbursement with the North Dakota State Water Commission for the Watermain Replacement Project (HC158).
4. Agreement for Cost-Share Reimbursement with the North Dakota State Water Commission for the 2024 Water Main Replacement Project (WU143).
5. Agreement for Cost-Share Reimbursement with the North Dakota State Water Commission for the 2024 CIPP Water Main Rehabilitation Project (WU144).
6. Reject bids for Stormwater Improvement Project SU92 and rebid Boulder Ridge Stormwater Improvements.

5. REGULAR AGENDA

A. Consider the recommendation from the Vision Fund Committee to support a Flex PACE program interest buy-down for Great Plains Restorative Services, LLC.

Mayor Schmitz recused himself from Item 5.A. due to a conflict of interest.

Nathan Schneider, Vice President of Economic Development for Bismarck Mandan Chamber EDC, presented the recommendation from the Vision Fund Committee to award the PACE program interest buy-down to Great Plains Restorative Services, LLC.

Commissioner Zenker motioned to approve the item as presented and Commissioner Connelly seconded. Upon a roll call vote, Commissioners Connelly, Cleary, Marquardt, and Zenker voted aye. Mayor Schmitz abstained from voting. M/C.

B. Public hearing on Ordinance 6576 regarding equipment of vehicles.

Mayor Schmitz opened the public hearing. No public comment was received.

Commissioner Zenker motioned to approve the item as presented and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C

DRAFT

C. Receive a presentation about the City of Bismarck's refaced website.

Kalen Ost, Communications Strategist, presented a presentation about the City of Bismarck's refaced website.

The Commission received the presentation.

D. Receive a presentation about current recruitment and retention issues the Police Department is facing.

Dave Draovitch, Police Chief, presented information relating to recruitment and retention issues the Police Department is facing.

Mayor Schmitz and Commissioner Cleary discussed the staffing difficulties across the organization that are ongoing.

The general consensus of the Commission was to support the needs of the Police Department and find ways to ensure public safety.

https://www.bismarcknd.gov/DocumentCenter/View/46829/Item-5D---May-14-2024-PDF

E. Consider approval of a Memorandum of Understanding with Bismarck Parks and Recreation District and Bismarck North Developers, LLC., regarding Elk Ridge Third Addition.

Gabe Schell, City Engineer, presented information regarding the Memorandum of Understanding regarding Eld Ridge Third Addition.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C.

F. Consider the request for approval to negotiate a joint powers agreement with other western North Dakota water systems to seek funding and construction of a regional pH stabilizer storage facility.

Michelle Klose, Public Works Utility Operations Director provided information regarding the need for a pH stabilizer storage facility and requested permission to negotiate a joint powers agreement with other western North Dakota water systems.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Marquardt seconded. Upon a roll call vote, all voted aye. M/C.

https://www.bismarcknd.gov/DocumentCenter/View/46830/Item-5F---May-14-2024-PDF

G. Consider the request for approval of adoption of local limits specific to the Bismarck Wastewater Treatment Plant.

Michelle Klose, Public Works Utility Operations Director provided information regarding the adoption of local limits for the Bismarck Wastewater Treatment Plant.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C.

DRAFT

https://www.bismarcknd.gov/DocumentCenter/View/46831/Item-5G---May-14-2024-PDF

H. Receive update on proposed projects to be included in the Water Development Plan for the ND Department of Water Resource upcoming legislative budget.

Michelle Klose, Public Works Utility Operations Director provided an update on the proposed projects to be included in the Water Development Plan for the ND Department of Water Resource legislative budget.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Marquardt seconded. Upon a roll call vote, all voted aye. M/C.

https://www.bismarcknd.gov/DocumentCenter/View/46832/Item-5H---May-14-2024-PDF

6. OTHER BUSINESS

- Commissioner Connelly presented a report with his thoughts regarding the Bureau of Criminal Investigation's (BCI) report on Charlie Jeske. Mayor Schmitz provided clarification on Commissioner Connelly's statement regarding the Chief Ethics Officer. Part of the role of the City Attorney is to act as the Chief Ethics Officer according to the Bismarck Code of Ordinances and the North Dakota Century Code. Attorney Combs spoke regarding her role as the Chief Ethics Officer, how her actions were performed ethically, and how she will continue to represent the City ethically and professionally. Commissioner Marquardt commented on his concerns with the timeliness of when information was presented to the Commission. Mayor Schmitz commented that the threshold for criminal offenses should be much higher than that for employment offenses and that the situations should be handled differently. Mayor Schmitz referenced the information provided in the report from the Fact Finding Subcommittee which provided evidence on grounds for employment termination. Mayor Schmitz noted that the community needs to move on and be able to heal after months of turmoil. Commissioner Cleary commented that she supports the work and the report resulting from the Fact Finding Subcommittee. Commissioner Cleary stated that she believes that the threshold for employment termination and criminal prosecution are on different levels and that the Commission needs to take that into consideration. No action was taken by the Commission after the discussion.
- Commissioner Cleary thanked the Solid Waste staff for helping with the Keeping Bismarck Beautiful event, on Saturday, May 4, 2024.

ADJOURN

There being no further business to discuss, the meeting adjourned at 7:11 PM.

DRAFT

PERSONNEL ACTIONS FOR THE MEETING ON May 28, 2024

Full-Time and Part-Time Appointments

Wiles, Doug Asst. City Administrator	Administration	Probationary Appointment @$64.90/hr. 5/12/24
Baerlocher, Norah Engineering Intern	Engineering	PT Appointment @$16.00/hr. 5/13/24
Boehm, Shandel Event Center Officer I	Event Center	PT Appointment @$14.00/hr. 5/17/24
Hetle, Alexis Event Safety Officer I	Event Center	PT Appointment @$14.00/hr. 5/13/24
Kautzman, Quincy IT Intern	Finance-IT	PT Appointment @$17.00/hr. 5/13/24
Anhalt, Steven Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/13/24
Ellerkamp, Isaac Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/13/24
Johnson, Simon Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/13/24
Schaffer, Brandon Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/13/24
Schwartzbauer, Michael Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/13/24
Sheets, Nathan Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/13/24
Veil, Landon Firefighter	Fire	Probationary Appointment @$28.47/hr. 5/14/24
Becker, Michael Police Officer	Police	Probationary Appointment @$28.47/hr. 5/13/24
Krantz, Jonathan Mosquito Control Tech	Public Health	PT Appointment @$16.50/hr. 5/28/24
Lee, Tessa Public Health Intern-SAP	Public Health	PT Appointment @$20.00/hr. 5/20/24

Ames-Davis, Christy Acting City Forester	PW-Services	Probationary Appointment $36.44/hr. 5/12/24
Feist, Gerard Forestry Tech	PW-Services	PT Appointment @$16.25/hr. 5/13/24
Neigum, Gary Forestry Tech	PW-Services	PT Appointment @$16.75/hr. 5/12/24
Koth-Grabar, Julie Customer Service Rep II	PW-Utilities	Probationary Appointment @$22.49/hr. 5/20/24
Vander Hoek, Livia PT Maintenance	PW-Utilities	PT Appointment @$17.00/hr. 5/29/24
Walker, Cassie PT Maintenance	PW-Utilities	PT Appointment @$17.00/hr. 5/28/24

Separations

Liang, Fu-Chi Intern	Airport	Resigned 5/7/24
Mees, Tyler Police Officer	Police	Resigned 5/17/24
Humann, Hunter Traffic Signal Tech	PW-Services	Resigned 5/17/24
Timm, Todd Equipment Operator II	PW-Services	Retired 5/1/24

Others

Benske, Cory Community Service Officer	Police	Leave Without Pay 5/11/24
Bosch, Casey Police Sergeant	Police	Promotion-Salary Increase @$36.44/hr. 5/12/24
Dollinger, Sydney Records Technician	Police	Leave Without Pay 5/11/24
Fredrickson, Chanc Police Officer	Police	Leave Without Pay 5/4/24

Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Gaming site authorization renewals.

REQUEST: Consider the request to approve the following applications for gaming:

- Amvets Post No. 9
  - Amvets Post No. 9 - 2402 Railroad Avenue
- Fort Abraham Lincoln Foundation
  - BDH3 - Bismarck, LLC (dba) EverSpring Suites - 180 East Bismarck Expressway
  - Laughing Sun Brewing Company, LLC (dba) Laughing Sun Brewing - 1023 East Front Avenue
  - The Craftcade, LLC (dba) The Craftcade - 405 North 4th Street
  - Sixteen03 Main Events, LLC (dba) Sixteen03 Main Events - 1603 East Main Avenue
  - The Mob Menu, LLC (dba) Jimmy V's - 512 East Main Avenue
- Loyd Spetz Post No 1, The American Legion, Department Of North Dakota
  - On the Run - 2205 Tyler Parkway
- Matpac Wrestling Club, Inc.
  - TBM Group, LLC (dba) Lucky's Bar and Lounge - 2176 East Thayer Avenue
  - TBM Group, LLC (dba) Main Bar and Package Store - 804 East Main Avenue
  - O'Brian's, Inc. (dba) O'Brian's - 1059 East Interstate Avenue
  - Sidelines, Inc. (dba) Sidelines - 300 South 5th Street
  - Sports Page, Inc. (dba) Sports Page - 1120 Tacoma Avenue
-

BACKGROUND INFORMATION:
Gaming site authorizations expire on June 30th of each year. The Bismarck Administration Department administers the annual gaming site authorizations and renewals.

RECOMMENDED CITY COMMISSION ACTION:
Consider approving the gaming applications.

STAFF CONTACT INFORMATION:
Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Amvets Post No. 9
2. Fort Abraham Lincoln Foundation
3. Loyd Spetz American Legion Post 1
4. Matpac Wrestling Club Inc.

STATE GAMING LICENSE - REAPPLICATION FORM

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number
G- 0156
License Year Ending
June 30, 2024

1. Official, Legal Name of Organization (Do Not Abbreviate)			Business Telephone Number
Amvets Post #9			701-258-8324
Business Address (Street)	City	State	ZIP Code
2402 Railroad Avenue	Bismarck	N.Dak.	58501
Mailing Address	City	State	ZIP Code
Same as Above			
Address Where Gaming Accounting Records Are Kept	City	State	ZIP Code
2402 Railroad Avenue	Bismarck	N.Dak	58501
E-mail Address	Contact Person	Official Position of Contact Person	
l.black61@yahoo.com	Lorraine M. Black	Gaming Manager	

2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?	3. Provide Organization's Federal Employer Identification Number (EIN)
☑ Yes ☐ No	45-0373188

4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)	Daytime Telephone Number
Dick Dever (Commander)	701-391-6330
5. Name of Gaming Manager	Daytime Telephone Number
Lorraine M. Black	701-258-8324
6. Signature of Gaming Manager	Date
Lorraine M. Black	5/15/24

7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)

Name	Telephone Number	Name	Telephone Number
Dick Dever	701-391-6330	Joe Bachmeier (Finance)	~~701-226-1624~~ 701-391-9267
Phil Miller (1st Vice)	701-595-3132	Bob Olszewski (Adjutant)	701-226-1624
Nikki Frohlich (2nd Vice)	701-214-8128		
Ashley Cermak (3rd Vice)	701-400-8073		
Scott Longeno (Provost)	701-400-8400		
John Adolf (Judge Adv.)	701-425-6812		

8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?

☑ Own ☐ Rent

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official	Date
	X [signature]	5.14.2024

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 01 56

Organization Name: Amvets Post #9		
Mailing Address: 2402 Railroad Avenue		
City: Bismarck	State: ND. Dak.	ZIP Code: 58501
Business Phone: 701-258-8324	Cell Phone: 701-426-4124	

Name of Gaming Manager: Lorraine M. Black

Date of Hire: 3/1/2016

NOTE: Volunteer Gaming Managers are required to have a record check completed.

Record Check Completed: ☑ Yes ☐ No

Date of Birth: 3/27/55

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Tammie Anderson	Dealer/Cashier	12/14/20	10/20/58	☐
2.	Dawn Doll	Shift Mgr/Dealer	11/29/90	3/15/61	☐
3.	Kevin Bailly	Dealer/Cashier	5/4/22	4/23/70	☐
4.	Donna Miller	Dealer/Cashier/count	5/21/15	11/13/50	☐
5.	Charlie Price	Cash Count	8/27/21	11/27/54	☐
6.	Lori Smith	Dealer/Cashier	4/28/11	10/31/64	☐
7.					☐
8.					☐
9.					☐
10.					☐
11.					☐
12.					☐
13.					☐
14.					☐
15.					☐
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17.					☐
18.					☐
19.					☐
20.					☐
21.					☐
22.					☐
23.					☐
24.					☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

ACKNOWLEDGEMENT BY LOCAL LAW ENFORCEMENT OFFICIAL

I hereby acknowledge that I have been informed that Amvets Post #9 (full legal name of eligible organization) _____ will be conducting games of chance at the following locations:

	SITE	ADDRESS
1.	Amvets Post #9	2402 Railroad Avenue Bismarck, ND. Dak 58501
2.		
3.		
4.		
5.		
6.		

_____ Date

_____ City Chief of Police or County Sheriff

CONSENT BY ELIGIBLE ORGANIZATION

Amvets Post #9 (Full legal name of eligible organization) does hereby consent that local law enforcement officers or the Attorney General and his agents may, at any time games of chance are being conducted, enter upon the site to observe the playing of games of chance and to enforce the law for any unauthorized game or practice.

X 5.14.2024 Date

X _____ Chief Executive (i.e., Cmdr., Pres., etc.)

AUTHORIZATION TO INSPECT BANK RECORDS

Amvets Post #9 Full legal name of eligible organization does hereby give authorization to the Attorney General and his agents to inspect bank records whenever necessary to fulfill requirements of current gaming rules and laws.

X 5.14.2024 Date

X _____ Chief Executive (i.e., Cmdr., Pres., etc.)

GAMING ORGANIZATION E-MAIL CONTACT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
SFN 54481 (02-2024)

License No. G- 0156

This form should be to used update, add, or change information regarding a licensed gaming organizations point of contacts.

☐ New Contact	☐ Replacing Previous Contact	☐ Additional Contact

Official, Legal Name of Gaming Organization	
0 Amvets Post #9	
Name of the Contact Person 0 Lorraine M. Black	Title of Contact Person 0 Gaming Manager
Contact Person's E-mail 0 l.black61@yahoo.com	Contact Person's Daytime Telephone Number 0 701-258-8324

By signing and submitting this form, the contact person agrees to receive information from the Office of Attorney General at the above e-mail address

Signature of Contact Person	Date
Lorraine M Black 0	0 5/1/24

RETURN TO:

Email: agolicensing@nd.gov
Fax: (701) 328-3535

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
600 EAST BOULEVARD AVENUE - DEPT 125
BISMARCK ND 58505-0040

Questions Regarding Licensing
(701) 328-2329

AMVETS POST 39

GAMING INTERNAL CONTROL MANUAL

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GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Amvets Post No. 9

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Amvets Post No. 9

Street	City	ZIP Code	County
2402 Railroad Avenue	**Bismarck**	**58501**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**1**

Specific location where games of chance will be conducted and played at the site (**required**)
The NW corner of main bar area / central South wall of main bar, south wall across from main bar, north wall of main bar, NW wall of back bar.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

X	Bingo	X	Club Special	X	Sports Pools
	ELECTRONIC Quick Shot Bingo	X	Tip Board	X	Twenty-One
X	Raffles	X	Seal Board		Poker
	ELECTRONIC 50/50 Raffle		Punchboard		Calcuttas
X	Pull Tab Jar	X	Prize Board		Paddlewheel with Tickets
X	Pull Tab Dispensing Device		Prize Board Dispensing Device		Paddlewheel Table
X	**ELECTRONIC** Pull Tab Device				

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

Bismarck AMVETS Post #9

2402 Railroad Ave
Bismarck, ND 58501
Main Floor Layout

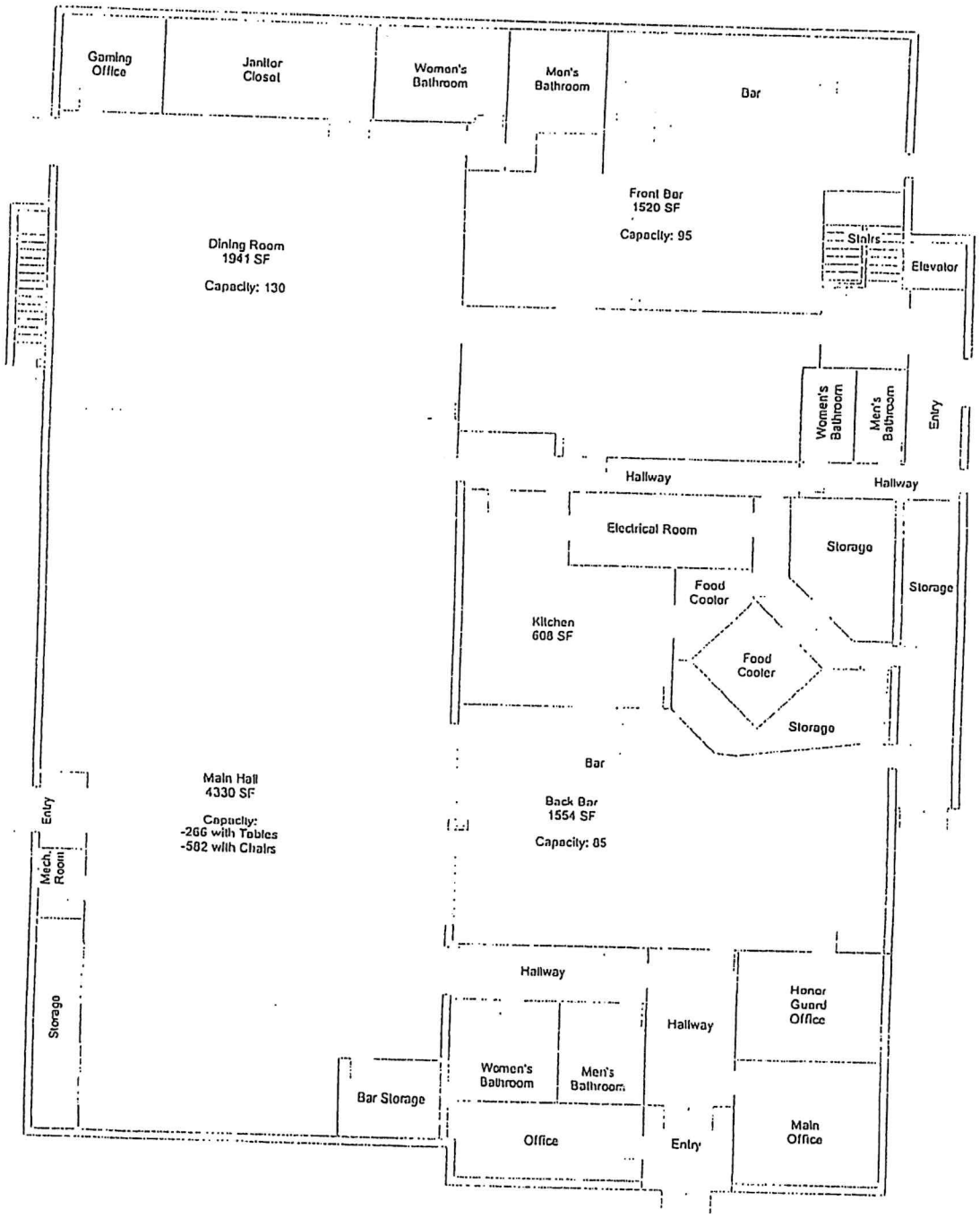
LEGEND

Gaming Counter

Pull Tab Machine

Electronic Pull Tab Machine

Bar Cooler



10/22/2019 7:54:11 AM derek.anderson C:\Users\derek.anderson\Desktop\personnal\AMVETS\AMVETS main floor layout.dgn

STATE GAMING LICENSE - REAPPLICATION FORM

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number
G-
License Year Ending
June 30, _____

1. Official, Legal Name of Organization (Do Not Abbreviate)		Business Telephone Number	
Fort Abraham Lincoln Foundation		**701-663-4758**	
Business Address (Street)	City	State	ZIP Code
400 E. Broadway #417	**Bismarck**	**ND**	**58501**
Mailing Address	City	State	ZIP Code
400 E. Broadway #417	**Bismarck**	**ND**	**58501**
Address Where Gaming Accounting Records Are Kept	City	State	ZIP Code
400 E. Broadway #417	**Bismarck**	**ND**	**58501**
E-mail Address	Contact Person	Official Position of Contact Person	
kin@fortlincoln.org	**Kimberly Sanderson**	**Manager**	

2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?	3. Provide Organization's Federal Employer Identification Number (EIN)
☒ Yes ☐ No	**45-0372813**

4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)	Daytime Telephone Number
Aaron Barth	**701-663-4758**
5. Name of Gaming Manager	Daytime Telephone Number
Kimberly Sanderson	**701-226-9552**
6. Signature of Gaming Manager: Kimberly Sanderson	Date

7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)

Name	Telephone Number	Name	Telephone Number
Jason Matthews	**701-471-0311**	**Keith Elmer**	**701-202-9008**
Katie Fitzsimmons	**503-853-5063**	**Brent Kleinjan**	**701-221-2387**
Chad Anderson	**701-400-5566**	**Chris Dopson**	**701-426-7876**
Mandy Geiger	**701-527-5677**	**Dawn Kopp**	**701-226-6818**
LuAnn Poitra	**701-221-1387**	**Jason Schmidt**	**701-226-2282**
Justin Weichel	**701-527-1783**	**Aaron Barth**	**701-425-7342**

8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?

☐ Own ☒ Rent

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official: Aaron L Barth	Date: 5/14/2024

Cities or Counties (If site is outside limits of an incorporated city) in which games of chance will be conducted	
City	County (Provide ONLY if renewing a county license)
Medora	**Morton**
Dickinson	
Mandan	
Bismarck	
Solen	
Selfridge	
Riverdale	
If additional space is needed, attached a separate sheet	

Total number of licenses organization is applying for (add each city or county listed above) 8 x $175.00 **$1,400.00** Total fee.

Enclose total license fee with this application.
(Check payable to: ND Attorney General)

RETURN TO:
Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040

Telephone
701-328-2329 or
1-800-326-9240

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
BDH3 - Bismarck, LLC dba EverSpring Suites

Street	City	ZIP Code	County
180 E Bismarck Expy	**Bismarck**	**58504**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**1**

Specific location where games of chance will be conducted and played at the site (**required**)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

[ ] Bingo	[ ] Club Special	[ ] Sports Pools
[ ] **ELECTRONIC** Quick Shot Bingo	[ ] Tip Board	[X] Twenty-One
[ ] Raffles	[ ] Seal Board	[ ] Poker
[ ] **ELECTRONIC** 50/50 Raffle	[ ] Punchboard	[ ] Calcuttas
[ ] Pull Tab Jar	[ ] Prize Board	[ ] Paddlewheel with Tickets
[ ] Pull Tab Dispensing Device	[ ] Prize Board Dispensing Device	[ ] Paddlewheel Table
[X] **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	**Date**

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
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3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
Bdh3-Bismarck LLc		EverSpring Lounge		(701) 222-3311
Site Address	**City**	**State**	**Zip Code**	**County**
180 E. Expressway	Bismarck	ND	58504	Burliegh
Organization	**Rental Period**			**Monthly Rent Amount**
Fort Abraham Lincoln Foundation	July 1, 2024 to June 30, 2025			

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$
2. Is Twenty-One conducted at this site?	☐ No	☒ Yes	$
Number of Tables with wagers **up to** $5 ____ X Rent per Table $ ____			$
Number of Tables with wagers **over** $5 **1** X Rent per Table $ **300**			$ **300**
3. Is Paddlewheels conducted at this site?	☒ No	☐ Yes	$
Number of Tables ____ X Rent per Table $ ____			
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?	☒ No	☐ Yes	$
Please Check: ☐ Jar Bar ☐ Standard Dispensing Device			
5. Are Electronic Pull-Tabs conducted at this site?	☐ No	☒ Yes	$ **525**
If "Yes" please indicate the number of devices **3**			
Total Monthly Rent			$ **825**

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title Gerald Mangan	Date 3/28/24
Signature of Lessee Aaron D Barth	Title Executive Director	Date 01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
   a. If bingo is the primary game, the monthly rent must be reasonable
   b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
   a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
   b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
   c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
   a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
   b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
   c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

      Special considerations are:

      (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and

      (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.

   d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Expressway lounge

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Laughing Sun Brewing Company, LLC dba Laughing Sun Brewing

Street	City	ZIP Code	County
1023 East Front Avenue	**Bismarck**	**58504**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**0**

Specific location where games of chance will be conducted and played at the site (**required**)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

☐ Bingo	☐ Club Special	☐ Sports Pools
☐ **ELECTRONIC** Quick Shot Bingo	☐ Tip Board	☐ Twenty-One
☐ Raffles	☐ Seal Board	☐ Poker
☐ **ELECTRONIC** 50/50 Raffle	☐ Punchboard	☐ Calcuttas
☐ Pull Tab Jar	☐ Prize Board	☐ Paddlewheel with Tickets
☒ Pull Tab Dispensing Device	☐ Prize Board Dispensing Device	☐ Paddlewheel Table
☐ **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

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Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)	Site Name	Site Phone Number
Laughing Sun Brewing	**Laughing Sun Brewing**	**(701) 751-3881**

Site Address	City	State	Zip Code	County
1023 East Front Avenue	**Bismarck**	**ND**	**58504**	**Burleigh**

Organization	Rental Period		Monthly Rent Amount
Fort Abraham Lincoln Foundation	**July 1, 2024**	to **June 30, 2025**	

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$ Ø
2. Is Twenty-One conducted at this site? Number of Tables with wagers **up to** $5: 0 X Rent per Table $ N/A	☒ No	☐ Yes	$ Ø
Number of Tables with wagers **over** $5: 0 X Rent per Table $ N/A			$ Ø
3. Is Paddlewheels conducted at this site? Number of Tables: 0 X Rent per Table $ N/A	☒ No	☐ Yes	$ Ø
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: ☐ Jar Bar ☒ Standard Dispensing Device	☐ No	☒ Yes	$ **400**
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices: 0	☒ No	☐ Yes	$ Ø
Total Monthly Rent			$ **400**

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
[signature]	Owner	2.26.24
Signature of Lessee: Tom L Bart	Title: Executive Director	Date: 01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
   a. If bingo is the primary game, the monthly rent must be reasonable
   b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
   a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
   b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
   c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
   a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
   b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
   c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

      Special considerations are:

      (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and

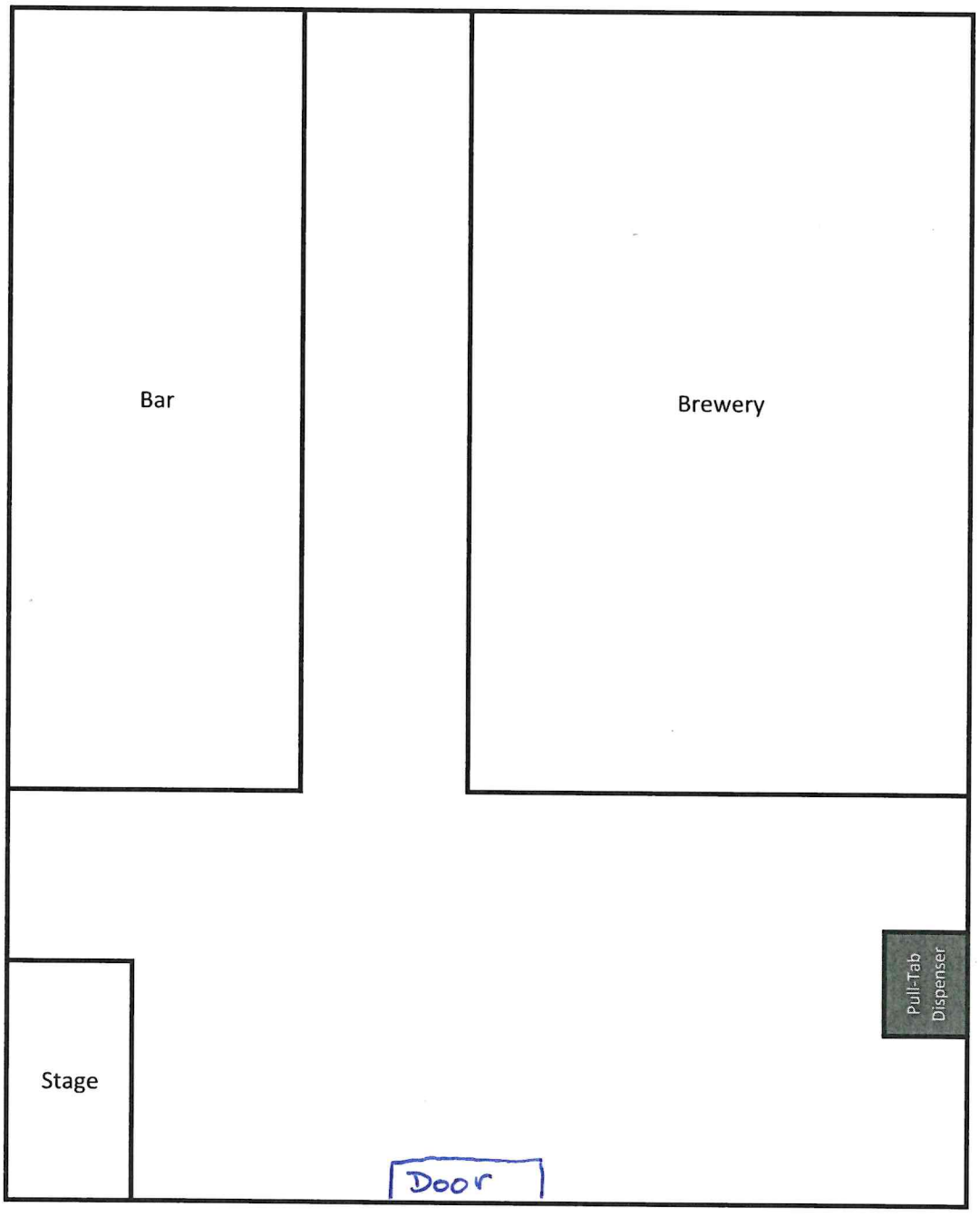
      (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
   d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Laughing Sun Brewery Gaming Floor Plan



GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
The CraftCade, LLC dba The CraftCade

Street	City	ZIP Code	County
405 North 4th Street	**Bismarck**	**58504**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**1**

Specific location where games of chance will be conducted and played at the site (**required**)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

☐ Bingo	☐ Club Special	☐ Sports Pools
☐ **ELECTRONIC** Quick Shot Bingo	☐ Tip Board	☒ Twenty-One
☐ Raffles	☐ Seal Board	☐ Poker
☐ **ELECTRONIC** 50/50 Raffle	☐ Punchboard	☐ Calcuttas
☐ Pull Tab Jar	☐ Prize Board	☐ Paddlewheel with Tickets
☒ Pull Tab Dispensing Device	☐ Prize Board Dispensing Device	☐ Paddlewheel Table
☐ **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	**Date**

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
CraftCade llc		The CraftCade		(701) 450-1414
Site Address	**City**	**State**	**Zip Code**	**County**
405 N. 4th Street	Bismarck	ND	58504	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
Fort Abraham Lincoln Foundation	July 1, 2024 to June 30, 2025			

1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$ Ø
2. Is Twenty-One conducted at this site? Number of Tables with wagers **up to** $5: 0 X Rent per Table $ N/A	☒ No	☐ Yes	$ Ø
Number of Tables with wagers **over** $5: 1 X Rent per Table $ 300			$ 300
3. Is Paddlewheels conducted at this site? Number of Tables: 0 X Rent per Table $ N/A	☒ No	☐ Yes	$ Ø
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: ☐ Jar Bar ☒ Standard Dispensing Device	☐ No	☒ Yes	$ 400
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices: 0	☒ No	☐ Yes	$ Ø
Total Monthly Rent			$ 700

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
[signature]	Owner	2.26.24
Signature of Lessee: Aaron L Bartz	Title: Executive Director	Date: 01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
   a. If bingo is the primary game, the monthly rent must be reasonable
   b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
   a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
   b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
   c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
   a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
   b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
   c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

      Special considerations are:

      (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and

      (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
   d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

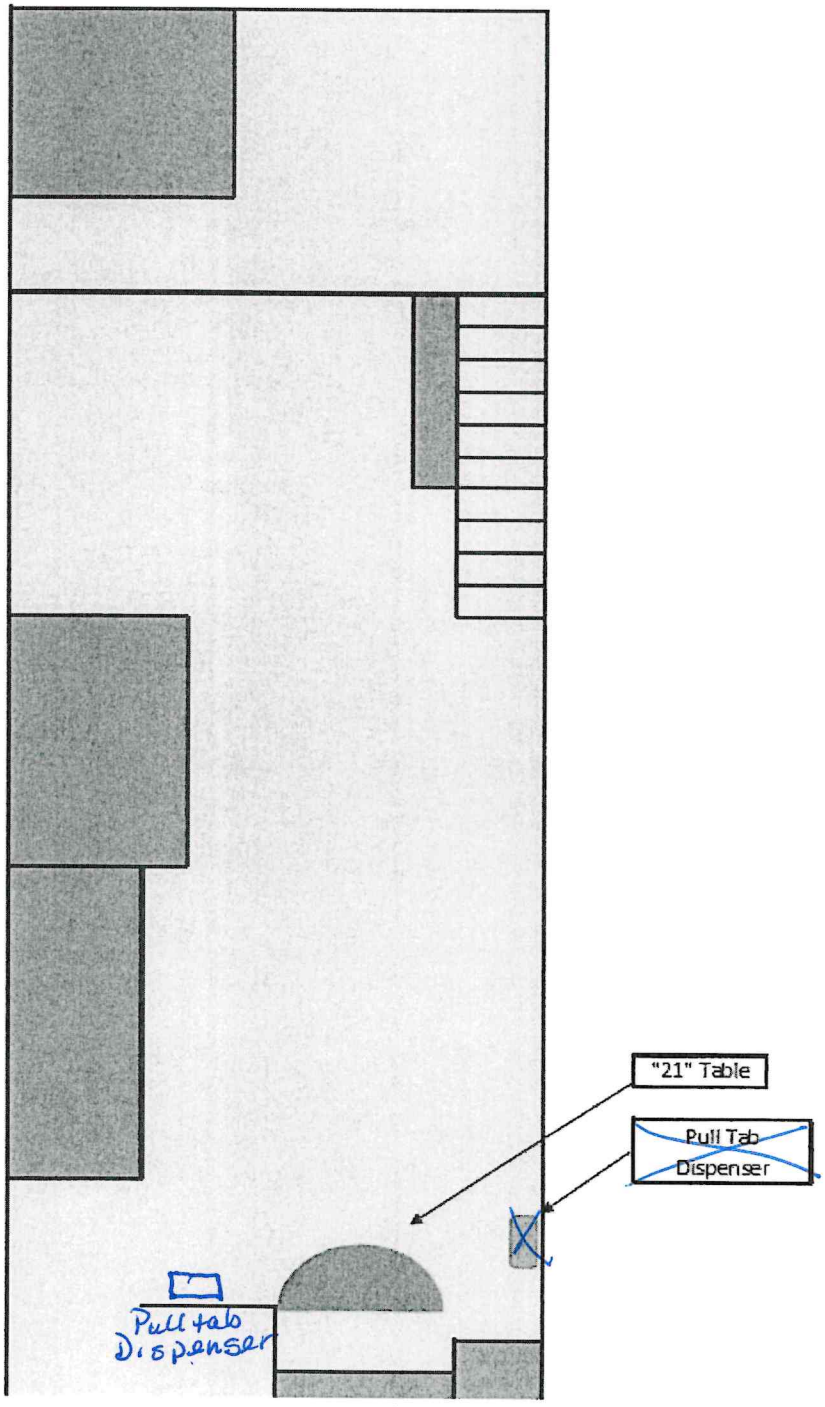
*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Kim Sanderson

From:
Sent:
To:
Subject: Craftcade drawing



GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Sixteen03 Main Events, LLC dba Sixteen03 Main Events

Street	City	ZIP Code	County
1601 East Main Avenue	**Bismarck**	**58501**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**0**

Specific location where games of chance will be conducted and played at the site (**required**)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

☐ Bingo	☐ Club Special	☐ Sports Pools
☐ **ELECTRONIC** Quick Shot Bingo	☐ Tip Board	☐ Twenty-One
☐ Raffles	☐ Seal Board	☐ Poker
☐ **ELECTRONIC** 50/50 Raffle	☐ Punchboard	☐ Calcuttas
☐ Pull Tab Jar	☐ Prize Board	☐ Paddlewheel with Tickets
☒ Pull Tab Dispensing Device	☐ Prize Board Dispensing Device	☐ Paddlewheel Table
☐ **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
Sixteen03 Main Event		Sixteen03 Main Event		(701) 255-6246
Site Address	**City**	**State**	**Zip Code**	**County**
1603 East Main Avenue	Bismarck	ND	58501	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
Fort Abraham Lincoln Foundation	July 1, 2024 to June 30, 2025			

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$ 0
2. Is Twenty-One conducted at this site? Number of Tables with wagers **up to** $5: 0 X Rent per Table $ N/A	☒ No	☐ Yes	$ 0
Number of Tables with wagers **over** $5: 0 X Rent per Table $ N/A			$ 0
3. Is Paddlewheels conducted at this site? Number of Tables: ____ X Rent per Table $ ____	☒ No	☐ Yes	$ 0
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: ☐ Jar Bar ☒ Standard Dispensing Device	☐ No	☒ Yes	$ 400
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices 0	☒ No	☐ Yes	$ 0
Total Monthly Rent			$ 400

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
Michelle Kaufmann	President	1/24/24
Signature of Lessee	Title	Date
Karen L Barth	Executive Director	01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:

   a. If bingo is the primary game, the monthly rent must be reasonable

   b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.

5. For a site where bingo is not the primary game.

   a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.

   b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.

   c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month

   a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.

   b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.

   c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

      Special considerations are:

      (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and

      (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.

   d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

1603 Main Events



GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
The Mob Menu, LLC dba Jimmy V's

Street	City	ZIP Code	County
512 East Main Avenue	**Bismarck**	**58501**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**1**

Specific location where games of chance will be conducted and played at the site (**required**)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

[ ] Bingo	[ ] Club Special	[ ] Sports Pools
[ ] **ELECTRONIC** Quick Shot Bingo	[ ] Tip Board	[X] Twenty-One
[ ] Raffles	[ ] Seal Board	[ ] Poker
[ ] **ELECTRONIC** 50/50 Raffle	[ ] Punchboard	[ ] Calcuttas
[X] Pull Tab Jar	[ ] Prize Board	[ ] Paddlewheel with Tickets
[X] Pull Tab Dispensing Device	[ ] Prize Board Dispensing Device	[ ] Paddlewheel Table
[X] **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
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3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
The Mob Menu LLC		**Jimmy V's**		**701-557-7676**
Site Address	**City**	**State**	**Zip Code**	**County**
512 E. Main	**Bismarck**	**ND**	**58501**	**Burleigh**
Organization	**Rental Period**			**Monthly Rent Amount**
Fort Abraham Lincoln Foundation	**July 1, 2024** to **June 30, 2025**			

1. Is Bingo going to be conducted at the site?	☐ No	☒ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☒ No	☐ Yes	$
2. Is Twenty-One conducted at this site?	☐ No	☒ Yes	$
Number of Tables with wagers **up to** $5 ____ X Rent per Table $ ____			
Number of Tables with wagers **over** $5 **1** X Rent per Table $ **300**			$ **300**
3. Is Paddlewheels conducted at this site?	☒ No	☐ Yes	$
Number of Tables ____ X Rent per Table $ ____			
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?	☐ No	☒ Yes	$ **325**
Please Check: ☒ Jar Bar ☒ Standard Dispensing Device			
5. Are Electronic Pull-Tabs conducted at this site?	☐ No	☒ Yes	$ **350**
If "Yes" please indicate the number of devices **2**			
Total Monthly Rent			$ **975**

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
Tyler Deichert	Member	5-7-2024
Signature of Lessee	**Title**	**Date**
Aaron L Barth	Executive Director	05/07/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
   a. If bingo is the primary game, the monthly rent must be reasonable
   b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
   a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
   b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
   c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
   a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
   b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
   c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

      Special considerations are:

      (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and

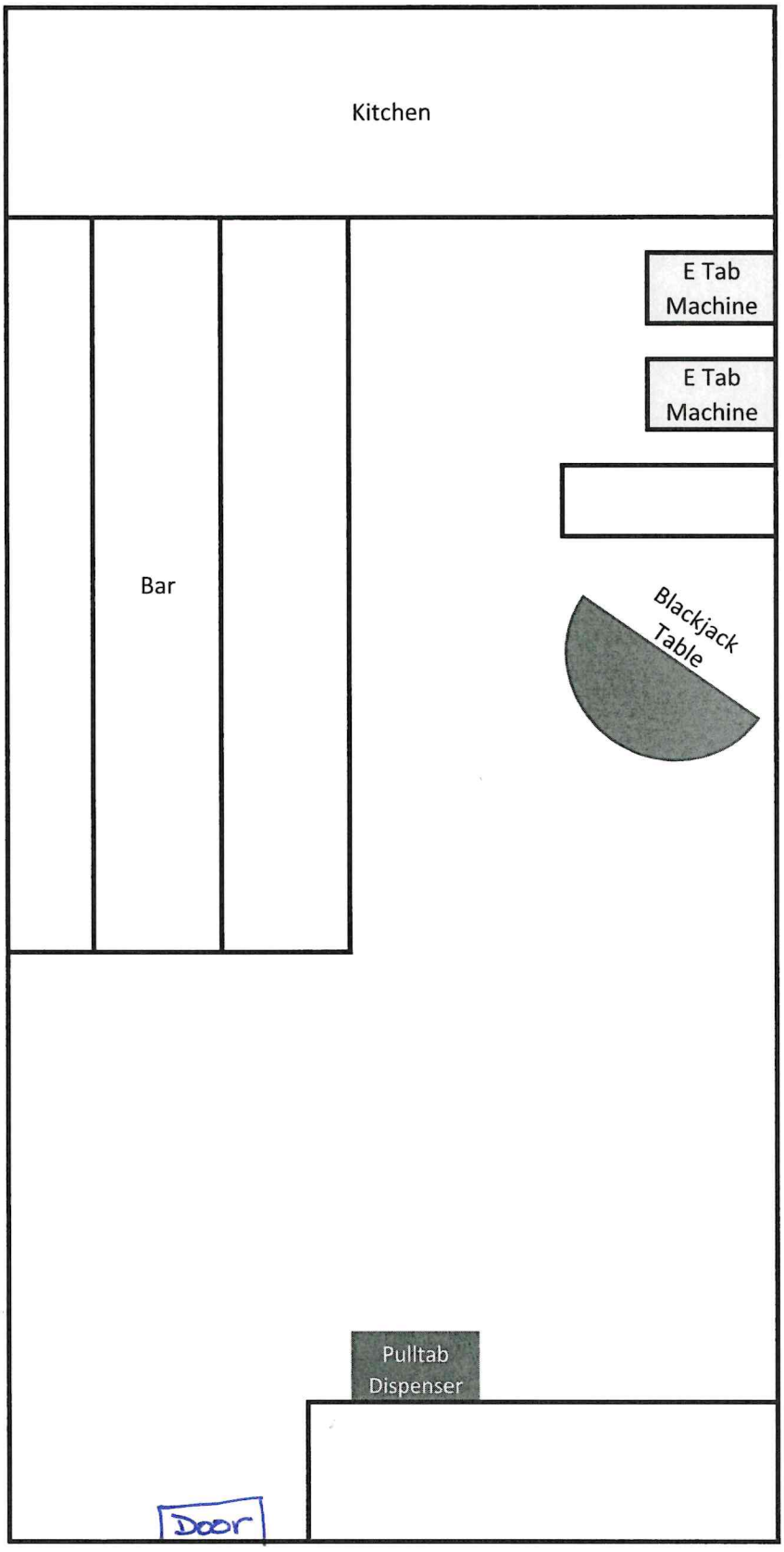
      (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
   d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Jimmy V's Gaming Floor Layout



STATE GAMING LICENSE - REAPPLICATION FORM

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number
G- 0019
License Year Ending
June 30, 2025

1. Official, Legal Name of Organization (Do Not Abbreviate)			Business Telephone Number
American Legion Loyd Spetz Post 1			701-258-3101
Business Address (Street)	City	State	ZIP Code
2402 Railroad Ave	Bismarck	ND	58501
Mailing Address	City	State	ZIP Code
P.O. Box 753	Bismarck	ND	58502
Address Where Gaming Accounting Records Are Kept	City	State	ZIP Code
2402 Railroad Ave	Bismarck	ND	58501
E-mail Address	Contact Person	Official Position of Contact Person	
...@americanlegionbismarck.org	Mamie Havelka	Post Executive Chair	

2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?	3. Provide Organization's Federal Employer Identification Number (EIN)
☒ Yes ☐ No	45-0214007

4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)	Daytime Telephone Number
Mamie Havelka, Post Executive Chair	701-340-1621
5. Name of Gaming Manager	Daytime Telephone Number
Mamie Havelka	701-340-1621
6. Signature of Gaming Manager	Date
Mamie Havelka	9 May 2024

7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)

Name	Telephone Number	Name	Telephone Number
Mamie Havelka	701-340-1621	Daniel Rustvang	701-740-5954
Russ Kroshus	701-426-5102		
Jeanette Fetch	701-471-1693		
Bob Wetzel	701-595-2401		
Wayne Marusha	701-226-5571		
Ed Stern	701-989-2433		

8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?

☐ Own ☒ Rent

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official	Date
	Mamie Havelka	9 May 2024

Cities or Counties (If site is outside limits of an incorporated city) in which games of chance will be conducted	
City	County (Provide ONLY if renewing a county license)
If additional space is needed, attached a separate sheet	

Total number of licenses organization is applying for (add each city or county listed above) 1 x $175.00 175.00 Total fee.

Enclose total license fee with this application.
(Check payable to: ND Attorney General)

RETURN TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040

Telephone

701-328-2329 or
1-800-326-9240

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 0 0 1 9

Organization Name: **American Legion Loyd Spetz Post 1**		
Mailing Address: **P.O. Box 753**		
City: **Bismarck**	State: **ND**	ZIP Code: **58502**
Business Phone:	Cell Phone: **(701) 340-1621**	

Name of Gaming Manager: **Mamie Havelka**

Date of Hire: **15 Nov 2022**

NOTE: Volunteer Gaming Managers are required to have a record check completed.

Record Check Completed: ☒ Yes ☐ No

Date of Birth: **03/26/1952**

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	**Melissa Long**	**Runner**	**1 Aug 2023**	**20 July 73**	☒
2.	**Evelyn Sims**	**Runner**	**1 Jan 2024**	**18 May 00**	☒
3.					☐
4.					☐
5.					☐
6.					☐
7.					☐
8.					☐
9.					☐
10.					☐
11.					☐
12.		**Bismarck**			☐
13.					☐
14.					☐
15.					☐
16.					☐
17.					☐
18.					☐
19.					☐
20.					☐
21.					☐
22.					☐
23.					☐
24.					☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

GAMING INTERNAL CONTROL MANUAL

TABLE OF CONTENTS

Section	Description	Page No.
I.	Position Descriptions	1
II.	Organizational Flow Chart	3
III.	Updating the Internal Control Manual	4
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V.	Master Inventory Control	17
VI.	Count Team Procedures	24
VII.	Bingo	28
VIII.	Pull Tabs	36
IX.	Pull Tab Dispensing Device	45
X.	Twenty-One	52

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - ___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Loyd Spetz Post No 1, The American Legion, Department Of North Dakota

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
On the Run

Street	City	ZIP Code	County
2205 Tyler Parkway	**Bismarck**	**58503**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2024**	**0**

Specific location where games of chance will be conducted and played at the site (**required**)
In the off sale south side of building.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

☐ Bingo	☐ Club Special	☐ Sports Pools
☐ **ELECTRONIC** Quick Shot Bingo	☐ Tip Board	☐ Twenty-One
☐ Raffles	☐ Seal Board	☐ Poker
☐ **ELECTRONIC** 50/50 Raffle	☐ Punchboard	☐ Calcuttas
☐ Pull Tab Jar	☐ Prize Board	☐ Paddlewheel with Tickets
☐ Pull Tab Dispensing Device	☐ Prize Board Dispensing Device	☐ Paddlewheel Table
☒ **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
All days available according to State & Local Laws	**All hours allowed by State & Local laws**

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
Parkland USA		On The Run		(701)255-1216
Site Address	**City**	**State**	**Zip Code**	**County**
2205 Tyler Parkway	Bismarck	ND	58503	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
American Legion Loyd Spetz Post 1	1 July 2024	to	30 June 2025	

1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$
2. Is Twenty-One conducted at this site?	☒ No	☐ Yes	
Number of Tables with wagers up to $5 _____ X Rent per Table $ _____			$
Number of Tables with wagers over $5 _____ X Rent per Table $ _____			$
3. Is Paddlewheels conducted at this site?	☒ No	☐ Yes	
Number of Tables _____ X Rent per Table $ _____			$
4. Is Pull Tabs involving either a jar bar or standard dispensing device conducted at this site?	☒ No	☐ Yes	$
Please Check: ☐ Jar Bar ☐ Standard Dispensing Device			
5. Are Electronic Pull-Tabs conducted at this site?	☐ No	☒ Yes	$ 700.00
If "Yes" please indicate the number of devices 4			
Total Monthly Rent			$ 700.00

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

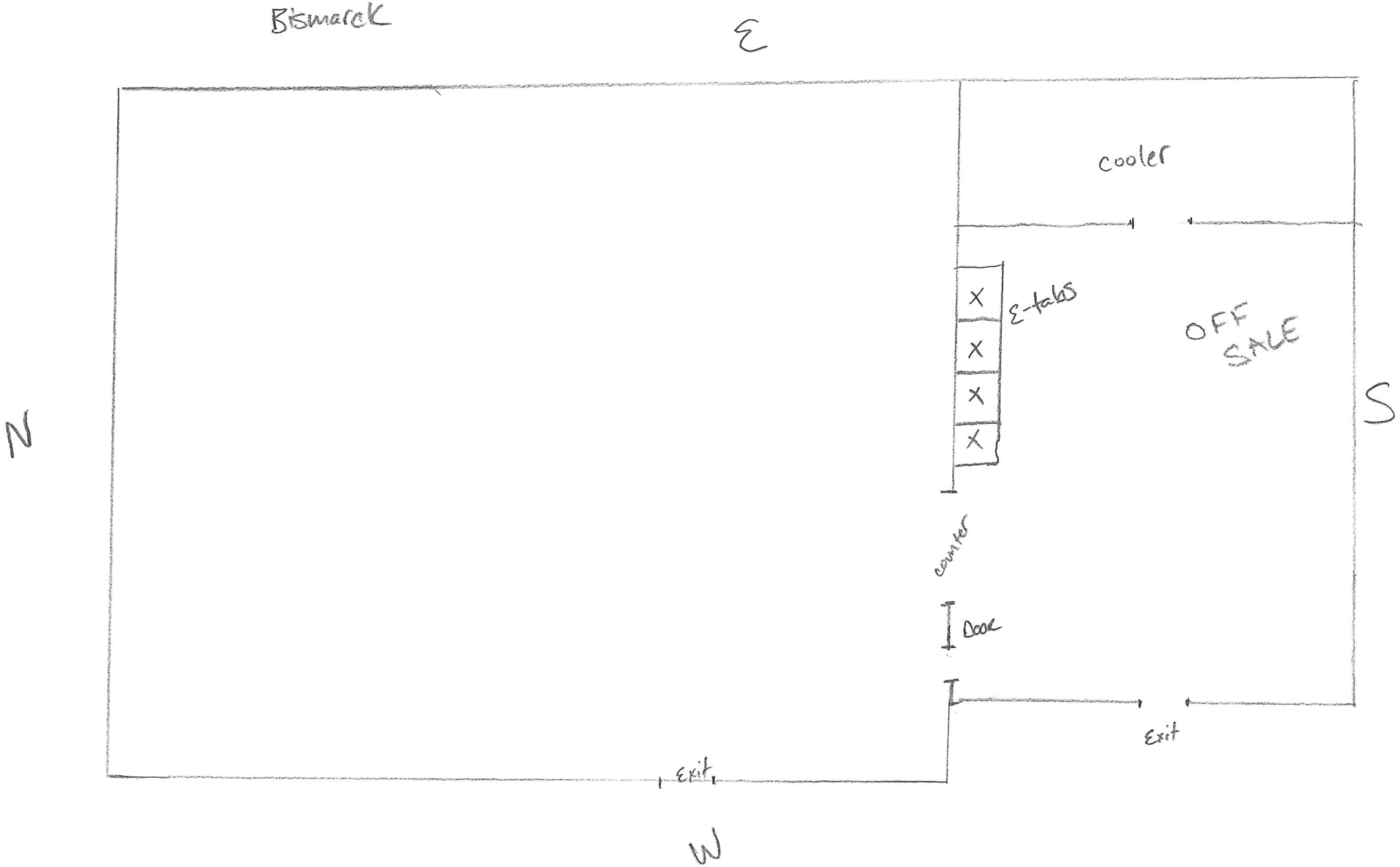
A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
Danny Armstrong	Authorized Controller	9 May 2024
Signature of Lessee	Title	Date
[signature]	Post 1 Executive Chair ~~Gaming Manager~~	9 May 2024

ON THE RUN

Bismarck



STATE GAMING LICENSE - REAPPLICATION FORM

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number
G-
License Year Ending
June 30, _____

1. Official, Legal Name of Organization (Do Not Abbreviate)		Business Telephone Number	
Matpac Wrestling Club, Inc.		**(701) 202-2657**	
Business Address (Street)	City	State	ZIP Code
2600 E. Rosser Avenue	**Bismarck**	**ND**	**58501**
Mailing Address	City	State	ZIP Code
103 S. 3rd Street, No. 1	**Bismarck**	**ND**	**58501**
Address Where Gaming Accounting Records Are Kept	City	State	ZIP Code
103 S. 3rd Street, No. 1	**Bismarck**	**ND**	**58501**
E-mail Address	Contact Person	Official Position of Contact Person	
alec.dkgcpa@midconetwork.com	**Alec Kautzman**	**Gaming Manager**	

2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?	3. Provide Organization's Federal Employer Identification Number (EIN)
☑ Yes ☐ No	**45-01410854**

4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)	Daytime Telephone Number
Richard Steidler, President	**(701) 226-8423**
5. Name of Gaming Manager	Daytime Telephone Number
Alec Kautzman	**(701) 214-2278**
6. Signature of Gaming Manager	Date
	4/30/24

7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)

Name	Telephone Number	Name	Telephone Number
Richard Steidler	**(701) 226-8423**	**Amber Sandness**	**(701) 400-2262**
Mark Lardy	**(701) 391-8870**	**Dallas Hied**	**(701) 220-3121**
Jeremy Jangula	**(701) 471-5335**	**Jason Huber**	**(701) 214-2555**
Jeff Schumacher	**(701) 471-9237**		
Chad Renner	**(701) 400-4689**		
Jeb Williams	**(701) 220-3139**		

8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?

☑ Own ☐ Rent

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official	Date
		5-3-24

Cities or Counties (If site is outside limits of an incorporated city) in which games of chance will be conducted	
City	County (Provide ONLY if renewing a county license)
Bismarck	**Burleigh**
Ellendale	
Mandan	
If additional space is needed, attached a separate sheet	

Total number of licenses organization is applying for (add each city or county listed above) 4 x $175.00 $ 700 Total fee.

Enclose total license fee with this application.
(Check payable to: ND Attorney General)

RETURN TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040

Telephone

701-328-2329 or
1-800-326-9240

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 0 9 8 3

Organization Name		
Matpac Wrestling Club, Inc.		
Mailing Address		
103 S. 3rd Street, No. 1		
City	State	ZIP Code
Bismarck	ND	58501
Business Phone	Cell Phone	
(701) 255-6290	(701) 214-2278	

Name of Gaming Manager	Date of Hire
Alec Kautzman	10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed ☒ Yes ☐ No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Grace L. Acheson	Bingo Worker	7/1/23	10/10/02	☐
2.	Emanuel T. Adams	Dealer	6/26/20	7/26/80	☐
3.	Brittney L. Alexander	Dealer	9/29/23	11/19/99	☐
4.	Kaitlyn Deann Alvarado	Dealer	4/15/21	10/25/99	☐
5.	Callie M. Anderson	Dealer	1/3/24	3/19/00	☐
6.	Calli J. Anklam	Dealer	1/1/19	9/5/92	☐
7.	Olivia L. Bachmaier	Dealer	10/8/21	3/3/99	☐
8.	Adeline K. Backer	Count Team Member	10/25/22	5/11/53	☐
9.	Kaylee C. Barbie	Bingo Worker	1/5/24	8/23/00	☐
10.	Erandi Barreto	Dealer	7/18/23	1/8/98	☐
11.	Jazmine N. Beardsley	Dealer	4/24/23	6/11/01	☐
12.	La'Teshia R. Beck	Dealer	6/20/23	3/7/99	☐
13.	James J. Becker	Dealer	7/1/23	8/30/60	☐
14.	Travis Ryan Bitz	Dealer	7/1/20	3/30/77	☐
15.	Madison F. Bodine	Dealer	3/14/98	2/16/22	☐
16.	Anita Jo Bohner	Dealer	4/1/17	3/5/81	☐
17.	Mikayla A. Brackin	Bingo Worker	11/23/22	7/25/02	☐
18.	Zoie B. Breckheimer	Dealer	3/21/24	10/8/98	☐
19.	Jordan A. Brehmer	Bingo Worker	1/15/24	6/5/01	☐
20.	Kevin L. Brunelle	Count Team Member	2/22/22	2/9/84	☐
21.	Maren J. Carlson	Dealer	1/10/22	11/7/97	☐
22.	Zackary Lee John Christmann	Count Team Member	2/14/20	8/23/90	☐
23.	Kamaria E. Cieslak	Dealer	7/18/23	10/19/94	☐
24.	Bailey D. Clapper	Dealer	8/19/22	2/20/01	☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 0 9 8 3

Organization Name		
Matpac Wrestling Club, Inc.		
Mailing Address		
103 S. 3rd Street, No. 1		
City	State	ZIP Code
Bismarck	ND	58501
Business Phone	Cell Phone	
(701) 255-6290	(701) 214-2278	

Name of Gaming Manager	Date of Hire
Alec Kautzman	10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed ☒ Yes ☐ No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Nicolette L. Colbert	Dealer	9/23/22	12/27/94	☐
2.	Brita J. Cowan	Dealer	2/22/22	10/19/98	☐
3.	Kennedy F. Cowart	Count Team Member	10/12/21	8/5/98	☐
4.	Natalia K. Cruz	Dealer	2/16/22	11/28/98	☐
5.	Jeffrey Ross Davis	Count Team Member	6/7/17	5/5/82	☐
6.	Taley J. Davis	Dealer	11/14/23	3/12/00	☐
7.	Olivia J. Delorme-Heitkamp	Dealer	12/14/23	4/4/95	☐
8.	Miranda M. Delupo	Dealer	10/14/22	8/8/89	☐
9.	Cura M. Doll	Bingo Worker	11/11/22	12/9/00	☐
10.	Alexandria M. Elliott	Bingo Worker	11/23/22	2/19/02	☐
11.	Isabella R. Erickson	Dealer	6/9/23	3/20/01	☐
12.	Tara Alysse Felice	Dealer Manager	10/1/17	9/7/96	☐
13.	Brad E. Flemmer	Count Team Member	10/25/22	5/25/73	☐
14.	Kate Olivia Fox	Cleaner	5/1/19	4/28/98	☐
15.	Antonia Michelle Genet	Dealer	4/27/21	6/13/99	☐
16.	Cheyan M. Getzlaff	Dealer	7/18/23	5/19/01	☐
17.	Kelsi L. Gross	Dealer	8/30/21	6/9/91	☐
18.	Chase T. Gunwall	Dealer	7/3/23	1/20/84	☐
19.	Bryan D. Haefner	Dealer	8/20/22	6/21/79	☐
20.	Lacoya Ann Hartford	Dealer	6/1/18	5/31/93	☐
21.	Laura F. Heilman	Dealer	2/1/22	11/16/94	☐
22.	Ashly Ann Marie Hempstead	Surveillance Reviewer	8/13/19	1/20/94	☐
23.	Cody J. Hepper	Dealer	8/1/23	4/22/87	☐
24.	Tara M. Hill	Dealer	8/19/22	9/9/87	☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name		
Matpac Wrestling Club, Inc.		
Mailing Address		
103 S. 3rd Street, No. 1		
City	State	ZIP Code
Bismarck	ND	58501
Business Phone	Cell Phone	
(701) 255-6290	(701) 214-2278	

License No. G- 0 9 8 3

Name of Gaming Manager	Date of Hire
Alec Kautzman	10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed ☒ Yes ☐ No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Jessica A. Jerome	Dealer	5/4/22	3/31/99	☐
2.	Lacey A. Johnson	Dealer	11/2/21	9/20/87	☐
3.	Shariah Faith Johnson	Dealer	10/22/20	5/6/97	☐
4.	Michael Kadrmas	Dealer	6/27/23	4/3/74	☐
5.	Alec Michael Kautzman	Gaming Manager	10/1/15	6/10/87	☐
6.	Sydney C. Kautzman	Bingo Worker	3/17/23	8/1/00	☐
7.	Kayla L. Kelley	Dealer	3/6/23	5/29/97	☐
8.	Amanda M. Kirschmann	Dealer	11/21/22	5/10/84	☐
9.	Roger A Kirschmann	Dealer	1/27/21	8/5/86	☐
10.	Taylor Vesta Kitzan	Dealer	5/27/20	8/6/93	☐
11.	Lori A. Kohler	Count Team Member	3/25/22	8/11/77	☐
12.	Brittany Ann Kondos	Dealer	8/20/19	4/11/94	☐
13.	Jared Fredrick Kopp	Dealer	7/1/20	8/30/86	☐
14.	Faith Jane Krom	Dealer	6/5/20	1/6/98	☐
15.	Brooklyn Angeline Kunz	Dealer	6/1/16	1/6/93	☐
16.	Hannah C. LaFloe	Dealer	10/23/20	10/8/85	☐
17.	Michael A. Lamp	Dealer	3/20/22	2/9/86	☐
18.	Heather M. Landis	Bingo Worker	11/15/22	10/3/89	☐
19.	Katherine M. Layer	Bingo Worker	5/5/22	11/3/00	☐
20.	Brian Eugene Lehman	Dealer	7/1/20	4/14/81	☐
21.	Mary L. Logan	Dealer	8/15/23	9/27/83	☐
22.	Carmen Rae Maier	Dealer	4/15/19	8/9/79	☐
23.	Lexie M. Martell	Dealer	10/12/23	3/16/00	☐
24.	Brooke N. McClure	Dealer	5/10/22	8/27/99	☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name		
Matpac Wrestling Club, Inc.		
Mailing Address		
103 S. 3rd Street, No. 1		
City	State	ZIP Code
Bismarck	ND	58501
Business Phone	Cell Phone	
(701) 255-6290	(701) 214-2278	

License No. G- 0 9 8 3

Name of Gaming Manager	Date of Hire
Alec Kautzman	10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed ☒ Yes ☐ No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Quinn K. Mellmer	Dealer	11/14/23	11/10/01	☐
2.	Calli J. Miller	Count Team Member	10/14/20	3/19/98	☐
3.	Codi Ann Miller	Dealer	4/30/21	1/16/93	☐
4.	Arnell K. Mischel	Bingo Worker	8/18/23	10/3/81	☐
5.	R N. Mitchell	Dealer	8/18/23	12/6/93	☐
6.	Geralyn Orray Moen	Site Manager	5/1/20	11/7/79	☐
7.	Samantha J. Monteau	Dealer	12/22/22	11/10/94	☐
8.	Chalsey Faye E. Morlock	Dealer	9/11/23	10/2/01	☐
9.	Chelsie Larae Morrow	Dealer	7/1/20	4/10/91	☐
10.	Brittney L. Mosbrucker	Dealer	1/6/22	9/10/94	☐
11.	Karyssa Lynn Nelson	Count Team Member	9/21/20	3/3/98	☐
12.	Rachael D. Nue	Bingo Worker	10/14/22	8/22/01	☐
13.	Taylor Christine Ohlhauser	Dealer	8/13/20	11/13/98	☐
14.	Tera Lynn Olson	Dealer	7/1/20	11/30/73	☐
15.	Kayla F. Overmoe	Count Team Member	2/7/24	5/8/87	☐
16.	Alexis Rose Pierce	Dealer	8/13/19	9/15/92	☐
17.	Caitlyn Yvonne Pittman	Dealer	3/4/21	5/9/95	☐
18.	Destiny Meshell Portanova	Count Team Member	3/1/18	4/8/94	☐
19.	McKenna L. Quintus	Dealer	1/15/24	7/17/98	☐
20.	Emma K. Raposa	Dealer	9/6/22	8/24/01	☐
21.	Kelsey Wray Reimnitz	Dealer	4/1/17	11/10/89	☐
22.	Chalsea Lyn Renner	Dealer	10/14/20	4/10/91	☐
23.	Mackenzie D. Reynolds	Dealer	11/15/22	3/22/95	☐
24.	Danielle M. Roll	Dealer	10/13/23	5/28/87	☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 0 9 8 3

Organization Name		
Matpac Wrestling CLub, Inc.		
Mailing Address		
103 S. 3rd Street, No. 1		
City	State	ZIP Code
Bismarck	ND	58501
Business Phone	Cell Phone	
(701) 255-6290	(701) 214-2278	

Name of Gaming Manager	Date of Hire
Alec Kautzman	10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed ☒ Yes ☐ No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Alyssa Lorraine Roller	Dealer	4/1/17	9/15/92	☐
2.	Amy Jean Sandness	Dealer	7/28/20	1/9/76	☐
3.	Megan C. Schlosser	Dealer	8/9/21	12/4/94	☐
4.	Joseph John Schmidt	Dealer	7/1/20	12/5/69	☐
5.	Micahel Gene Schmidt	Dealer	7/1/20	11/19/67	☐
6.	Bayli Carmen Schultheiss	Dealer	8/1/16	5/24/94	☐
7.	Mariah Sharon Sellon	Dealer	2/1/21	9/23/97	☐
8.	Abigail R. Senger	Dealer	10/1/19	3/16/98	☐
9.	Halle R. Schereck	Dealer	4/24/23	8/21/98	☐
10.	Reid A. Shiland	Bingo Worker	10/2/22	9/25/99	☐
11.	Jess A. Silbernagel	Dealer	9/23/21	4/7/87	☐
12.	McKenna M. Smith	Count Team Member	5/3/21	2/16/96	☐
13.	Taylor M. Smith	Dealer	11/3/21	9/9/98	☐
14.	Devin Richard Steidler	Dealer	9/18/20	7/15/99	☐
15.	Sierra Eileen Stenejham	Dealer	5/28/20	4/9/98	☐
16.	Brenna R. Stone	Dealer	7/12/22	5/5/92	☐
17.	Melissa Louise Sullivan	Dealer	7/1/20	3/7/82	☐
18.	Katy Rose Thomas	Dealer	4/29/21	6/16/95	☐
19.	Kyllie B. Trenda	Dealer	8/10/21	5/31/20	☐
20.	Madelynn A. ~~Torut~~ Trout Ak	Dealer	10/25/22	2/19/99	☐
21.	Dominic AA. Tudor	Dealer	6/9/23	5/27/98	☐
22.	Keely A. Wagner	Dealer	5/12/21	2/23/99	☐
23.	Joe Burnard Ware	Dealer	7/24/20	10/23/72	☐
24.	Jesse L. Washington	Runner	3/15/24	6/9/97	☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 0 9 8 3

Organization Name		
Matpac Wrestling Club, Inc.		
Mailing Address		
103 S. 3rd Street, No. 1		
City	State	ZIP Code
Bismarck	ND	58501
Business Phone	Cell Phone	
(701) 255-6290	(701) 214-2278	

Name of Gaming Manager	Date of Hire
Alec Kautzman	10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. **Record Check Completed** ☒ Yes ☐ No	**Date of Birth** 10/1/15

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	David James Welder	Dealer	7/1/20	3/20/73	☐
2.	Larry D. White	Dealer	4/2/23	5/26/76	☐
3.	Travis Ryan Worrall	Dealer	7/1/20	3/14/86	☐
4.	Megan R. Zander	Dealer	6/9/22	5/13/01	☐
5.	Katie A. Zimmer	Dealer	5/1/19	8/13/94	☐
6.					☐
7.					☐
8.					☐
9.					☐
10.					☐
11.					☐
12.					☐
13.					☐
14.					☐
15.					☐
16.					☐
17.					☐
18.					☐
19.					☐
20.					☐
21.					☐
22.					☐
23.					☐
24.					☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

Matpac Wrestling Club

Game Types

Lucky's Bar

- Raffles
- Pull Tab Jar Bar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Twenty-One
- Poker
- Calcutta's

Main Bar

- Raffles
- Pull Tab Jar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Twenty-One
- Poker

Sidelines

- Bingo
- Raffles
- Pull Tab Jar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Prize Board
- Twenty-One
- Poker
- Calcutta's
- Paddlewheel Table

Sports Page

- Bingo
- Raffles
- Pull Tab Jar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Prize Board
- Twenty-One
- Poker
- Calcutta's
- Paddlewheel Table

O'Brian's Sports Tavern

- Bingo
- Raffles
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Prize Board
- Twenty-One
- Poker
- Calcutta's
- Paddlewheel Table

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G -___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
TBM Group, LLC dba Lucky's Bar and Lounge

Street	City	ZIP Code	County
2176 East Thayer Avenue	**Bismarck**	**58501-4953**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**2**

Specific location where games of chance will be conducted and played at the site (**required**)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

[ ] Bingo	[ ] Club Special	[ ] Sports Pools
[ ] **ELECTRONIC** Quick Shot Bingo	[ ] Tip Board	[X] Twenty-One
[X] Raffles	[ ] Seal Board	[X] Poker
[ ] **ELECTRONIC** 50/50 Raffle	[ ] Punchboard	[X] Calcuttas
[X] Pull Tab Jar	[ ] Prize Board	[ ] Paddlewheel with Tickets
[X] Pull Tab Dispensing Device	[ ] Prize Board Dispensing Device	[ ] Paddlewheel Table
[X] **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	**Date**

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
TBM Group, LLC		Lucky's Bar		(701) 258-8122
Site Address	**City**	**State**	**Zip Code**	**County**
2176 E. Thayer Avenue	Bismarck	ND	58501	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
Matpac Wrestling Club	7/1/24	to	6/30/25	

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$
2. Is Twenty-One conducted at this site?	☐ No	☒ Yes	$
Number of Tables with wagers **up to** $5 ____ X Rent per Table $ ____			$
Number of Tables with wagers **over** $5 **2** X Rent per Table $ **300**			$ **600**
3. Is Paddlewheels conducted at this site?	☒ No	☐ Yes	$
Number of Tables ____ X Rent per Table $ ____			
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?	☐ No	☒ Yes	$ **325**
Please Check: ☒ Jar Bar ☒ Standard Dispensing Device			
5. Are Electronic Pull-Tabs conducted at this site?	☐ No	☒ Yes	$ **1250**
If "Yes" please indicate the number of devices **10**			
Total Monthly Rent			$ 2,175

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

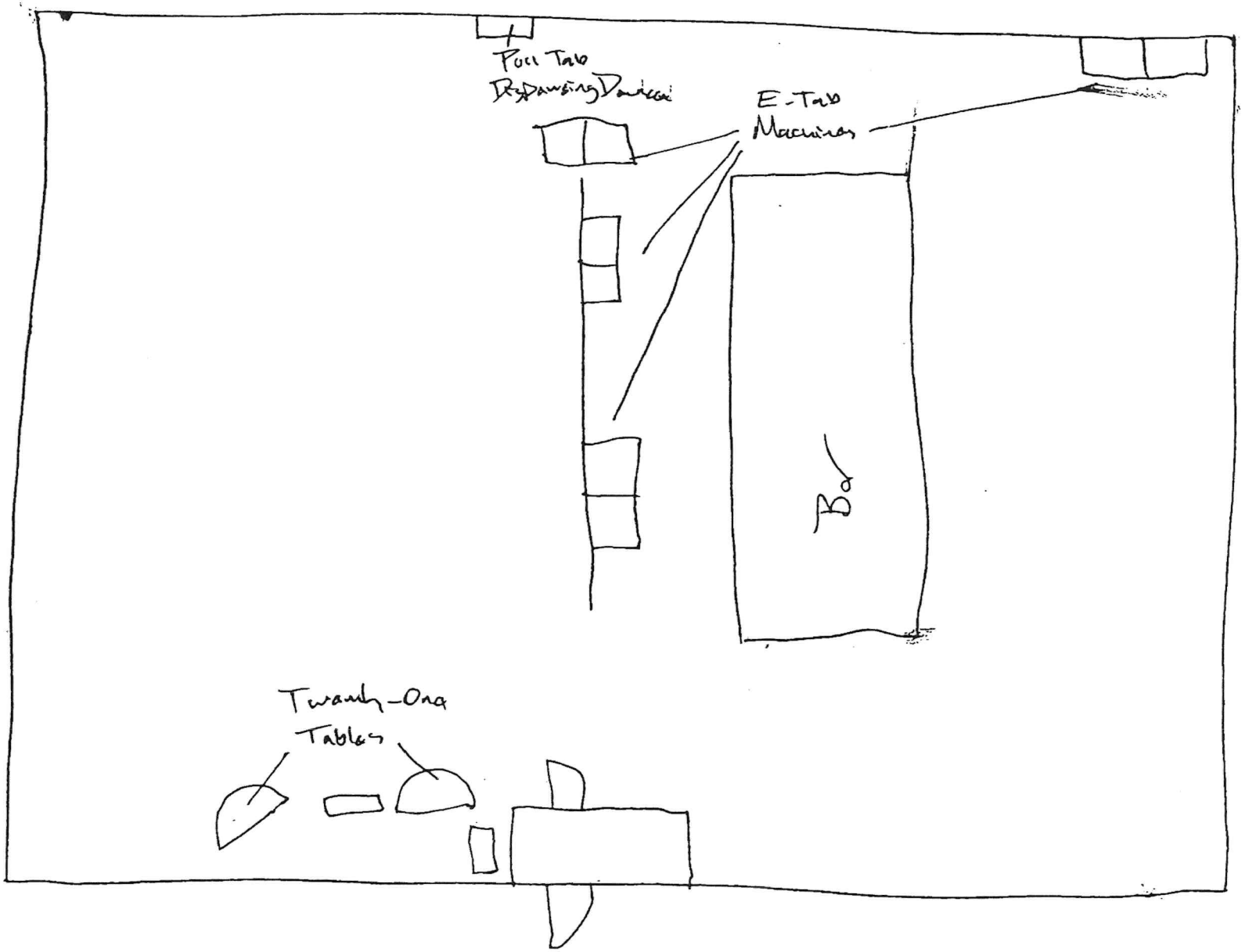
The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
[signature]	President	4/12/24
Signature of Lessee [signature]	Title President	Date 2/12/24

Lucky's Bar


Pull Tab
Dispensing Device
E-Tab
Machines
Bar
Twenty-One
Tables

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G -___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
TBM Group, LLC dba Main Bar and Package Store

Street	City	ZIP Code	County
804 East Main Avenue	**Bismarck**	**58501-4526**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**1**

Specific location where games of chance will be conducted and played at the site (**required**)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

	Bingo		Club Special		Sports Pools
	ELECTRONIC Quick Shot Bingo		Tip Board	X	Twenty-One
X	Raffles		Seal Board	X	Poker
	ELECTRONIC 50/50 Raffle		Punchboard		Calcuttas
X	Pull Tab Jar		Prize Board		Paddlewheel with Tickets
X	Pull Tab Dispensing Device		Prize Board Dispensing Device		Paddlewheel Table
X	**ELECTRONIC** Pull Tab Device				

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	**Date**

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
TBM Group, LLC		Main Bar		(701) 223-2284
Site Address	**City**	**State**	**Zip Code**	**County**
804 E. Main Avenue	Bismarck	ND	58501	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
Matpac Wrestling Club	7/1/24	to	6/30/25	

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☒ No	☐ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$
2. Is Twenty-One conducted at this site? Number of Tables with wagers **up to** $5 ____ X Rent per Table $ ____	☐ No	☒ Yes	$
Number of Tables with wagers **over** $5 **1** X Rent per Table $ **300**			$ **300**
3. Is Paddlewheels conducted at this site? Number of Tables ____ X Rent per Table $ ____	☒ No	☐ Yes	$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: ☐ Jar Bar ☒ Standard Dispensing Device	☐ No	☒ Yes	$ **325**
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices **8**	☐ No	☒ Yes	$ **1100**
Total Monthly Rent			$ 1,725

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

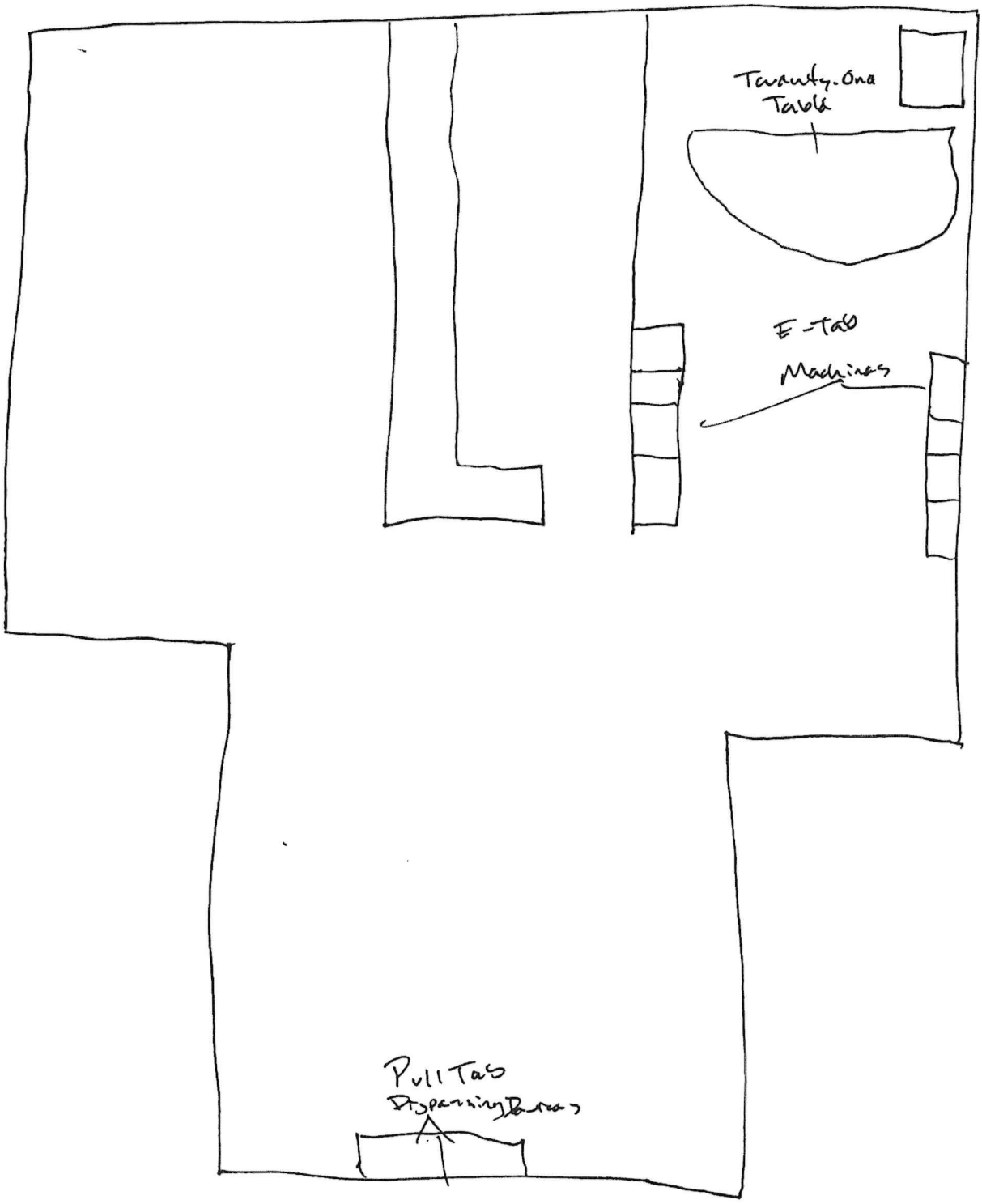
The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
[signature]	President	4/12/24
Signature of Lessee	Title	Date
[signature]	President	2/12/24

Main Bar


Twenty-One
Table
E-Tab
Machines
Pull Tab
Dispensing Devices

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G -___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
O'Brian's, Inc. dba O'Brian's

Street	City	ZIP Code	County
1059 East Interstate Avenue	**Bismarck**	**58503-0551**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**1**

Specific location where games of chance will be conducted and played at the site (**required**)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

[X] Bingo	[ ] Club Special	[ ] Sports Pools
[ ] **ELECTRONIC** Quick Shot Bingo	[ ] Tip Board	[X] Twenty-One
[X] Raffles	[ ] Seal Board	[X] Poker
[ ] **ELECTRONIC** 50/50 Raffle	[ ] Punchboard	[X] Calcuttas
[ ] Pull Tab Jar	[X] Prize Board	[X] Paddlewheel with Tickets
[X] Pull Tab Dispensing Device	[ ] Prize Board Dispensing Device	[ ] Paddlewheel Table
[X] **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
O'Brian's, Inc.		O'Brian's Sports Tavern		(701) 258-5700
Site Address	**City**	**State**	**Zip Code**	**County**
1059 E. Interstate Avenue	Bismarck	ND	58503	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
Matpac Wrestling Club, Inc.	7/1/24	to	6/30/25	

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☐ No	☒ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☐ No	☐ Yes	$
2. Is Twenty-One conducted at this site?	☐ No	☒ Yes	$
Number of Tables with wagers **up to** $5 ____ X Rent per Table $ ____			
Number of Tables with wagers **over** $5 **1** X Rent per Table $ **300**			$ **300**
3. Is Paddlewheels conducted at this site?	☒ No	☐ Yes	$
Number of Tables ____ X Rent per Table $ ____			
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?	☐ No	☒ Yes	$ **175**
Please Check: ☒ Jar Bar ☐ Standard Dispensing Device			
5. Are Electronic Pull-Tabs conducted at this site?	☐ No	☒ Yes	$ **700**
If "Yes" please indicate the number of devices **4**			
Total Monthly Rent			$ 1,175
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐			

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
X	Pres	2-21-2024
Signature of Lessee	Title	Date
	President	2-21-2024


OISKIANS
N
ETABS
ETABS
Video Surv
BT Table
Bar
Pool Table
Pool Table
Jazz Door
Front Door
E
S

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G -___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Sidelines, Inc. dba Sidelines

Street	City	ZIP Code	County
300 South 5th Street	**Bismarck**	**58504-5676**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**2**

Specific location where games of chance will be conducted and played at the site (**required**)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

X	Bingo		Club Special		Sports Pools
	ELECTRONIC Quick Shot Bingo		Tip Board	X	Twenty-One
X	Raffles		Seal Board	X	Poker
	ELECTRONIC 50/50 Raffle		Punchboard	X	Calcuttas
X	Pull Tab Jar	X	Prize Board		Paddlewheel with Tickets
X	Pull Tab Dispensing Device		Prize Board Dispensing Device	X	Paddlewheel Table
X	**ELECTRONIC** Pull Tab Device				

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original**, **signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
Sidelines, Inc.		**Sidelines**		**(701) 223-1520**
Site Address	City	State	Zip Code	County
300 S. 5th Street	**Bismarck**	**ND**	**58504**	**Burleigh**
Organization	Rental Period			Monthly Rent Amount
Matpac Wrestling Club	**7/1/24** to **6/30/25**			

1. Is Bingo going to be conducted at the site?		☐ No	☒ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		☒ No	☐ Yes	$
2. Is Twenty-One conducted at this site? Number of Tables with wagers **up to** $5	____ X Rent per Table $ ____	☐ No	☒ Yes	$
Number of Tables with wagers **over** $5	**2** X Rent per Table $ **300**			$ **600**
3. Is Paddlewheels conducted at this site? Number of Tables	**1** X Rent per Table $ **200**	☐ No	☒ Yes	$ **200**
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: ☒ Jar Bar ☐ Standard Dispensing Device		☐ No	☒ Yes	$ **175**
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices **10**		☐ No	☒ Yes	$ **1250**
Total Monthly Rent				$ 2.225

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

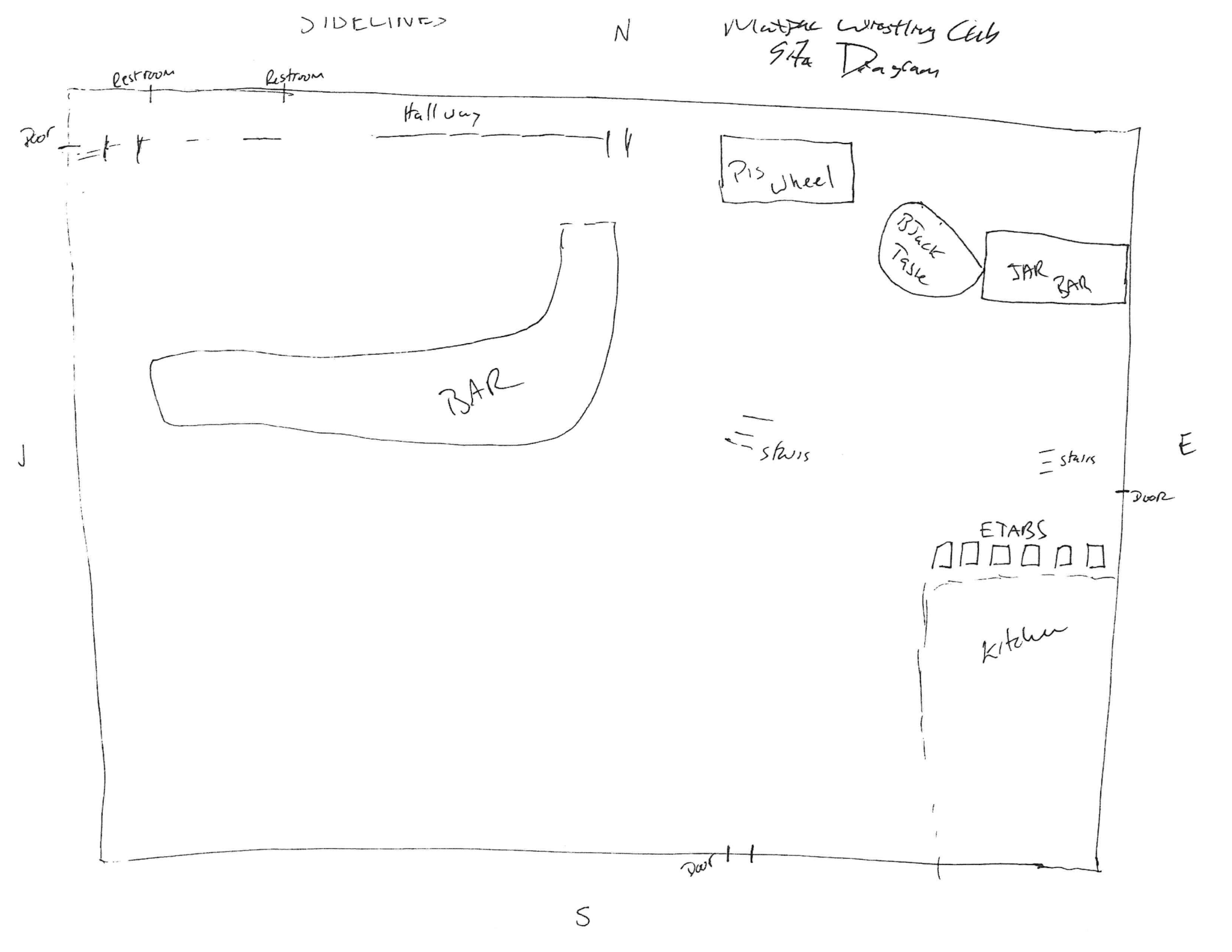
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The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
[signature]	President	2/16/24
Signature of Lessee	Title	Date
[signature]	President	2/12/24


SIDELINES
N
Multiple Wrestling Club
Site Diagram
Restroom
Restroom
Hallway
Door
Pis Wheel
BJack Table
JAR BAR
BAR
W
E
Stairs
Stairs
Door
ETABS
Kitchen
Door
S

GAMING SITE AUTHORIZATION

ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G -___ ___ ___ ___ (___ ___ ___) ___
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organzation is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Sports Page, Inc. dba Sports Page

Street	City	ZIP Code	County
1120 Tacoma Avenue	**Bismarck**	**58504-7454**	**Burleigh**

Beginning Date(s) Authorized	Ending Date(s) Authorized	Number of Twenty-One tables, if zero, enter "0"
7/1/2024	**6/30/2025**	**2**

Specific location where games of chance will be conducted and played at the site (**required**)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must throughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (**required**)

[X] Bingo	[ ] Club Special	[ ] Sports Pools
[ ] **ELECTRONIC** Quick Shot Bingo	[ ] Tip Board	[X] Twenty-One
[X] Raffles	[ ] Seal Board	[X] Poker
[ ] **ELECTRONIC** 50/50 Raffle	[ ] Punchboard	[X] Calcuttas
[ ] Pull Tab Jar	[X] Prize Board	[ ] Paddlewheel with Tickets
[X] Pull Tab Dispensing Device	[ ] Prize Board Dispensing Device	[X] Paddlewheel Table
[X] **ELECTRONIC** Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

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RENTAL AGREEMENT

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor)		Site Name		Site Phone Number
Sports Page, Inc.		Sports Page		(701) 223-1520
Site Address	**City**	**State**	**Zip Code**	**County**
1120 Tacoma Avenue	Bismarck	ND	58504	Burleigh
Organization	**Rental Period**			**Monthly Rent Amount**
Matpac Wrestling Club	7/1/24	to	6/30/25	

			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?	☐ No	☒ Yes	
1a. If "Yes" to number 1 above, is Bingo the **primary** game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.	☒ No	☐ Yes	$
2. Is Twenty-One conducted at this site?	☐ No	☒ Yes	$
Number of Tables with wagers **up to** $5 _____ X Rent per Table $ _____			
Number of Tables with wagers **over** $5 **2** X Rent per Table $ **300**			$ **600**
3. Is Paddlewheels conducted at this site?	☒ No	☐ Yes	$
Number of Tables _____ X Rent per Table $ _____			
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?	☐ No	☒ Yes	$ **175**
Please Check: ☒ Jar Bar ☐ Standard Dispensing Device			
5. Are Electronic Pull-Tabs conducted at this site?	☐ No	☒ Yes	$ **950**
If "Yes" please indicate the number of devices **6**			
Total Monthly Rent			$ 1,725

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. ☐

TERMS OF RENTAL AGREEMENT:

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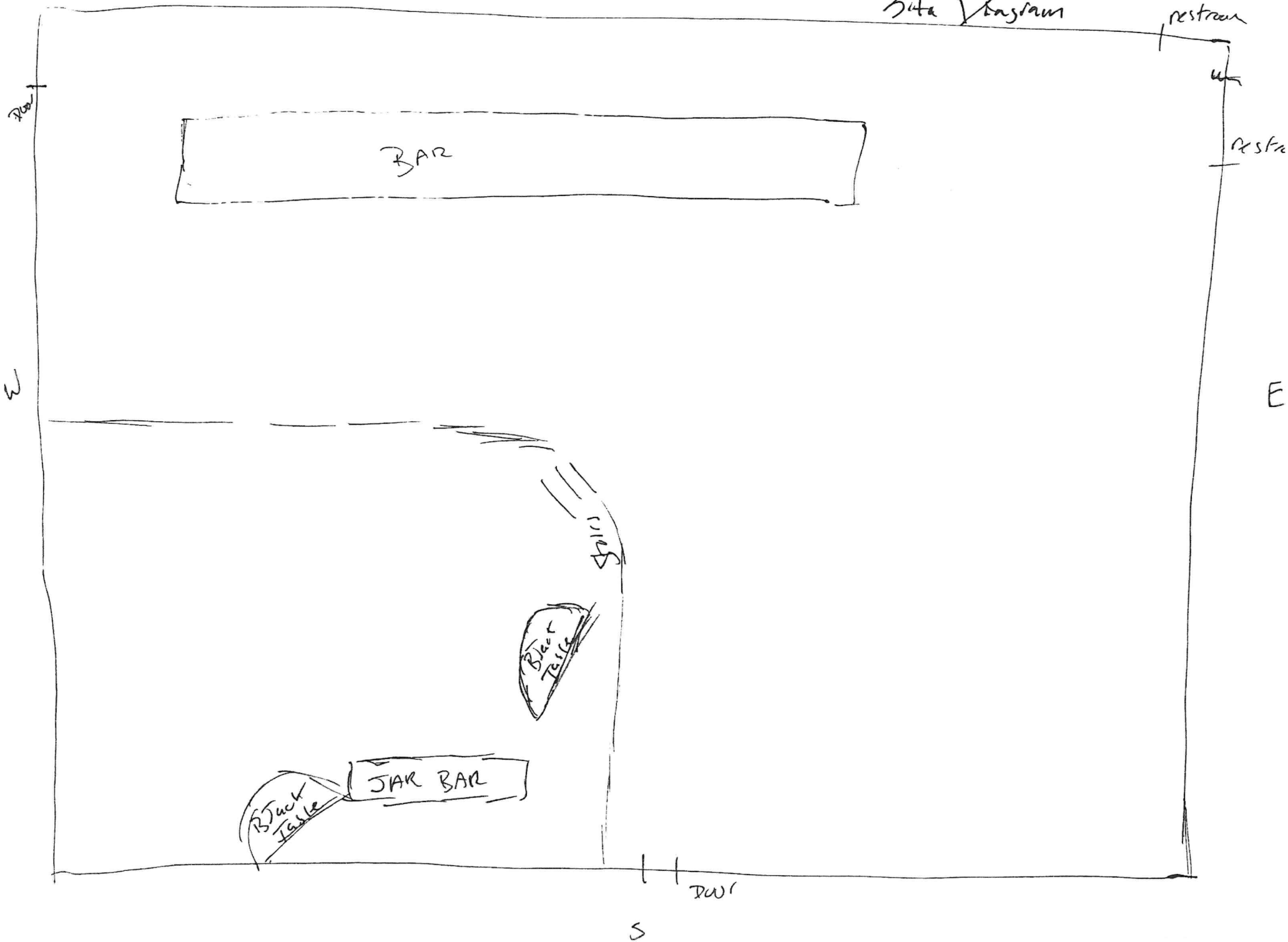
A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor	Title	Date
[signature]	President	2/16/24
Signature of Lessee	**Title**	**Date**
[signature]	President	2/12/24

Sports Page N

Meatpac Wrestling Club
Site Diagram



Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Liquor License Renewals

REQUEST:
Consider renewing the following licensed businesses for liquor licenses beginning August 1, 2024, and expiring July 31, 2025.

BACKGROUND INFORMATION:
Alcohol licenses are renewed annually and expire each year on July 31. The City of Bismarck Administration Department and the Police Department work collectively to administer the annual alcohol license renewals.

Consider the approval of the following liquor license renewals:

- Amvets Post No. 9 (dba) Amvets Post No. 9 - 2402 Railroad Avenue
- Kirkwood Hotel, LLC (dba) Bismarck Hotel and Conference Center - 800 South 3rd Street
- Blarney Stone Pub, LLC (dba) Blarney Stone Pub - 408 East Main Avenue
- W & P of Bismarck, LLC (dba) Buffalo Wild Wings - 3420 North 14th Street
- W & P of Bismarck, LLC (dba) Buffalo Wild Wings - 218 South 3rd Street
- Coborn's Incorporated (dba) Captain Jack's #7046 - 800 South 2nd Street
- Coborn's Incorporated (dba) Captain Jack's #7047 - 3131 Weiss Avenue
- Coborn's Incorporated (dba) Captain Jack's #7048 - 1140 West Turnpike Avenue
- Coborn's Incorporated (dba) Cash Wise Liquor #3020 - 1144 Bismarck Expressway
- Coborn's Incorporated (dba) Cash Wise Liquor #3051 - 900 NE 43rd Avenue
- Coco Nails & Spa, LLC (dba) Coco Nails & Spa - 820 43rd Avenue, Suite 116
- CBOCS West, Inc. (dba) Cracker Barrel Old Country Store #447 - 1685 North Grandview Lane
- Tonka Holdings, LLP (dba) Elbow Room - 115 South 5th Street
- DTSG Bismarck, Inc. (dba) Famous Dave's - 401 East Bismarck Expressway
- Horizon Market, LLC (dba) Horizon Market - 125 Durango Drive
- Dakota Asian Fusion Cuisine, Inc. (dba) Ichiban Ramen Japanese & Asian Bistro - 1825 North 13th Street
- Sairam & Sons, Inc. (dba) India Clay Ocen Bar & Grill - 510 East Main Avenue
- JLB - BIS, Inc. (dba) JL Beers - 217 North 3rd Street

- Mini Mart, Inc. (dba) Loaf 'N Jug 685 - 2835 North Washington Street
- Eclectic Culinary Concepts, Inc. (dba) Lucky's 13 Pub - 915 South 3rd Street
- Nara Ramen and Izakaya, Inc. - 309 North 3rd Street
- Old 10 Bar & Grill Bismarck, LLC (dba) Old 10 Bar & Grill - 4100 North Washington Street
- Farmers Union Oil Company of Moorhead, Minnesota (dba) Petro Serve USA #077 - 1120 East Divide Avenue
- Doublewood of Bismarck, Inc. (dba) Ramada Hotel - 1400 East Inbterchange Avenue
- Leier Enterprises, Inc. (dba) Rock'n 50's Cafe - 2700 State Street
- Bismarck Cuisine, Inc. (dba) Ruby Tuesdays - 3520 State Street
- Runto Asian Cuisine, Inc. (dba) Shogun Japanese Steak House - 2700 State Street, H1
- Engelhardt Enterprises, LLC (dba) Taco Del Mar - 1024 South 12th Street
- Texas Roadhouse Holdings, LLC (dba) Texas Roadhouse 1505 Burnt Boat Drive
- The Domain, LLC - 307 North 3rd Street
- Faber, Coe & Gregg of Florida, Inc. (dba) The Junction - 2301 University Drive, Building 17, Space 223BCD
- Sanford Restaurants, Inc. (dba) The Walrus Restaurant - 1136 North 3rd Street

RECOMMENDED CITY COMMISSION ACTION:
Approve the liquor license renewals.

STAFF CONTACT INFORMATION:
Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:
1. Amvets Club Post 9 Application
2. Bismarck Hotel and Conference Center Application
3. Blarney Stone Application
4. Buffalo Wild Wings North Application
5. Buffalo Wild Wings South Application
6. Captain Jacks 7046 Application
7. Captain Jacks 7047 Application
8. Coco Nails Application
9. Cash Wise Liquor 3020 Application
10. Cash Wise Liquor 3051 Application
11. Captain Jacks 7048 Application
12. Cracker Barrel Application
13. Elbow Room Application
14. Famous Daves Application
15. Horizon Market Application
16. Ichiban Ramen Japanese & Asian Bistro Application
17. India Clay Oven Bar and Grill Application
18. JL Beers Application
19. Loaf N Jug Application
20. Luckys 13 Pub Application
21. Nara Ramen & Izakaya Application
22. Old 10 Bar and Grill Application
23. Petro Serve USA No. 077 Application

24. Ramada Hotel Application
25. Rock'N 50's Cafe Application
26. Ruby Tuesday Application
27. Shogun Japanese Steakhouse Application
28. Taco Del Mar Application
29. Texas Roadhouse Application
30. The Domain Application
31. The Junction Application
32. The Walrus Restaurant Application

Print

Retail Alcohol Beverage License - Submission #22828

Date Submitted: 5/7/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [x] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

AMVETS Club Post 9

Doing Business As (DBA) Name, if Applicable:*

AMVETS Club Post 9

Date of Incorporation:* 1983

State of ND Liquor License No.: AA-02127

If out of state corporation, is corporation registered in North Dakota?

- ( ) Yes
- (•) No
- ( ) N/A

Location Address:* 2402 Railroad Ave.

City:* Bismarck

State:* North Dakota

Zip:* 58501

Phone No.:* 701-258-8324

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Rhonda Gall- General Manager

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Rhonda Gall

Email Address:* [redacted]

Mailing Address:* [redacted]

City:* Bismarck

State:* North Dakota

Zip:* 58501

Phone No.:* [redacted]

Manager's Name:* Rhonda Gall

Date of Birth:* [redacted]/1968

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* North Dakota

Gender: Female

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* North Dakota

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* General Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Phil Miller

Date of Birth:* [redacted]/1950

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* North Dakota

Gender: Male

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* North Dakota

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*
Trustee Chairman

Email Address:
[redacted]

Name:
Nicole Frohlich

Date of Birth:
[redacted]/1980

Percentage of Ownership:
0

Driver's License No.:
[redacted]

State Issued:
North Dakota

Gender:
Female

Race:
White

Home Address:
[redacted]

City:
Mandan

State:
North Dakota

Zip:
58554

Phone No.:
[redacted]

Officer/Director/Stockholder Title:
Trustee

Email Address:
[redacted]

Name:
Scott Langemo

Date of Birth:
[redacted]/1963

Percentage of Ownership:
0

Driver's License No.:
[redacted]

State Issued:
North Dakota

Gender:
Male

Race:
White

Home Address:

[redacted]

City: Bismarck

State: North Dakota

Zip: 58504

Phone No.: [redacted]

Officer/Director/Stockholder Title: Trustee

Email address: [redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction "North" shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

building floor plan (3).pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Rhonda Gall, General Manager

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/7/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

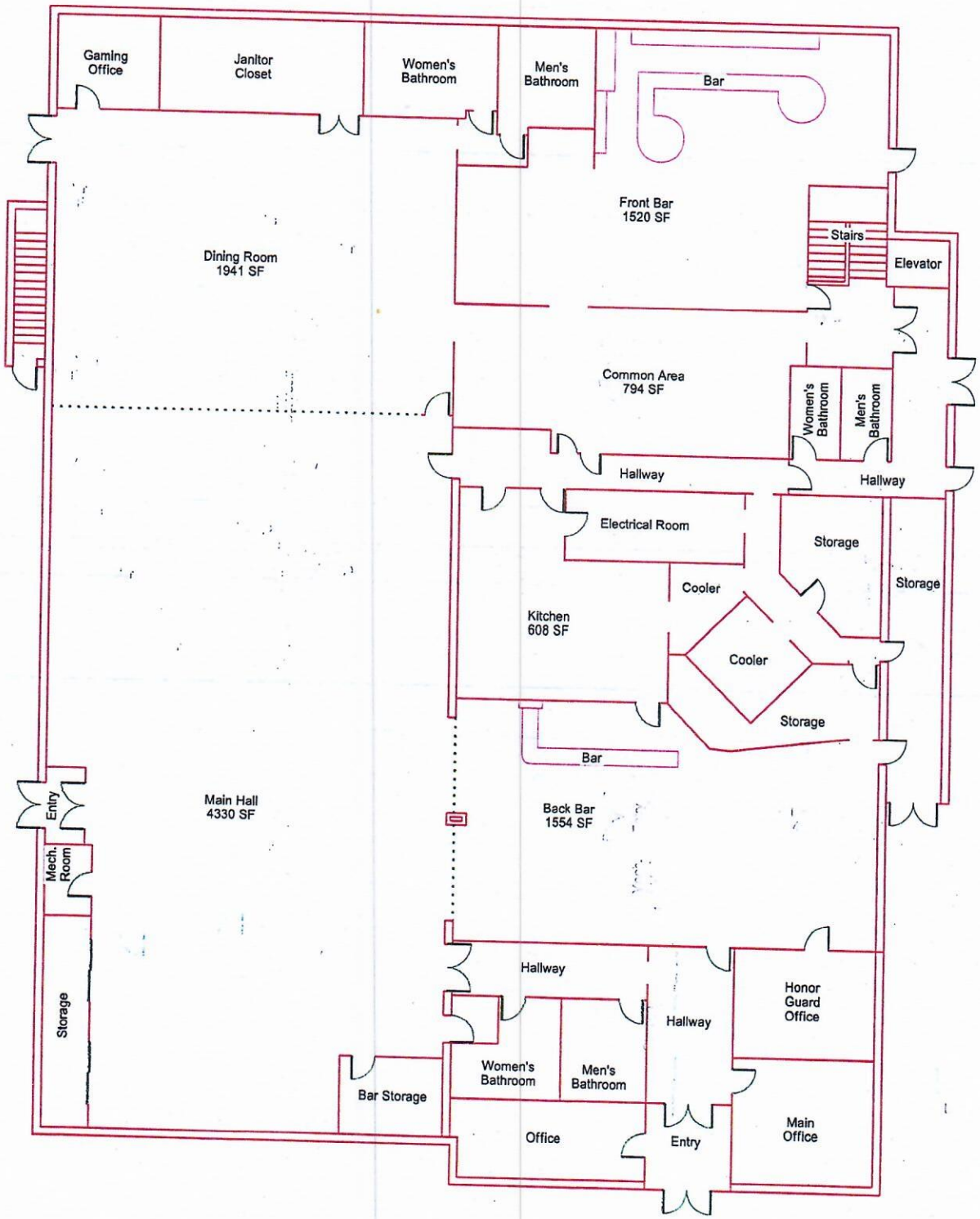
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Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

AMVETS Building Layout

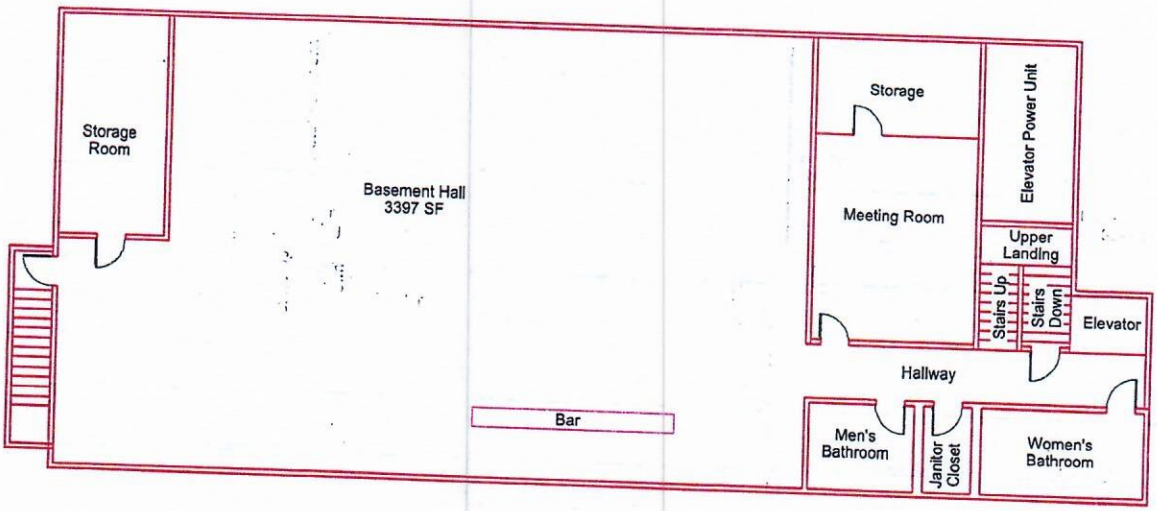
2402 Railroad Ave
Bismarck, ND 58501



10/15/2019 7:38:12 AM derek.anderson C:\Users\derek.anderson\Desktop\AMVETS building layout.dgn

AMVETS Basement Layout

2402 Railroad Ave
Bismarck, ND 58501



10/15/2019 7:39:33 AM derek.anderson C:\Users\derek.anderson\Desktop\AMVETS basement layout.dgn

Print

Retail Alcohol Beverage License - Submission #22908

Date Submitted: 5/13/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [x] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Bismarck Hotel and Conference Center

Doing Business As (DBA) Name, if Applicable:*

Bismarck Hotel and Conference Center

Date of Incorporation:*
03/22/2022

State of ND Liquor License No.:
ND

If out of state corporation, is corporation registered in North Dakota?
- Yes
- No
- N/A

Location Address:*
800 S 3rd St

City:*
Bismarck

State:*
ND

Zip:*
58504

Phone No.:*
8018152336

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Contact Information (Where correspondence is to be sent):

Primary Contact:*
WEISHAN JIN

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bismarck

State:*
ND

Zip:*
58504

Phone No.:*
[redacted]

Manager's Name:*
WEISHAN JIN

Date of Birth:*
[redacted]/1958

Percentage of Ownership:*
100

Driver's License No.:* [redacted]

State Issued:* MT

Gender:

Race:

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* ADMINISTOR

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* weishan Jin

Date of Birth:* weishan jin

Percentage of Ownership:* [redacted]/1958

Driver's License No.:* [redacted]

State Issued:* MT

Gender:

Race:

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Member

Email Address:

[redacted]

Name:

weishan Jin

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Please see the map on file from the previous application.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

weishan jin

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/13/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



Guest Service Map

1. The Missouri Room
   - 1a. Heart
   - 1b. Sheyenne
   - 1c. Cannonball
2. The Dakota Ballroom
   - 2a. Grand Pacific
   - 2b. Patterson
   - 2c. Lamborn
3. Cloak Room
4. Courtyard
5. Elevators
6. Business Center
7. Front Desk (Room Registration)
8. Governor's Room
9. Lobby
10. Game Room
11. Exercise Room
12. Nickels Lounge & Casino
13. Restaurant
14. Administrative Offices
15. Sales & Catering Office
16. Sauna
17. Waterpark
18. Pop/Ice
19. Restrooms

B

BISMARCK HOTEL

AND CONFERENCE CENTER

800 S Third Street
Bismarck, ND
~~701-258-7700~~
Fax: (701) 224-8212
701-660-0063

Print

Retail Alcohol Beverage License - Submission #22976

Date Submitted: 5/17/2024

Bismarck

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- ☐ Class A: Nationally Organized Fraternal Order or Club - $3,700
- ☐ Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- ☐ Class B-2: Concession at the Bismarck Municipal Country Club - $650
- ☐ Class B-3: Commercial passenger vessels on the Missouri River - $650
- ☐ Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- ☐ Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- ☐ Class B-6 : Commercial Airline - $650
- ☐ Class C-1: Hotel or Motel Full Service - $3,800
- ☐ Class C-2: Hotel or Motel - $1,000
- ☑ Class D: Sale at Retail of Alcoholic Beverages - $4,100
- ☐ Class E: Sale at Retail of Beer Only - $800
- ☐ Class F-1: Restaurant - Alcoholic Beverages - $3,500
- ☐ Class F-2: Restaurant - Beer & Wine Only - $1,100
- ☐ Class G: Catered Retail Beer, Wine, & Liquor - $650
- ☐ Class H-1: Domestic Winery - $800
- ☐ Class H-2: Domestic Brewery - $800
- ☐ Class H-3: Domestic Distillery - $800
- ☐ Class I-1: Senior Living Community - $350
- ☐ Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Blarney Stone Pub, LLC

Doing Business As (DBA) Name, if Applicable:*

Blarney Stone Pub

Date of Incorporation:* 02/24/2009

State of ND Liquor License No.: AA-02553

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:* 408 E Main Ave.

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* (701)751-7512

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Chad Wachter

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Tim Conover

Email Address:* [redacted]

Mailing Address:* 408 E Main Ave.

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Manager's Name:* Tim Conover

Date of Birth:* [redacted]/1983

Percentage of Ownership:* 0

Driver's License No.:*	State Issued:*	Gender:	Race:
[redacted]	nd		

Home Address:*

[redacted]

City:*	State:*	Zip:*	Phone No.:*
Bismarck	ND	58503	[redacted]

Officer/Director/Stockholder Title:*	Email Address:*
General Manager	[redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*	Date of Birth:*	Percentage of Ownership:*
James Poolman	[redacted]/1970	45%

Driver's License No.:*	State Issued:*	Gender:	Race:
[redacted]	nd		

Home Address:*

[redacted]

City:*	State:*	Zip:*	Phone No.:*
Bismarck	ND	58503	[redacted]

Officer/Director/Stockholder Title:* Pres

Email Address: [redacted]

Name: Chad Wachter

Date of Birth: [redacted]/1973

Percentage of Ownership: 30%

Driver's License No.: [redacted]

State Issued: nd

Gender:

Race:

Home Address: [redacted]

City: Bismarck

State: ND

Zip: 58504

Phone No.: [redacted]

Officer/Director/Stockholder Title: Vice President

Email Address: [redacted]

Name: Dustin Hollevoet

Date of Birth: [redacted]/1981

Percentage of Ownership: 25%

Driver's License No.: [redacted]

State Issued: nd

Gender:

Race:

Home Address:

[redacted]

City:	State:	Zip:	Phone No.:
Bismarck	ND	58503	[redacted]

Officer/Director/Stockholder Title: Secretary

Email address: [redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (•) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (•) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (•) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

Blarney Stone Pub - Fargo LLC (Fargo, ND),
Blarney Stone Pub SF LLC (Sioux Falls, SD),
Blarney Stone Pub HD LLC (Fargo, ND) & Domain (Bis.)

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

Sale of beer, food sales

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Blarney Stone Bismarck Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Chad Wachter

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/17/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications).

Credit Card

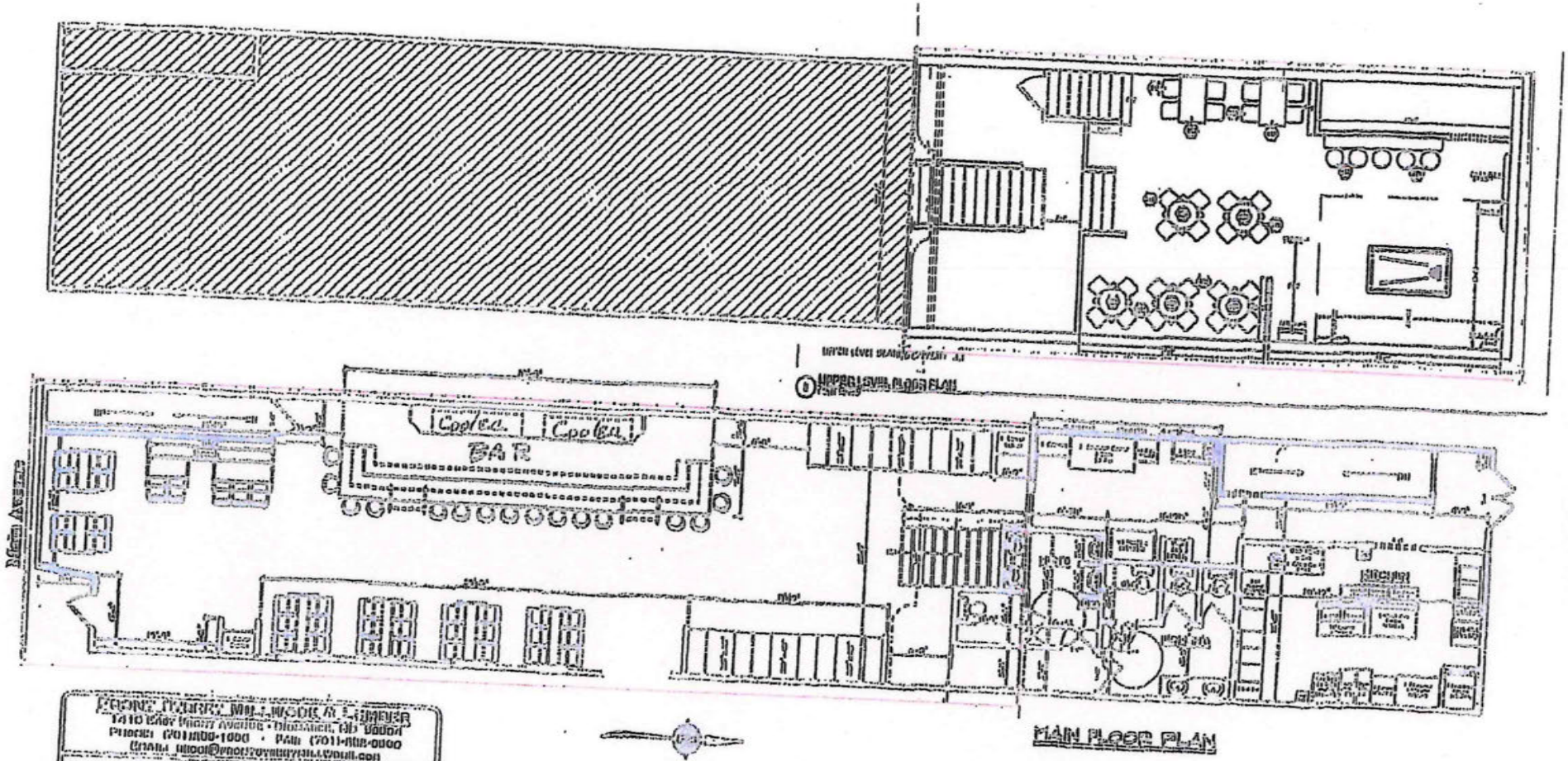
Credit Card Authorization Form

Upload Credit Card Authorization Form

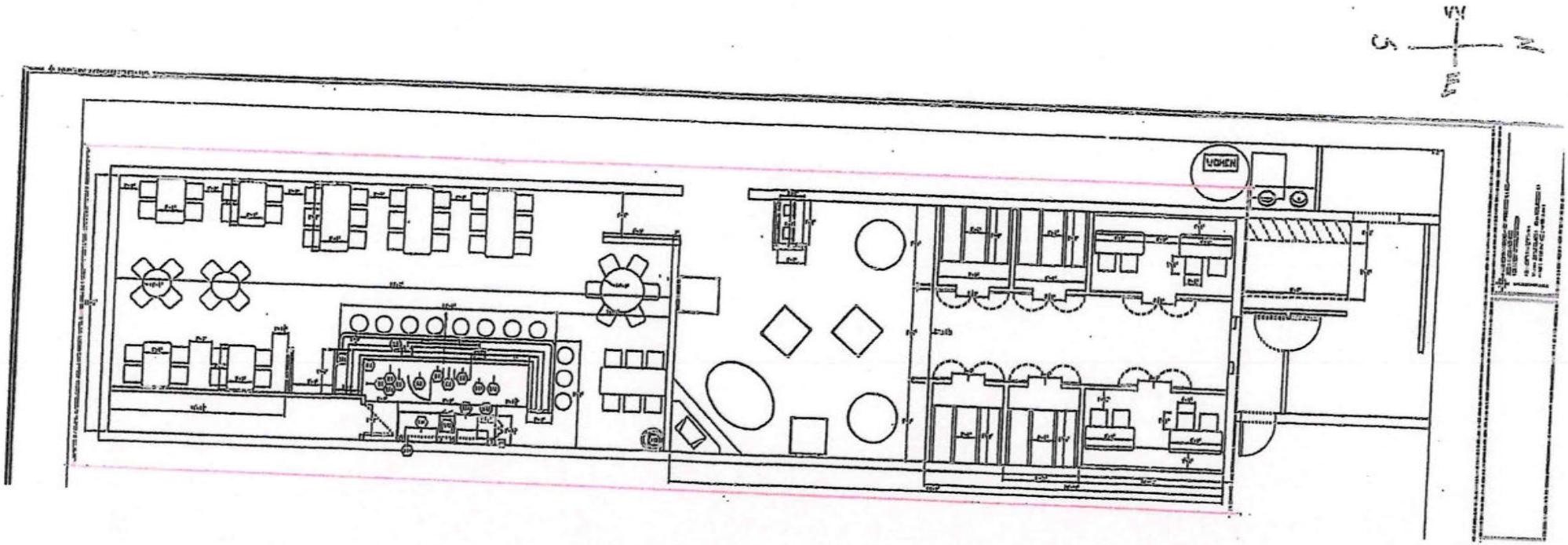
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Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

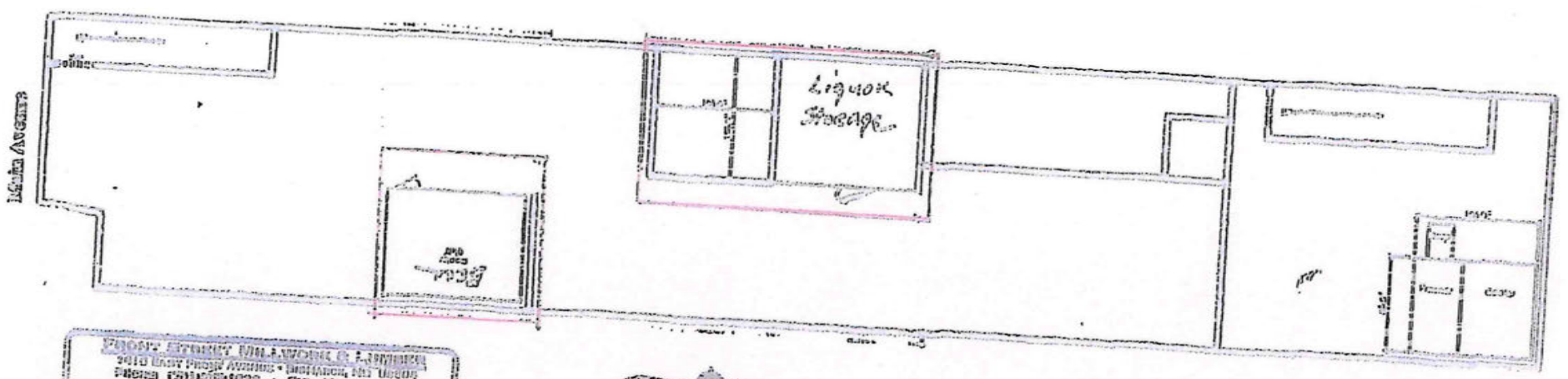


Bismarck Stone Pub
400 E Main Ave
Bismarck, ND



Blarney Stone Pub
408 E Main Ave
Bismarck, ND 58501

Basement



Bismay Stone Pub
400 E Main Ave
Bismarck, ND

Print

Retail Alcohol Beverage License - Submission #22848

Date Submitted: 5/9/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [x] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

W&P of Bismarck, LLC

Doing Business As (DBA) Name, if Applicable:*

Buffalo Wild Wings

Date of Incorporation:*
11/19/2003

State of ND Liquor License No.:
AA-02036

If out of state corporation, is corporation registered in North Dakota?
- ○ Yes
- ○ No
- ◉ N/A

Location Address:*
3420 14th St N

City:*
Bismarck

State:*
ND

Zip:*
58503

Phone No.:*
701-751-2568

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Dean Bachmeier - VP Operations

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Todd LaHaise

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Fargo

State:*
ND

Zip:*
58102

Phone No.:*
[redacted]

Manager's Name:*
Ryan Lindstrom

Date of Birth:*
[redacted]/1983

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: Caucasian

Home Address:* [redacted]

City:* Bismarck

State:* North Dakota

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Regional Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Todd LaHaise

Date of Birth:* [redacted]

Percentage of Ownership:* 50

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: Caucasion

Home Address:* [redacted]

City:* Fargo

State:* ND

Zip:* 58102

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Managing Partner

Email Address:

[redacted]

Name:

Susan LaHaise

Date of Birth:

[redacted]/1968

Percentage of Ownership:

50

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Female

Race:

Caucasian

Home Address:

[redacted]

City:

Fargo

State:

ND

Zip:

58102

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Managing Partner

Email Address:

[redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

Liquor license interest in other Buffalo Wild Wings in Bismarck, Fargo and Grand Forks in ND, Moorhead MN as well as Sioux Falls, Brookings, Watertown and Aberdeen SD.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Buffalo+Wild+Wings+Return+Summary+33922400.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck 2 EQ1 for City liquor renewal.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- ☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- ☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- ☑ I agree

Signature of Applicant:*

Todd LaHaise

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/9/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

Return Summary

Account ID: 339224 00
Taxpayer: BUFFALO WILD WINGS
Beginning Period: 01-Jan-2023
Ending Period: 31-Dec-2023

		Column A ALCOHOL	Column B SALES	Total
Line 1	Total Sales	$1,370,608.00	$3,340,352.00	$4,710,960.00
Line 2	Total Exempt Sales	$0.00	$333,648.00	$333,648.00
Line 3	Items Subject to Use Tax	$0.00	$0.00	$0.00
Line 4	Amount Taxable	$1,370,608.00	$3,006,704.00	$4,377,312.00
Line 5	State Tax	$95,942.56	$150,335.20	$246,277.76
Line 6	Total State Tax			$246,277.76
Line 7	Compensation Discount			$1,320.00
Line 8	Net State Tax			$244,957.76
Line 12	Net Local Option Tax			$85,889.77

FURNITURE SCHEDULE

SEE COMPLETE EQUIPMENT SCHEDULE ON SHEET EQ201

MARK	DESCRIPTION	MANUFACTURER	FURNISHED BY	INSTALLED BY
2030W	METAL FRAME CHAIR (DINING ROOM)	FURN VENDOR	OWNER	GC
2035	24" x 24" LOW TOP TABLE	FURN VENDOR	OWNER	GC
2036	30" x 30" LOW TOP TABLE	FURN VENDOR	OWNER	GC
2036A	28" x 28" ADA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2045	36" x 48" LOW TOP TABLE	FURN VENDOR	OWNER	GC
2045A	28" x 48" ADA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2045G	36" x 48" LOW TOP TABLE W/ GRAPHIC	FURN VENDOR	OWNER	GC
2055	36" x 72" LOW TOP TABLE	FURN VENDOR	OWNER	GC
2055A	28" x 72" ADA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2055G	36" x 72" LOW TOP TABLE W/ GRAPHIC	FURN VENDOR	OWNER	GC
2065E	42" SINGLE BOOTH W/ TOPPER	FURN VENDOR	OWNER	GC
2065F	48" SINGLE BOOTH W/ TOPPER	FURN VENDOR	OWNER	GC
2073M	METAL BAR STOOL (AT BAR)	FURN VENDOR	OWNER	GC
2074M	METAL FRAME BAR STOOL (FOR HIGH-TOP TABLES)	FURN VENDOR	OWNER	GC
2146	36" x 36" HIGH TOP TABLE	FURN VENDOR	OWNER	GC
2160	36" x 48" HIGH TOP TABLE	FURN VENDOR	OWNER	GC
2160A	30" x 72" HIGH TOP TABLE	FURN VENDOR	OWNER	GC
2180	LOCKER BENCH	FURN VENDOR	OWNER	GC
2180B	LOCKER BENCH BACK PAD	FURN VENDOR	OWNER	GC

MARK	DESCRIPTION	MANUFACTURER	FURNISHED BY	INSTALLED BY
2305	BLACK BAR FOOT REST	FURN VENDOR	OWNER	GC
2325E	66" DOUBLE BOOTH W/ TOPPER	FURN VENDOR	OWNER	GC
2325F	48" DOUBLE BOOTH W/ TOPPER	FURN VENDOR	OWNER	GC
2355	30" x 60" LOW TOP TABLE (BOOTH)	FURN VENDOR	OWNER	GC
2355A	36" x 60" ADA LOW TOP TABLE (BOOTH)	FURN VENDOR	OWNER	GC
2365	30" x 48" LOW TOP TABLE (BOOTH)	FURN VENDOR	OWNER	GC
2365A	36" x 48" ADA LOW TOP TABLE (BOOTH)	FURN VENDOR	OWNER	GC
2705-T	TOPEKA PATIO CHAIR	FURN VENDOR	OWNER	GC
2715-T	30" x 48" TOPEKA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2725-T	30" X 30" TOPEKA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2726-T	36" X 36" TOPEKA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2727-T	TOPEKA OUTDOOR WAITING BENCH	FURN VENDOR	OWNER	GC
2728-T	36" X 48" ADA TOPEKA LOW TOP TABLE	FURN VENDOR	OWNER	GC
2729-T	TOPEKA PATIO BARSTOOL	FURN VENDOR	OWNER	GC
2745-T	30" X 30" TOPEKA HIGH TOP TABLE	FURN VENDOR	OWNER	GC
2749-T	36" X 36" TOPEKA HIGH TOP TABLE	FURN VENDOR	OWNER	GC
2765	SURF BOARD TABLE	MILLWORK VENDOR	OWNER	GC

KEY NOTES

1. KITCHEN EQUIPMENT VENDOR TO VERIFY CLEAR DIMENSIONS PRIOR TO ORDERING WALK-IN BOXES.
2. WINDOW SHADES TO BE PROVIDED ON ALL WINDOWS - SHADES BY OWNER VENDOR
3. CLOSURE ANGLE AT COOLER SIDES AND ADJACENT WALL FURNISHED BY KITCHEN EQUIPMENT VENDOR AND INSTALLED BY KITCHEN EQUIPMENT CONTRACTOR. REF 6/A204
4. LOCKABLE WIRE CAGE ENCLOSURE
5. PROVIDE CHAIN AND LOCK TO SECURE TANKS TO WALL. NITROGEN AND CO2 SUPPLIER TO PROVIDE ALL TUBING AND FINAL CONNECTIONS.
6. CO2 FILL PIPE LOCATION, BY CO2 PROVIDER OR OWNER
7. *PROTECTIVE SPECIALTY FLOORING IN COOLER. SEE SPECIFICATION SECTION 09 6516 (RESILIENT SHEET FLOORING) FOR MORE INFORMATION.
8. SEE A255 FOR OFFICE ENLARGED PLAN AND ELEVATIONS
9. SEE A267 FOR LOCATION OF TOILET ACCESSORIES
10. LOCATION OF BEER BLASTER. VERIFY LOCATION AND SIZE WITH BEER VENDOR.
11. REFER TO KITCHEN PLANS FOR EQUIPMENT DESIGNATIONS, SCHEDULES AND ELEVATIONS OF EQUIPMENT
12. RECESSED SLAB UNDER COOLERS AND FREEZERS - REF ARCHITECTURAL AND STRUCTURAL DETAILS
13. INSTALL RIGID INSULATION UNDER ALL WALK-IN COOLERS AND FREEZERS, REF ARCHITECTURAL AND STRUCTURAL DETAILS
14. NOT USED
15. SAFE WITH ZT/HD
16. WALL MOUNTED CO2 DETECTOR/ALARM, SEE MECHANICAL
17. SEE A267 AND A268 FOR LOCATION OF TOILET ACCESSORIES

GENERAL NOTES

1. KITCHEN EQUIPMENT SUPPLIER SHALL SET IN PLACE ALL KITCHEN AND BAR EQUIPMENT (INCLUDING WALK-IN BOXES). KITCHEN EQUIPMENT VENDOR IS RESPONSIBLE FOR CONNECTING CONTROL WIRING. GC IS RESPONSIBLE FOR ALL OTHER FINAL ELECTRICAL AND PLUMBING CONNECTIONS TO EQUIPMENT. GC IS RESPONSIBLE FOR CONTROL AND INTERCONNECTION WIRING FOR WALK-IN BOXES AND HOOD. SEE WIRING DIAGRAMS ON ELEC DRAWINGS.
2. EQUIPMENT VENDOR TO FINALLY ANCHOR ANY FURNITURE OR EQUIPMENT WHICH IS REQUIRED TO BE FIXED. CAULK AND SEAL TO WALLS AND FLOOR.
3. COORDINATE EXACT LOCATION AND INSTALLATION OF BEER TAPS AND PIPING FOR BEER LINES WITH BEER EQUIPMENT SUPPLIER.
4. TV MONITORS AND MOUNTS, PROJECTORS AND SCREENS, AND SUSPENSION SYSTEM BY A/V CONTRACTOR. SEE INTERIOR ELEVATIONS FOR TV HEIGHTS. VERIFY MOUNTING HEIGHTS WITH GMW CONSTRUCTION MANAGER. PROJECTORS AND SCREENS TO BE SUSPENDED FROM ROOF JOISTS WITH PIPE AND UNISTRUT, U/N. COORDINATE POWER FOR PROJECTORS WITH ELECTRICAL.
5. REFER TO KITCHEN DRAWINGS AND ELECTRICAL DRAWINGS FOR OFFICE, FOOD SERVICE AND BACK BAR EQUIPMENT LAYOUTS.
6. INSTALL MENU BOXES AT LOCATIONS SHOWN ON DRAWINGS. PRIOR TO INSTALLATION VERIFY PLACEMENT WITH OWNER.
7. KITCHEN EQUIPMENT BELOW HOOD TO BE ON CASTERS AND INSTALLED WITH QUICK DISCONNECTS FOR CLEANING PURPOSES.
8. 3" GROMMET IN COUNTERTOP AT MONITORS, PRINTERS, FAX MACHINES, ETC. COORDINATE EXACT LOCATION WITH OWNER.
9. SEAL WALK-IN BOX PENETRATIONS.
10. ACCESSIBLE TABLES TO BE PROVIDED WHERE SHOWN ON PLAN WITH NO 2"/36"DO.
11. SELF-SERVICE SHELVES AND DISPENSING DEVICES FOR TABLEWARE, DISHWARE, CONDIMENTS, FOOD AND BEVERAGES SHALL NOT BE MORE THAN 54" AFF, NOT LESS THAN 9" AFF AND ACCESSIBLE FROM WITHIN 25" FROM EDGE OF COUNTER.
12. KITCHEN VENDOR TO INCLUDE RECHARGING OF ALL EXISTING REFRIGERATION LINES (IF REQUIRED).
13. REFER TO COMPREHENSIVE EQUIPMENT SCHEDULE ON SHEET EQ201 FOR FULL DESCRIPTIONS OF ALL EQUIPMENT, MILLWORK AND FIXTURES.

SINK ACCESSORIES

MARK	DESCRIPTION	REMARKS
S1	HAND SOAP DISPENSER BY OWNER	1
S2	PAPER TOWEL DISPENSER BY OWNER	2

RESTROOM DETAILS - SEE A267.
BAR DETAILS - SEE A268 AND A269

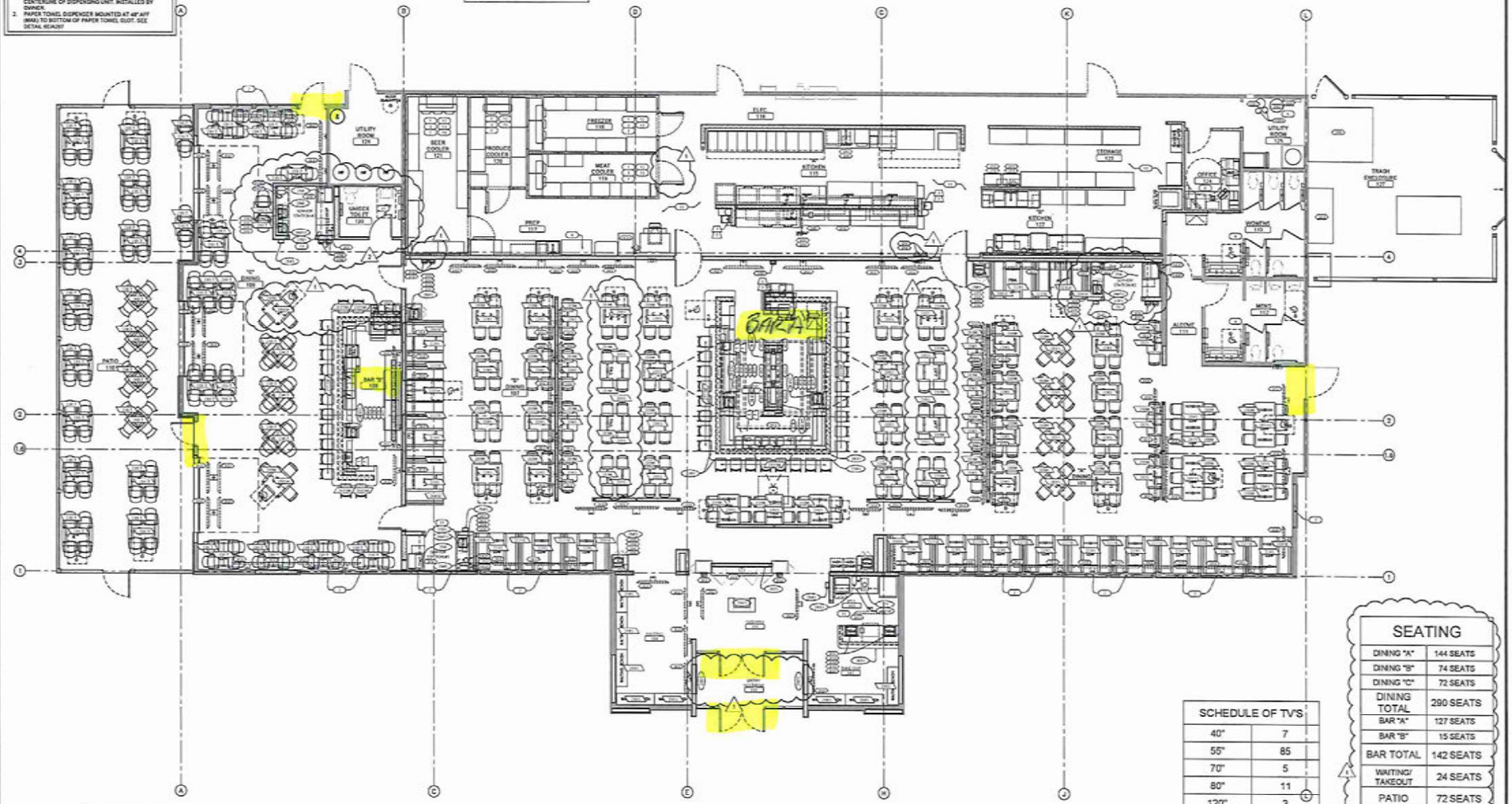
REMARKS:
1. SOAP DISPENSER MOUNTED AT 44" AFF TO CENTERLINE OF DISPENSING UNIT. INSTALLED BY OWNER.
2. PAPER TOWEL DISPENSER MOUNTED AT 48" AFF (MAX) TO BOTTOM OF PAPER TOWEL DUST. SEE DETAIL 4/EA267

SYMBOL LEGEND

- # FURNITURE
- # EQUIPMENT
- # SINK ACCESSORIES
- # MILLWORK/FIXTURES

OPERATIONAL COUNTS

TABLE TOPS	113
POS TERMINAL COUNT	13
SEAT COUNT BAR	148
SEAT COUNT DINING ROOM	290
SEAT COUNT PATIO	72



16 EQUIPMENT PLAN

SCHEDULE OF TV'S

40"	7
55"	85
70"	5
80"	11
120"	3
TOTAL	109

SEATING

DINING "A"	144 SEATS
DINING "B"	74 SEATS
DINING "C"	72 SEATS
DINING TOTAL	290 SEATS
BAR "A"	127 SEATS
BAR "B"	15 SEATS
BAR TOTAL	142 SEATS
WAITING/ TAKEOUT	24 SEATS
PATIO	72 SEATS
TOTAL	528 SEATS

ARCHITECTURE
würks
1513 FIFTH STREET SOUTH
FARGO, NORTH DAKOTA 58103
Email: dbeath24@gmail.com
Phone: 701-709-4023

BUFFALO WILD WINGS
5500 WAYZATA BLVD
MINNEAPOLIS, MN 55416
PHONE 952.593.9943
FAX 952.593.9797

BUFFALO WILD WINGS
BLAZING WINGS PROPERTIES
3420 N. 14th STREET - BISMARCK, ND

MARK	DATE	DESCRIPTION
1	04.13.21	ADD SCALE AND EXPAND OFFICE
2	05.19.21	CORPORATE REVIEW COMMENTS
3	06.11.21	ISSUE FOR PERMIT

DRAWN BY: DGD
CHECKED BY: dlb
PROJECT #: 1706.01

FF&E PLAN

EQ101

Print

Retail Alcohol Beverage License - Submission #22846

Date Submitted: 5/9/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [x] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

W&P of Bismarck, LLC

Doing Business As (DBA) Name, if Applicable:*

Buffalo Wild Wings

Date of Incorporation:* 11/29/2003

State of ND Liquor License No.: AA-02142

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:* 218 S 3rd St

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* 701-323-9464

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Dean Bachmeier - VP Operations

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Todd LaHaise

Email Address:* [redacted]

Mailing Address:* [redacted]

City:* Fargo

State:* ND

Zip:* 58102

Phone No.:* [redacted]

Manager's Name:* Ryan Lindstrom

Date of Birth:* [redacted]/1983

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: Caucasian

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Regional Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Todd LaHaise

Date of Birth:* [redacted]/1964

Percentage of Ownership:* 50

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: Caucasion

Home Address:* [redacted]

City:* Fargo

State:* ND

Zip:* 58102

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Managing Partner

Email Address:

[redacted]

Name:

Susan LaHaise

Date of Birth:

[redacted]/1968

Percentage of Ownership:

50

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Female

Race:

Caucasian

Home Address:

[redacted]

City:

Fargo

State:

ND

Zip:

58102

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Managing Partner

Email Address:

[redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

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- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

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5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

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- ◉ N/A

If yes please, give details:

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If yes please, give details:

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- ◉ Yes
- ○ No

If yes please, give details:

Liquor license interest in other Buffalo Wild Wings in Bismarck, Fargo and Grand Forks in ND, Moorhead MN as well as Sioux Falls, Brookings, Watertown and Aberdeen SD.

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- ◉ No

If yes please, give details:

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All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Lahaise+Management+Return+Summary+17500000.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
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- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck 1 EQ1 for City Liquor renewal.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- ☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- ☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- ☑ I agree

Signature of Applicant:*

Todd LaHaise

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/9/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

Return Summary

Account ID: [redacted]
Taxpayer: LAHAISE MANAGEMENT LLC
Beginning Period: 01-Jan-2023
Ending Period: 31-Dec-2023

		Column A ALCOHOL	Column B SALES	Total
Line 1	Total Sales	$738,085.00	$2,994,564.00	$3,732,649.00
Line 2	Total Exempt Sales	$0.00	$517,345.00	$517,345.00
Line 3	Items Subject to Use Tax	$0.00	$0.00	$0.00
Line 4	Amount Taxable	$738,085.00	$2,477,219.00	$3,215,304.00
Line 5	State Tax	$51,665.95	$123,860.95	$175,526.90
Line 6	Total State Tax			$175,526.90
Line 7	Compensation Discount			$1,320.00
Line 8	Net State Tax			$174,206.90
Line 12	Net Local Option Tax			$62,823.92

FURNITURE SCHEDULE

SEE COMPLETE EQUIPMENT SCHEDULE ON SHEET EQ-2.

MARK	DESCRIPTION	MANUFACTURER	FURNISHED BY	INSTALLED BY
2063	DINING ROOM CHAIR	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2075	24 x 36 LOW TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2035	24 x 36 LOW TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2035A	78 x 78 ADA LOW TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2015	36 x 72 LOW TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2060A	ADA 36 x 72 LOW TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2070D	ADA 36 x 72 LOW TOP TABLE W/ LEGS	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2070E	48" LOW SINGLE BOOTH W/ TOPPER	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2070T	48" LOW TRIPLE BOOTH W/ TOPPER	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2110M	STANDARD METAL BARSTOOL	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2110C	UPHOLSTERED SWIVEL BARSTOOL (COUNTER HEIGHT)	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2110H	STANDARD WOOD BARSTOOL	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2145	24 x 36 HIGH TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2155	30 x 42 HIGH TOP TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2185	LOOSE BENCH	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR

MARK	DESCRIPTION	MANUFACTURER	FURNISHED BY	INSTALLED BY
2205	BLACK SHELL TOOTHPICK	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2070E	48" LOW DOUBLE BOOTH W/ TOPPER	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2070W	48" LOW DOUBLE BOOTH W/ TOPPER	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2035	30 x 60 LOW TOP TABLE (BOOTH)	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2045	30 x 60 LOW TOP TABLE (BOOTH)	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2067	TORTUGA PATIO CHAIR	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2055-T	36 x 48 TOPEKA LOW TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2055-T	TOPEKA BENCH (CATEGORY)	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2155-T	36 X 48 TOPEKA TOP TABLE (HIGH)	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2155-T	TOPEKA PATIO BARSTOOL	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2145-T	30 X 30 TOPEKA HIGH TABLE	FLOR HENDRIX	OWNER	GENERAL CONTRACTOR
2145	SURF MARINE TABLE	WILLIAMS-WARREN	OWNER	GENERAL CONTRACTOR

SEAT COUNT

AREA	SEATS PER AREA	
DINING A	61	
DINING B	61	
DINING C	32	
DINING D	99	
BAR	28	
DINING TOTAL		256
PATIO	32	
PATIO TOTAL		32
SEATING TOTAL		322

SYMBOL LEGEND

FURNITURE — (A) SINK ACCESSORIES

EQUIPMENT — (E) MILLWORK/FIXTURES

GENERAL NOTES

1. KITCHEN EQUIPMENT SUPPLIER SHALL COORDINATE WITH GENERAL CONTRACTOR AND SHALL PROVIDE ALL EQUIPMENT INCLUDING HANGER BRACKETS, KITCHEN EQUIPMENT VENDOR IS RESPONSIBLE FOR CONNECTING CONTROL WIRING, GC IS RESPONSIBLE FOR ALL LOW VOLTAGE FINAL CONNECTION, AND PLUMBING CONNECTIONS TO EQUIPMENT. GC IS RESPONSIBLE FOR CONTROL AND INTERCONNECTION WIRING FOR WALK-IN FREEZER AND COOLER, EQUIPMENT VENDOR IS RESPONSIBLE FOR ALL ELECTRICAL DRAWINGS.
2. EQUIPMENT VENDOR TO FURNISH AND INSTALL ALL FURNITURE OR EQUIPMENT NOTED TO BE PROVIDED BY OWNER AND SHALL TO WALLS AND/OR CEILING.
3. GC TO PROVIDE STORAGE FOR ALL EQUIPMENT TO PREVENT ALL TURNS AND FINAL CONNECTIONS. GC TO PROVIDE OWNER AND LOCK TO EQUIPMENT TAKING TO WALL.
4. GC TO PROVIDE ALL BLOCKING AND INSTALLATION OF BOTH THIS AND PIPING FOR BEER LINES WITH BEVERAGE EQUIPMENT SUPPLIER.
5. ALL EQUIPMENT SHALL BE SECURED TO THE BUILDING STRUCTURE AS REQUIRED BY LOCAL CODES AND ORDINANCES.
6. SEE THIS SHEET FOR KITCHEN DRAWINGS AND ELECTRICAL DRAWINGS FOR OFFICE, FOOD STORAGE AND DISH EQUIPMENT LAYOUTS.
7. INSTALL INTAKE/EXHAUST LOCATIONS, SETTLEMENTS BY OTHERS.
8. KITCHEN EQUIPMENT VENDOR TO BE RESPONSIBLE FOR ALL EQUIPMENT AND APPLIANCES AND PROVIDE ALL ELECTRICAL AND PLUMBING CONNECTIONS AND APPURTENANCES WITH CLEAN DISCONNECTS FOR EQUIPMENT PURCHASED.
9. 3" EQUIPMENT PLINTH AT KITCHEN AND FRONT OF HOUSE.
10. ARCHITECT, ETC., CONTRACTOR TO EXACT LOCATION WITH OTHER MEMBERS AND HOME, BRACE STUDS AND BOTTING, BY AN EQUIPMENT VENDOR. CONTRACTOR TO PROVIDE ALL ELECTRICAL CONTRACTOR.
11. GC TO SEAL ALL WALL PENETRATIONS.
12. ACCESSORY SHELVES TO BE PROVIDED WHERE SHOWN OVER LAPS WITH MECHANICAL.
13. STAFF SERVICE SHALL BE LOCATED WITHIN 20' OF EQUIPMENT, CONTRACTOR TO COORDINATE WITH OWNER.
14. KITCHEN HEIGHTS TO BE VERIFIED BY ALL EXISTING CONDITIONS IN FIELD.
15. REFER TO SHEET EQ01 FOR FULL DESCRIPTIONS OF ALL EQUIPMENT AND MILLWORK FIXTURES ON THE EQUIPMENT SCHEDULE.

KEY NOTES

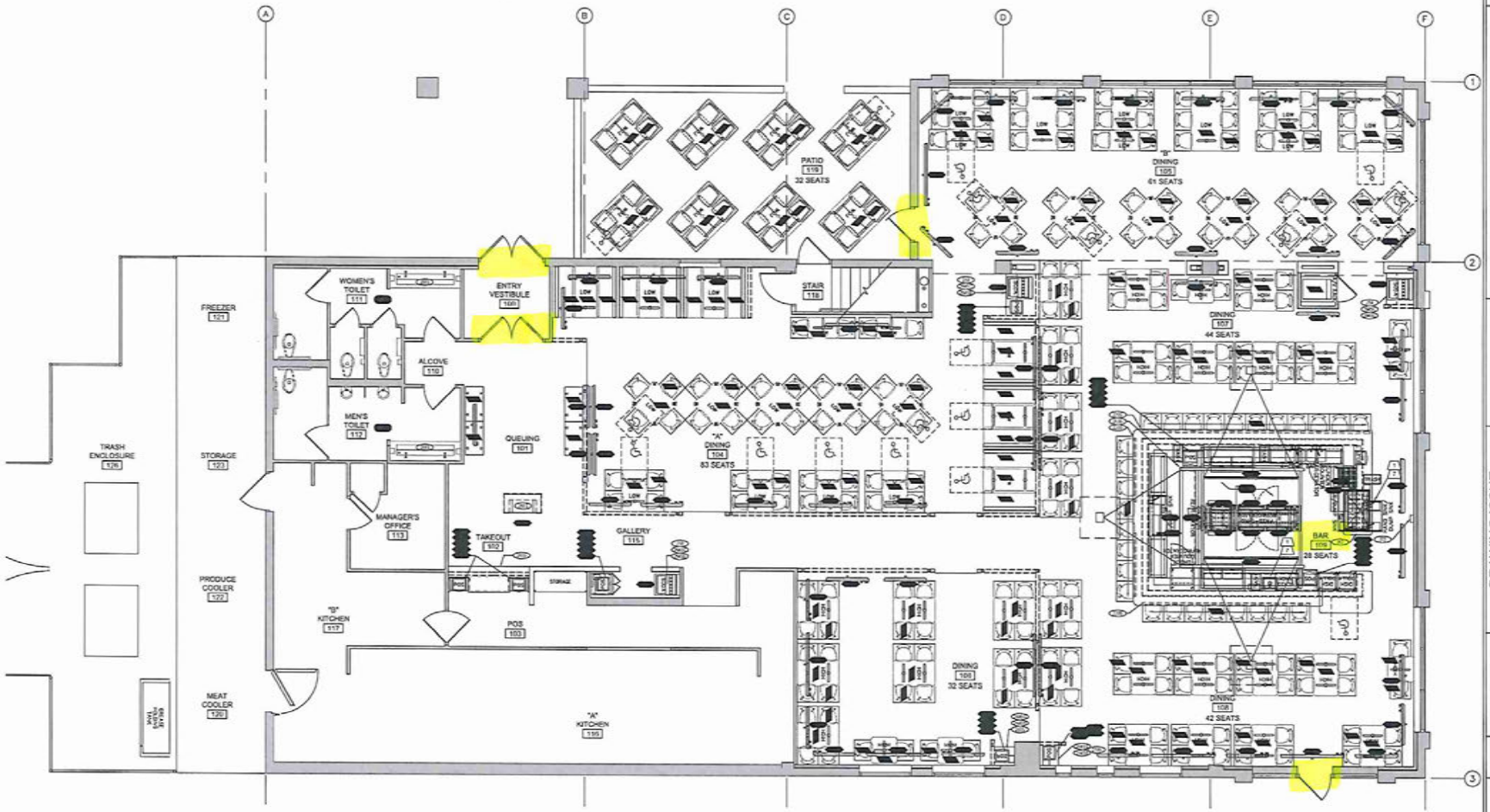
1. KITCHEN EQUIPMENT VENDOR TO VERIFY LOCATION SHOWN PRIOR TO CONSTRUCTION
2. WINDOW SHADES TO BE PROVIDED ON ALL WINDOWS - SHADES BY OWNER VENDOR
3. SEE CLOSURE SHEET AT COOLER DOORS AND ADJACENT WALL
4. CHART TANKS TO WALL
5. LOCATE FIRE CAGE ENCLOSURE
6. SEE ADDITIONAL INFO AT FREEZER DOORS AND FREEZER WALL
7. SEE ADDITIONAL LOCATIONS OF TOILET ACCESSORIES
8. LOCATION OF DECK PLASTER, VERIFY LOCATION AND SIZE AT DECK HOUSE
9. REFER KITCHEN PLANS FOR EQUIPMENT DESIGNATIONS, SCHEDULES AND ELEVATIONS OF EQUIPMENT
10. REFER DOOR SCHEDULE FOR DOOR AND FRAME TYPES
11. INSTALL WOOD INSULATION UNDER ALL WALK-IN COOLERS AND FREEZERS. NOT APPLICABLE TO ALL APPLICATIONS
12. PROVIDE POWER FOR COMPACTOR - SEE ENLARGED SITE PLAN AND ELECTRICAL SHEET
13. SAFE WITH STAND

SINK ACCESSORIES

MARK	DESCRIPTION	REMARKS
S1	HAND SOAP DISPENSER BY OWNER	1
S2	PAPER TOWEL DISPENSER BY OWNER	2

TOILET ROOM DETAIL S-DTF A700, BAR DETAIL S-DTF A701/A702

REMARKS:
1. SOAP DISPENSER MOUNTED AT 48" AFF TO CENTERLINE OF DISPENSING UNIT. INSTALLED BY OWNER.
2. PAPER TOWEL DISPENSER MOUNTED AT 48" AFF (MAX TO BOTTOM OF PAPER TOWEL SLOT). INSTALLED BY GC.



1 EQUIPMENT PLAN
SCALE: 1/8" = 1'-0"

ARTEKTA ARCHITECTS
400 BROADWAY N. SUITE 100, FARGO, ND 58102
PHONE 701.893.9444
www.artekta.com

CERTIFICATION

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND I AM A DULY REGISTERED ARCHITECT UNDER THE LAWS OF THE STATE OF NORTH DAKOTA.

DATE OF NORTH DAKOTA: ——

CHERYL R. DAVIDSON, AIA, LICENSE

SIGNATURE

REGISTRATION NUMBER
1481

EXP. DATE
JUNE 30, 2017

BUFFALO WILD WINGS

LOCATED AT:
218 S 3RD ST.
BISMARCK, NORTH DAKOTA

FRANCHISE STORE REMODEL - 6445 STADIA PROTOTYPE V1.15.01

BUFFALO WILD WINGS
STORE DESIGN
5500 WAYZATA BLVD, STE 1600
MINNEAPOLIS, MN 55416
PHONE 952.593.9943
FAX 952.593.9787

DRAWING ISSUE

NO	DESCRIPTION	DATE
	FOR 1 / 80 / BAR KICKER	07-10-2015

EQUIPMENT PLAN

PROJECT NUMBER
1406.04

SHEET NUMBER
EQ01

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages ■ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages □ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All **Class** F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
Coborn's, Incorporated			12/15/1958	281983 00
Doing Business As (DBA) Name, if Applicable:			If out of state corporation, is corporation registered in North Dakota? ■ Yes □ No	
Captain Jack's #7046				
Location Address:	City:	State:	Zip:	Phone Number:
808 S Second St	Bismarck	ND	58504	701-223-6546

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
James Shaw

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Joyce Schmidt	320-203-6218	lic.info@cobornsinc.com	
Mailing Address:	City:	State:	Zip:
PO Box 6146	St. Cloud	MN	56302

Manager's Name:		Date of Birth:	Percentage of Ownership:
Marvin Sitter		[redacted]/1972	0
Driver's License Number: [redacted]	State Issued: ND	Gender: M	Race: C
Home Address: [redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Mgmt	Phone Number: [redacted]	Title: Liquor Mgr	Email Address: [redacted]

List all officers or directors of corporation or partners and percentage of ownership:

Name:			Date of Birth:	Percentage of Ownership:
James Shaw			[redacted]/1968	<1%
Driver's License Number: [redacted]		State Issued: MN	Gender: M	Race: C
Home Address: [redacted]		City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [redacted]	Title: CFO	Email Address: [redacted]	

Name:			Date of Birth:	Percentage of Ownership:
Christopher Coborn			[redacted]/1959	11.95%
Driver's License Number: [redacted]		State Issued: MN	Gender: M	Race: C
Home Address: [redacted]		City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [redacted]	Title: CEO	Email Address: [redacted]	

Name:			Date of Birth:	Percentage of Ownership:
David Best			[redacted]/1978	0%
Driver's License Number: [redacted]		State Issued: MN	Gender: M	Race: C
Home Address: [redacted]		City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [redacted]	Title: President	Email Address: [redacted]	

Name:			Date of Birth:	Percentage of Ownership:
Mark Coborn			[redacted]/1962	18.28%
Driver's License Number: [redacted]		State Issued: SD	Gender: M	Race: C
Home Address: [redacted]		City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [redacted]	Title:	Email Address: [redacted]	

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ■ Yes □ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? □ Yes ■ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? □ Yes □ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? □ Yes ■ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? □ Yes ■ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? □ Yes ■ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? □ Yes ■ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? □ Yes ■ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ■ Yes □ No	If yes, please give details: see attached
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? □ Yes ■ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ■ Yes □ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5/6/24
Date

James Shaw, EVP, CFO
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

County of

Subscribed and sworn to before me this _____

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach,Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot , ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

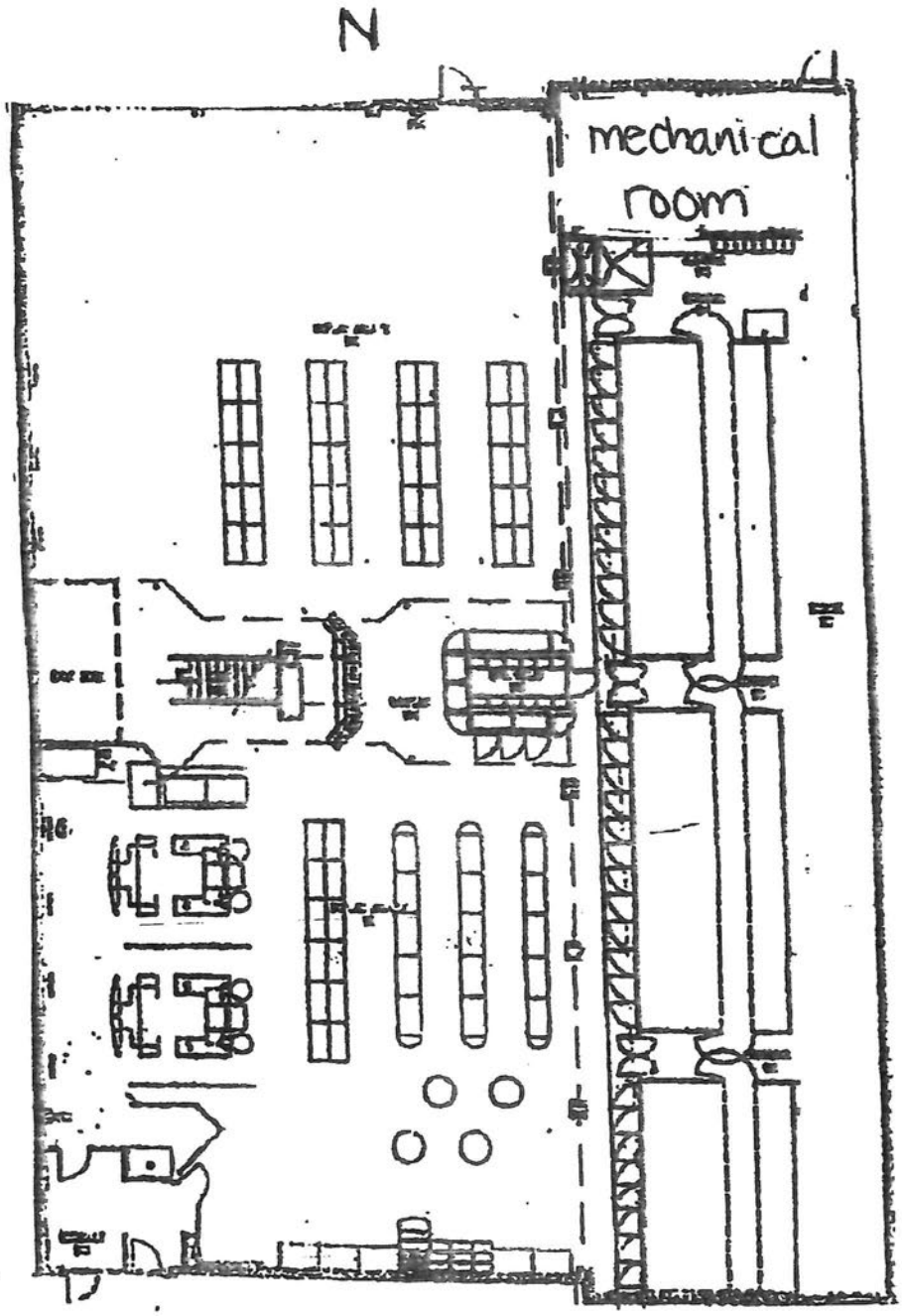
#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram



CAPTAIN JACK'S 7046

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages ■ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages □ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
Coborn's, Incorporated			12/15/1958	281983 00
Doing Business As (DBA) Name, if Applicable:			If out of state corporation, is corporation registered in North Dakota?	
Captain Jack's #7047			■ Yes	□ No
Location Address:	City:	State:	Zip:	Phone Number:
3131 Weiss Ave	Bismarck	ND	58504	701-223-5113

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
James Shaw

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Joyce Schmidt	320-203-6218	lic.info@cobornsinc.com	
Mailing Address:	City:	State:	Zip:
PO Box 6146	St. Cloud	MN	56302

Manager's Name:		Date of Birth:	Percentage of Ownership:
Ryan Mertz		[redacted]1975	0
Driver's License Number:	State Issued:	Gender:	Race:
[redacted]	ND	M	C
Home Address:	City:	State:	Zip:
[redacted]	Bismarck	ND	58503

Occupation:	Phone Number:	Title:	Email Address:
Mgmt	[redacted]	Liquor Mgr	[redacted]

List all officers or directors of corporation or partners and percentage of ownership:

Name:	Date of Birth:	Percentage of Ownership:
James Shaw	[redacted]/1968	<1%

Driver's License Number:	State Issued:	Gender:	Race:
[redacted]	MN	M	C

Home Address:	City:	State:	Zip:
[redacted]	Plymouth	MN	55442

Occupation:	Phone Number:	Title:	Email Address:
Exec	[redacted]	CFO	[redacted]

Name:	Date of Birth:	Percentage of Ownership:
Christopher Coborn	[redacted]/1959	11.95%

Driver's License Number:	State Issued:	Gender:	Race:
[redacted]	MN	M	C

Home Address:	City:	State:	Zip:
[redacted]	St. Cloud	MN	56301

Occupation:	Phone Number:	Title:	Email Address:
Exec	[redacted]	CEO	[redacted]

Name:	Date of Birth:	Percentage of Ownership:
David Best	[redacted]/1978	0%

Driver's License Number:	State Issued:	Gender:	Race:
[redacted]	MN	M	C

Home Address:	City:	State:	Zip:
[redacted]	Edina	MN	55424

Occupation:	Phone Number:	Title:	Email Address:
Exec	[redacted]	President	[redacted]

Name:	Date of Birth:	Percentage of Ownership:
Mark Coborn	[redacted]/1962	18.28%

Driver's License Number:	State Issued:	Gender:	Race:
[redacted]	SD	M	C

Home Address:	City:	State:	Zip:
[redacted]	Sioux Falls	SD	57103

Occupation:	Phone Number:	Title:	Email Address:
Retired	[redacted]		[redacted]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ■ Yes □ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? □ Yes ■ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? □ Yes □ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? □ Yes ■ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? □ Yes ■ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? □ Yes ■ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? □ Yes ■ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? □ Yes ■ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ■ Yes □ No	If yes, please give details: see attached
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? □ Yes ■ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ■ Yes □ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5/6/24
Date

James Shaw, EVP, CFO
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

County of

Subscribed and sworn to before me this _____

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach,Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot , ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

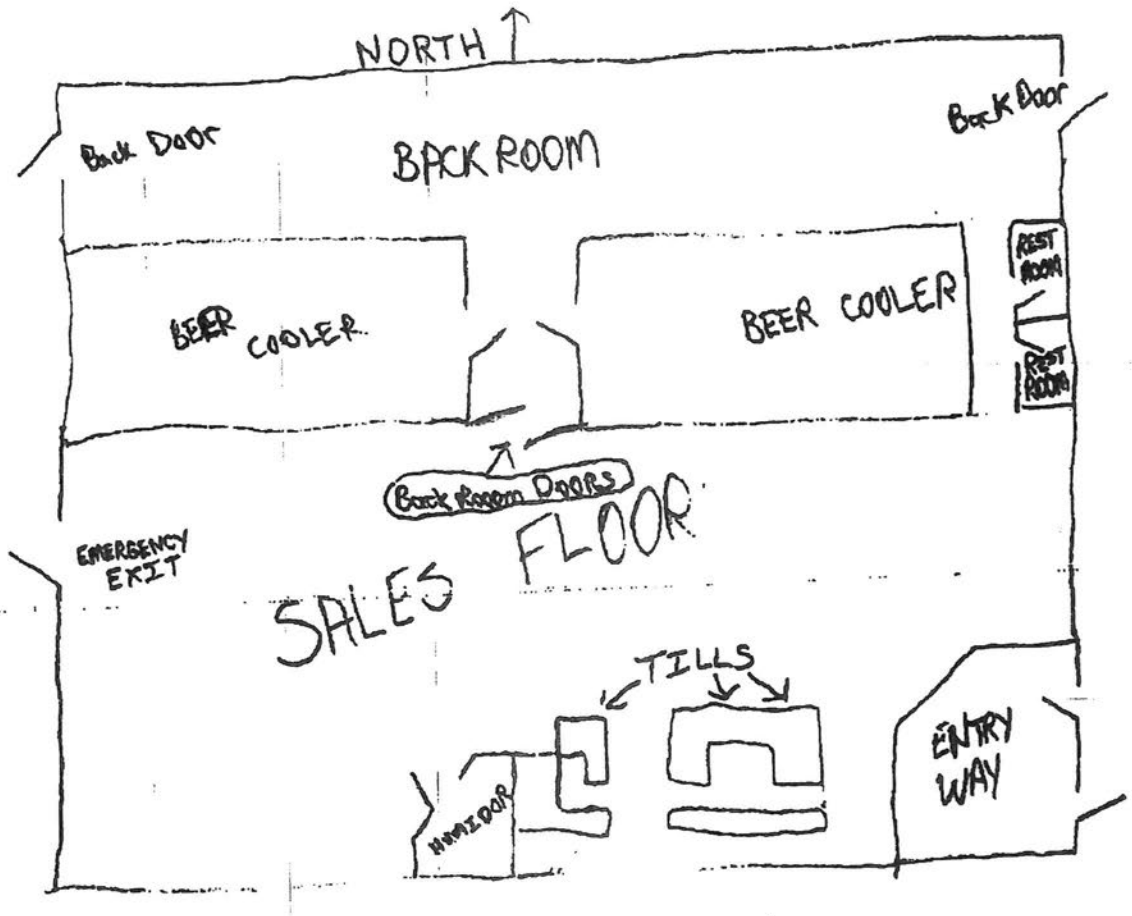
#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram



CAPTAIN JACK'S

Print

Retail Alcohol Beverage License - Submission #22796

Date Submitted: 5/5/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [x] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Coco Nails & Spa

Doing Business As (DBA) Name, if Applicable:*

Coco nails & Spa

Date of Incorporation:*
5-1-2020

State of ND Liquor License No.:
LIQ2024-005

If out of state corporation, is corporation registered in North Dakota?
- ○ Yes
- ○ No
- ◉ N/A

Location Address:*
820 43rd Ave suite 116

City:*
Bismarck

State:*
ND

Zip:*
58503

Phone No.:*
701-805-6933

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Randy Smid- owner

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Randy Smid

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bismarck

State:*
ND

Zip:*
58503

Phone No.:*
[redacted]

Manager's Name:*
Randy Smid

Date of Birth:*
[redacted]-1973

Percentage of Ownership:*
100

Driver's License No.:* [redacted]

State Issued:* ND

Gender: M

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Owner

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Randy Smid

Date of Birth:* [redacted]1973

Percentage of Ownership:* 100

Driver's License No.:* [redacted]

State Issued:* ND

Gender: M

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Owner

Email Address: [redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction "North" shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [ ] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

IMG.jpeg

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Randy Smid

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/5/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

E
N S
W

Entrance

Front Desk

wall

mant
tables

WALL

mant
tables

WALL

X
X
X
X
X

pedt

chairs

X
X
X
X
X

pedt

chairs

X
X
X
X
X

Compliementary Area

Sink

Storage
Area

Sink

Bath
Room

Break Room

Exit

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages ■ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages □ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All **Class** F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
Coborn's, Incorporated			12/15/1958	281983 00
Doing Business As (DBA) Name, if Applicable:			If out of state corporation, is corporation registered in North Dakota?	
Cash Wise Liquor #3020			■ Yes	□ No
Location Address:	City:	State:	Zip:	Phone Number:
1144 Bismarck Exp	Bismarck	ND	58504	701-223-8771
Name and Title of Person Completing Form (must be the person listed in ownership information or manager):				
James Shaw				

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Joyce Schmidt	320-203-6218	lic.info@cobornsinc.com	
Mailing Address:	City:	State:	Zip:
PO Box 6146	St. Cloud	MN	56302-6146

Manager's Name:			Date of Birth:	Percentage of Ownership:
Kevin Kyes			[redacted]/1971	0
Driver's License Number:		State Issued:	Gender:	Race:
[redacted]		ND	M	C
Home Address:		City:	State:	Zip:
[redacted]		Bismarck	ND	58503
Occupation:	Phone Number:	Title:	Email Address:	
Mgmt	[redacted]	Liquor Manager	[redacted]	

List all officers or directors of corporation or partners and percentage of ownership:

Name:			Date of Birth:	Percentage of Ownership:
James Shaw			[redacted]/1968	<1%
Driver's License Number: [redacted]		State Issued: MN	Gender: M	Race: C
Home Address: [redacted]		City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [redacted]	Title: CFO	Email Address: [redacted]	

Name:			Date of Birth:	Percentage of Ownership:
Christopher Coborn			[redacted]/1959	11.95%
Driver's License Number: [redacted]		State Issued: MN	Gender: M	Race: C
Home Address: [redacted]		City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [redacted]	Title: CEO	Email Address: [redacted]	

Name:			Date of Birth:	Percentage of Ownership:
David Best			[redacted]/1978	0%
Driver's License Number: [redacted]		State Issued: MN	Gender: M	Race: C
Home Address: [redacted]		City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [redacted]	Title: President	Email Address: [redacted]	

Name:			Date of Birth:	Percentage of Ownership:
Mark Coborn			[redacted]/1962	18.28%
Driver's License Number: [redacted]		State Issued: SD	Gender: M	Race: C
Home Address: [redacted]		City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [redacted]	Title:	Email Address: [redacted]	

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ■ Yes □ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? □ Yes ■ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? □ Yes □ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? □ Yes ■ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? □ Yes ■ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? □ Yes ■ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? □ Yes ■ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? □ Yes ■ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ■ Yes □ No	If yes, please give details: see attached
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? □ Yes ■ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ■ Yes □ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5/6/24
Date

James Shaw, EVP, CFO
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

County of

Subscribed and sworn to before me this _____

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach,Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot , ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

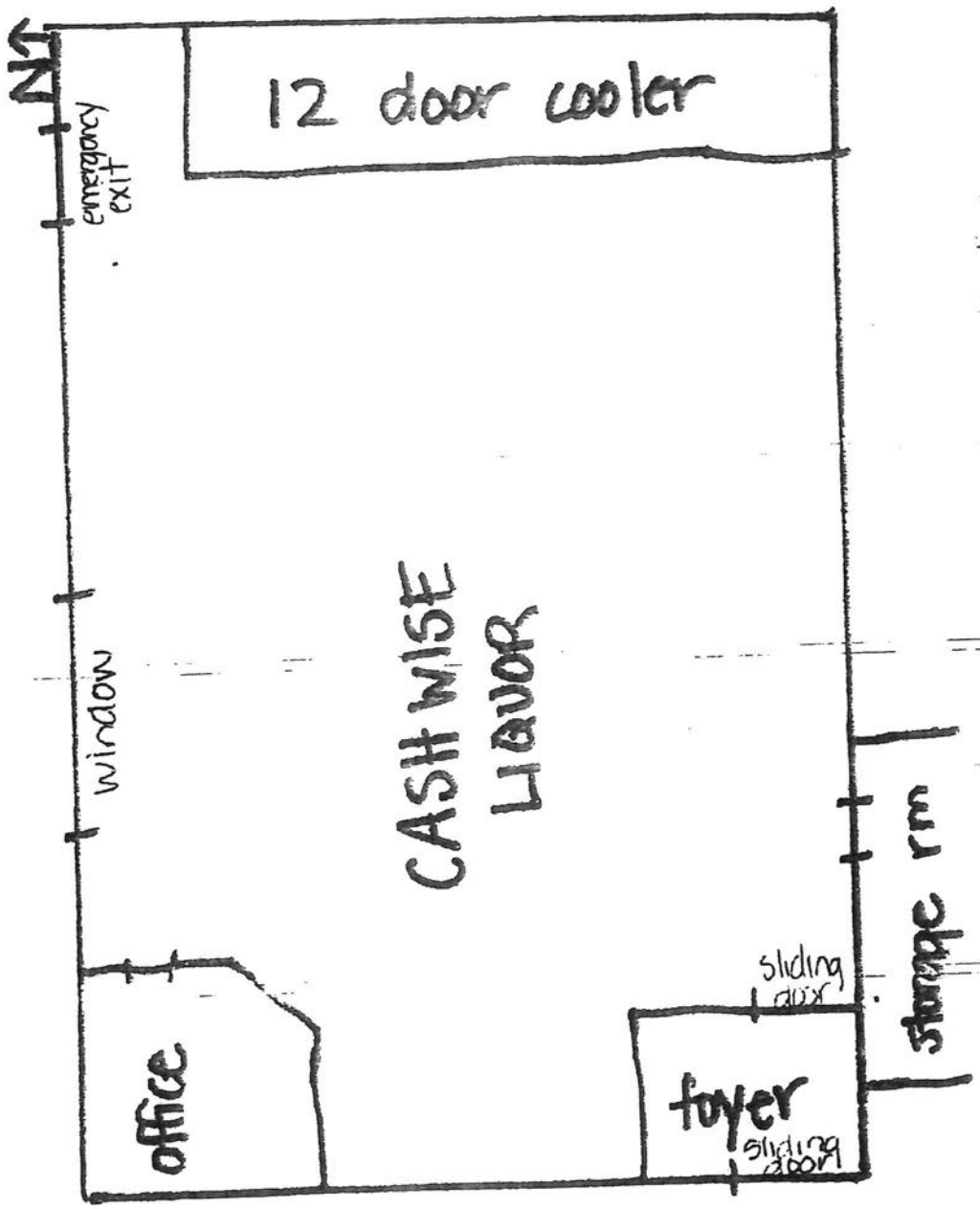
#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram



Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages ■ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages □ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
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All **Class F-1, F-2, & C-2** license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
Coborn's, Incorporated			12/15/1958	281983 00
Doing Business As (DBA) Name, if Applicable:			If out of state corporation, is corporation registered in North Dakota?	
Cash Wise Liquor #3051			■ Yes	□ No
Location Address:	City:	State:	Zip:	Phone Number:
900 NE 43rd Ave	Bismarck	ND	58503	701-223-6617

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
James Shaw

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Joyce Schmidt	320-203-6218	lic.info@cobornsinc.com	
Mailing Address:	City:	State:	Zip:
PO Box 6146	St. Cloud	MN	56302

Manager's Name:			Date of Birth:	Percentage of Ownership:
Tammy Orvik				
Driver's License Number: [redacted]		State Issued: ND	Gender: F	Race: C
Home Address: [redacted]		City: Mandan	State: ND	Zip: 58554
Occupation: Mgmt	Phone Number: [redacted]	Title: Liquor Mgr	Email Address: [redacted]	

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:
James Shaw		[redacted]/1968	<1%
Driver's License Number: [redacted]	State Issued: MN	Gender: M	Race: C
Home Address: [redacted]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [redacted]	Title: CFO	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
Christopher Coborn		[redacted]/1959	11.95%
Driver's License Number: [redacted]	State Issued: MN	Gender: M	Race: C
Home Address: [redacted]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [redacted]	Title: CEO	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
David Best		[redacted]/1978	0%
Driver's License Number: [redacted]	State Issued: MN	Gender: M	Race: C
Home Address: [redacted]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [redacted]	Title: President	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
Mark Coborn		[redacted]/1962	18.28%
Driver's License Number: [redacted]	State Issued: SD	Gender: M	Race: C
Home Address: [redacted]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [redacted]	Title:	Email Address: [redacted]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ■ Yes □ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? □ Yes ■ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? □ Yes □ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? □ Yes ■ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? □ Yes ■ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? □ Yes ■ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? □ Yes ■ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? □ Yes ■ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ■ Yes □ No	If yes, please give details: see attached
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? □ Yes ■ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ■ Yes □ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5/6/24
Date

James Shaw, EVP, CFO
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

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(701) 255-6866
FAX: (701) 223-5998*

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Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

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513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

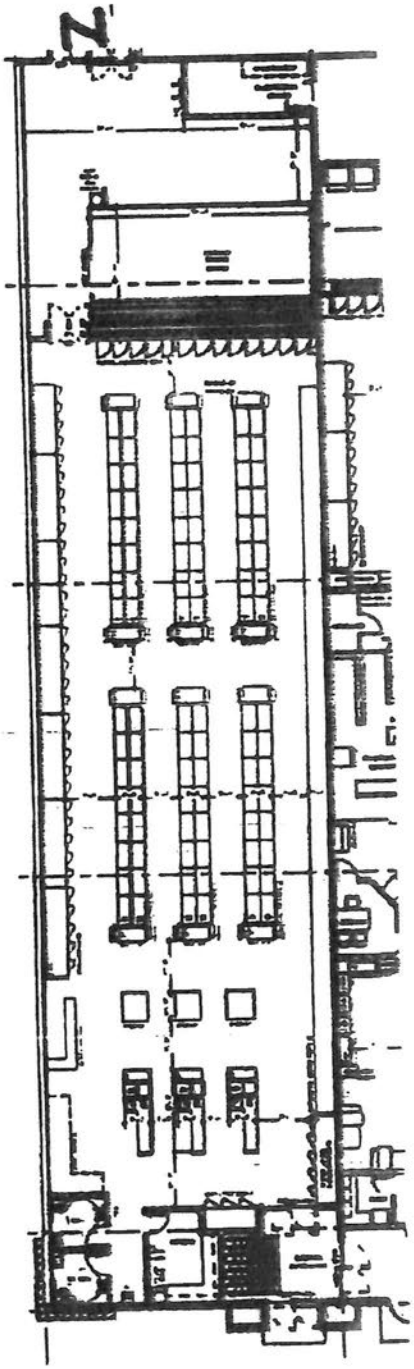
#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram



CASH WISE
LIQUOR

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages ■ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages □ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All **Class F-1, F-2, & C-2** license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
Coborn's, Incorporated			12/15/1958	281983 00
Doing Business As (DBA) Name, if Applicable:			**If out of state corporation, is corporation registered in North Dakota?**	
Captain Jack's #7048			■ Yes □ No	
Location Address:	**City:**	**State:**	**Zip:**	**Phone Number:**
1140 W Turnpike Ave	Bismarck	ND	58504	701-751-4418

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
James Shaw

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Joyce Schmidt	320-203-6218	lic.info@cobornsinc.com	
Mailing Address:	**City:**	**State:**	**Zip:**
PO Box 6146	St. Cloud	MN	56302

Manager's Name:			Date of Birth:	Percentage of Ownership:
Randy Himmelspach			[redacted]/1964	0
Driver's License Number:		State Issued:	Gender:	Race:
[redacted]		ND	M	C
Home Address:		City:	State:	Zip:
[redacted]		Mandan	ND	58554
Occupation:	Phone Number:	Title:	Email Address:	
Mgmt	[redacted]	Liquor Mgr	[redacted]	

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:
James Shaw		[redacted]/1968	<1%
Driver's License Number: [redacted]	State Issued: MN	Gender: M	Race: C
Home Address: [redacted]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec / Phone Number: [redacted]	Title: CFO	Email Address: [redacted]	

Name:		Date of Birth:	Percentage of Ownership:
Christopher Coborn		[redacted]/1959	11.95%
Driver's License Number: [redacted]	State Issued: MN	Gender: M	Race: C
Home Address: [redacted]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec / Phone Number: [redacted]	Title: CEO	Email Address: [redacted]	

Name:		Date of Birth:	Percentage of Ownership:
David Best		[redacted]/1978	0%
Driver's License Number: [redacted]	State Issued: MN	Gender: M	Race: C
Home Address: [redacted]	City: Edina	State: MN	Zip: 55424
Occupation: Exec / Phone Number: [redacted]	Title: President	Email Address: [redacted]	

Name:		Date of Birth:	Percentage of Ownership:
Mark Coborn		[redacted]/1962	18.28%
Driver's License Number: [redacted]	State Issued: SD	Gender: M	Race: C
Home Address: [redacted]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired / Phone Number: [redacted]	Title:	Email Address: [redacted]	

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ■ Yes □ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? □ Yes ■ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? □ Yes □ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? □ Yes ■ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? □ Yes ■ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? □ Yes ■ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? □ Yes ■ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? □ Yes ■ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ■ Yes □ No	If yes, please give details: see attached
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? □ Yes ■ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ■ Yes □ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5/6/24
Date

James Shaw, EVP, CFO
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

County of

Subscribed and sworn to before me this _____

day of _____

Notary Public

My Commission Expires

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Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

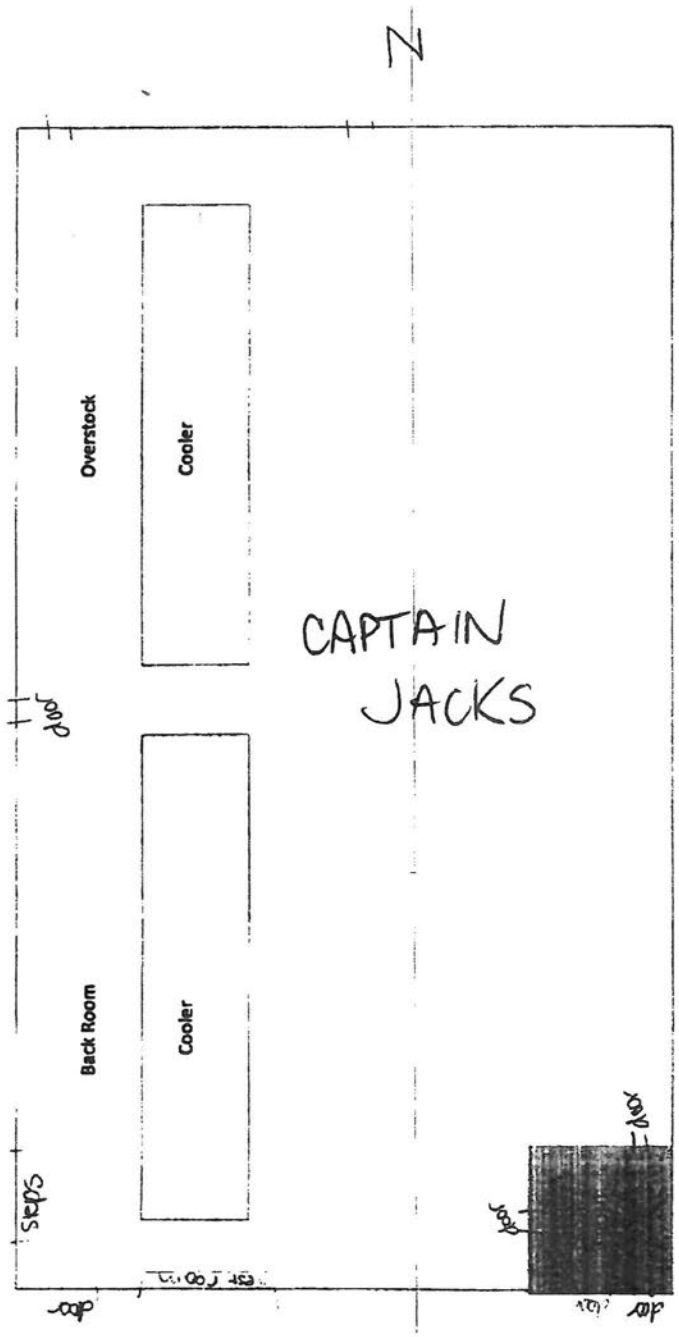
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram

#7048



second floor is offices and furnace room.

Print

Retail Alcohol Beverage License - Submission #22811

Date Submitted: 5/6/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [x] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

CBOCS West, Inc.

Doing Business As (DBA) Name, if Applicable:*

Cracker Barrel Old Country Store #447

Date of Incorporation:*
12/9/1996

State of ND Liquor License No.:
AW-03367

If out of state corporation, is corporation registered in North Dakota?
- (●) Yes
- ( ) No
- ( ) N/A

Location Address:*
1685 N. Grandview Lane

City:*
Bismark

State:*
ND

Zip:*
58503

Phone No.:*
701-223-2785

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Craig Pommells: President & Treasurer

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Alexis Batey

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Lebanon

State:*
Tn

Zip:*
37087

Phone No.:*
[redacted]

Manager's Name:*
Michael Vittel

Date of Birth:*
[redacted]/1968

Percentage of Ownership:*
N/A

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: Caucasian

Home Address:* [redacted]

City:* Bismark

State:* ND

Zip:* 58504

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* General Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Craig Pommells

Date of Birth:* [redacted]/1975

Percentage of Ownership:* N/A

Driver's License No.:* [redacted]

State Issued:* FL

Gender: Male

Race: Black

Home Address:* [redacted]

City:* Windermere

State:* FL

Zip:* 34786

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*
Executive President & Treasurer

Email Address:
[redacted]

Name:
Cammie Spillyards-Schaefer

Date of Birth:
[redacted]/1976

Percentage of Ownership:
N/A

Driver's License No.:
[redacted]

State Issued:
TN

Gender:
Female

Race:
Caucasian

Home Address:
[redacted]

City:
Nashville

State:
TN

Zip:
37215

Phone No.:
[redacted]

Officer/Director/Stockholder Title:
Executive Vice President

Email Address:
[redacted]

Name:
Richard Wolfson

Date of Birth:
[redacted]/1966

Percentage of Ownership:
N/A

Driver's License No.:
[redacted]

State Issued:
TN

Gender:
Male

Race:
Caucasian

Home Address:

[redacted]

City: Nashville

State: TN

Zip: 37215

Phone No.: [redacted]

Officer/Director/Stockholder Title: Executive Secretary

Email address: [redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- (●) Yes
- ( ) No

If yes please, give details:

Applicant's parent entity, Cracker Barrel Old Country Store, Inc. has previously had 1 license suspended for service to minors, relating to its restaurant in Athens, TN. The suspension period runs Dec. 1- Dec. 30 2023. Cracker Barrel is implementing new protocols to assist the store in its compliance efforts.

If you have further questions on this matter , please feel free to reach out to Jean Shuttleworth, Sr. Corporate Counsel.

Phone: 615-444-5533

Email: jean.shuttleworth@crackerbarrel.com

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ( ) Yes
- ( ) No
- (●) N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ( ) Yes
- (●) No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ( ) Yes
- (●) No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

Yes, CBOCS West, Inc. DBA Cracker Barrel Old Country Store #447 operates both a restaurant and retail store.

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction "North" shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [ ] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

447- floor plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Craig Pommells

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/6/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

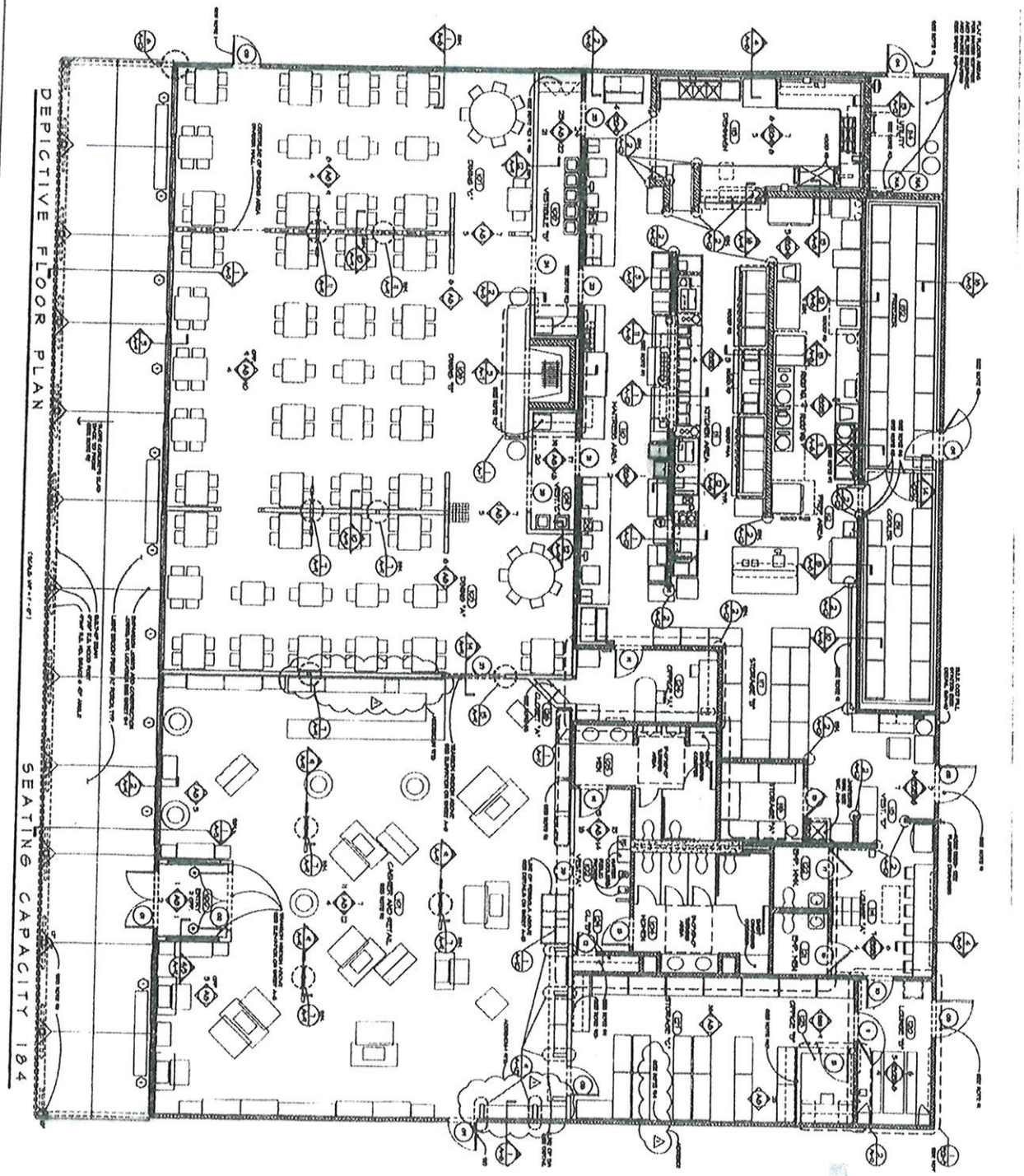
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Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

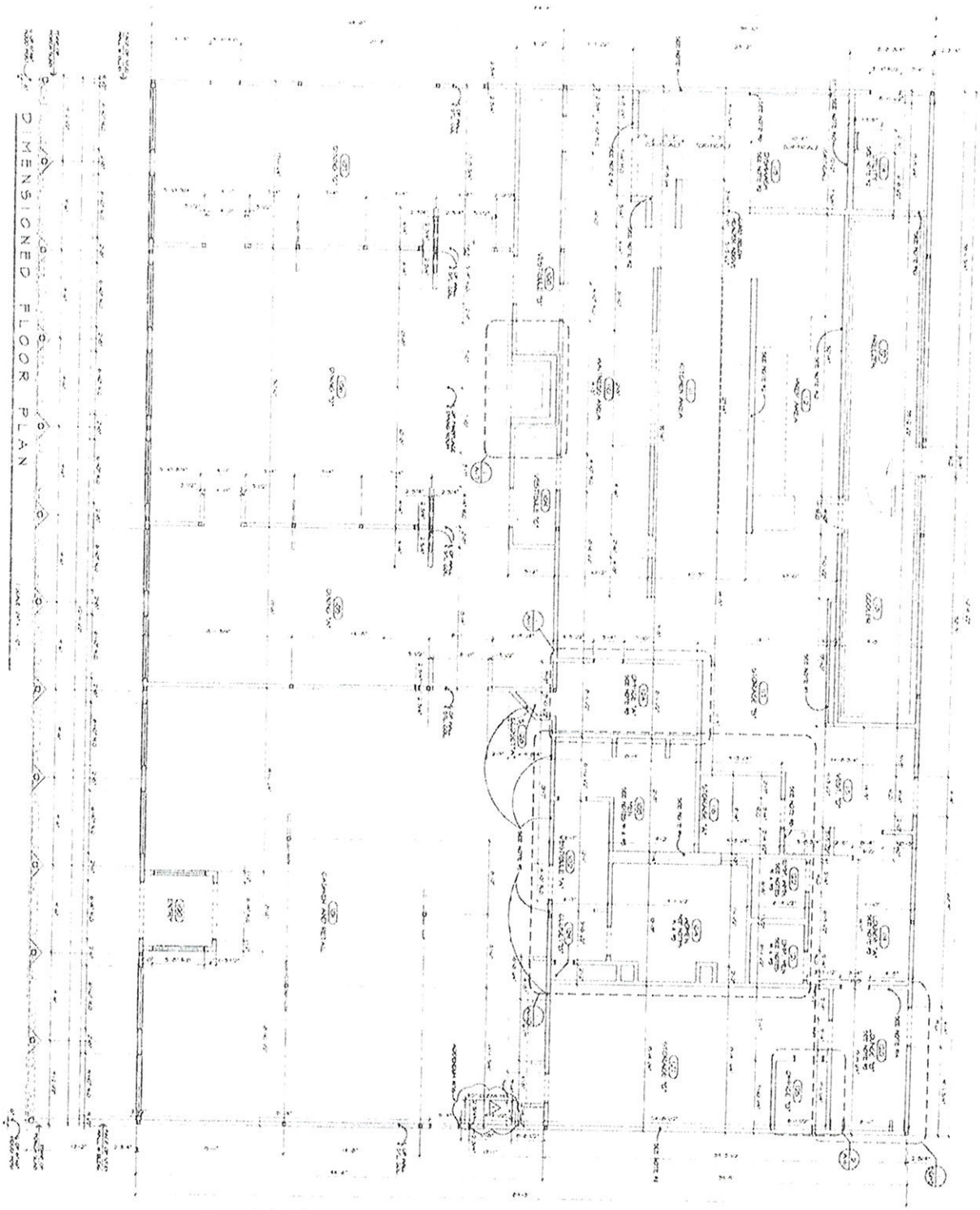
Site Diagram

Cracker Barrel



North

- Storage
Service area
Mixing areas



LEGEND

A-2

DIMENSIONED FLOOR PLAN

Cracker Barrel

Old Country Store,Inc. P.O. Box 787
Hartman Drive, Lebanon, Tn. 37087

CRACKER BARREL
OLD COUNTRY STORE
INTERSTATE 94 & DIVIDE AVENUE
BISMARK, NORTH DAKOTA

Print

Retail Alcohol Beverage License - Submission #22804

Date Submitted: 5/6/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [x] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Tonka Holdings

Doing Business As (DBA) Name, if Applicable:*

Elbow Room

Date of Incorporation:* 07/25/2016

State of ND Liquor License No.: AA-02818

If out of state corporation, is corporation registered in North Dakota?

- ( ) Yes
- ( ) No
- (•) N/A

Location Address:* 115 S 5TH ST

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* 7012222140

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Johnny Marquez

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Johnny Marquez

Email Address:* [redacted]

Mailing Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Manager's Name:* Johnny Marquez

Date of Birth:* [redacted]/1991

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: MALE

Race: WHITE

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* MANAGER

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* JASON FRANK

Date of Birth:* [redacted]/1974

Percentage of Ownership:* 50

Driver's License No.:* [redacted]

State Issued:* ND

Gender: MALE

Race: WHITE

Home Address:* [redacted]

City:* MANDAN

State:* ND

Zip:* 58554

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

OWNER

Email Address:

[redacted]

Name:

PAT KOSKI

Date of Birth:

[redacted]/1984

Percentage of Ownership:

50

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

MALE

Race:

WHITE

Home Address:

[redacted]

City:

BISMARCK

State:

ND

Zip:

58503

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

OWNER

Email Address:

[redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

inside elbow.JPG

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Johnny Marquez

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/6/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Site Diagram

Elbow Room

Print

Retail Alcohol Beverage License - Submission #22832

Date Submitted: 5/8/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [x] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

DTSG Bismarck, Inc.

Doing Business As (DBA) Name, if Applicable:*

Famous Dave's

Date of Incorporation:* 1/29/2004

State of ND Liquor License No.: AA-00330

If out of state corporation, is corporation registered in North Dakota?

- ○ Yes
- ○ No
- ◉ N/A

Location Address:* 401 East Bismarck Expressway

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* 7015309800

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Randy Thorson

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Vonnie Birmingham

Email Address:* vonnie@jlbeersusa.com

Mailing Address:* P.O. Box 2043

City:* Fargo

State:* ND

Zip:* 58107

Phone No.:* [redacted]

Manager's Name:* Dan Gangl

Date of Birth:* [redacted]/1983

Percentage of Ownership:* 0%

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* General Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Randy Thorson

Date of Birth:* [redacted]/1954

Percentage of Ownership:* 100%

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* Fargo

State:* ND

Zip:* 58104

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

President/Secretary/Treasurer/Director

Email Address:

[redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

See Attached. (Attachment will be mailed with the renewal fee.)

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Famous+Daves+Return+Summary.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- ☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- ☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- ☑ I agree

Signature of Applicant:*

Randy Thorson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/8/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

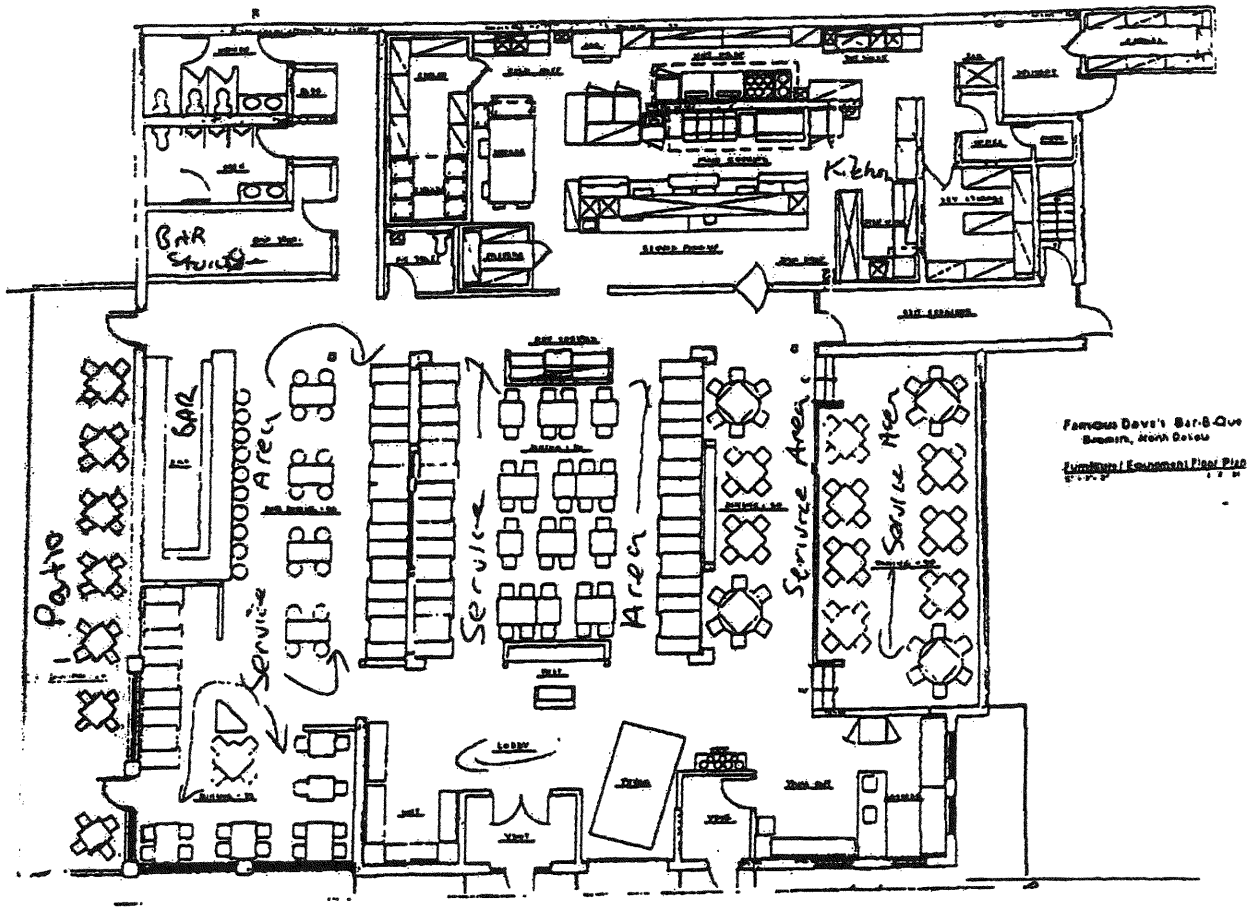
Return Summary

Account ID: 172801 00
Taxpayer: FAMOUS DAVES RESTAURANT
Beginning Period: 01-Apr-2023
Ending Period: 31-Mar-2024

		Column A ALCOHOL	Column B SALES	Total
Line 1	Total Sales	$108,355.00	$1,762,076.00	$1,870,431.00
Line 2	Total Exempt Sales	$173.00	$67,712.00	$67,885.00
Line 3	Items Subject to Use Tax	$0.00	$0.00	$0.00
Line 4	Amount Taxable	$108,182.00	$1,694,364.00	$1,802,546.00
Line 5	State Tax	$7,572.74	$84,718.20	$92,290.94
Line 6	Total State Tax			$92,290.94
Line 7	Compensation Discount			$1,273.68
Line 8	Net State Tax			$91,017.26
Line 12	Net Local Option Tax			$34,969.57

Famous Dave's - Bismarck, ND

DTSG Bismarck, Inc.



Print

Retail Alcohol Beverage License - Submission #22781

Date Submitted: 5/3/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [x] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Horizon Market, LLC

Doing Business As (DBA) Name, if Applicable:*

Horizon Market, LLC

Date of Incorporation:*
05/02/2013

State of ND Liquor License No.:
AB-02020

If out of state corporation, is corporation registered in North Dakota?
- ○ Yes
- ○ No
- ◉ N/A

Location Address:*
125 Durango DR

City:*
Bismarck

State:*
ND

Zip:*
58503

Phone No.:*
701-425-0615

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Kristin Jangula - Accounting Specialist

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Casey Clement

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bismarck

State:*
ND

Zip:*
58504

Phone No.:*
[redacted]

Manager's Name:*
Patrick Shannon

Date of Birth:*
[redacted]/1968

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* General Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Casey Clement

Date of Birth:* [redacted]/1979

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Males

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

President

Email Address:

[redacted]

Name:

Spencer Wilkinson, JR

Date of Birth:

[redacted]/1966

Percentage of Ownership:

0

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Male

Race:

Native American

Home Address:

[redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Vice President

Email Address:

[redacted]

Name:

Don Clement

Date of Birth:

[redacted]/1949

Percentage of Ownership:

0

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[redacted]

City: Bismarck

State: ND

Zip: 58504

Phone No.: [redacted]

Officer/Director/Stockholder Title: Secretary/Tresurer

Email address: [redacted]

Please submit all officers that will not fit on this form.

Additional Ownership for Horizon Market City Alcoholic Beverage License.docx

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The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction "North" shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Diagram for State Liquor License Renewal - Horizon Market.pdf

---

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Casey Clement

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/3/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Additional Ownership for Horizon Market City Alcoholic Beverage License

Babylon Family Investments -50% Ownership

Address: 250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

Owners

Casey Clement: 40%

Kelly Clement: 40%

Don Clement: 10%

Pat Clement: 10%

Sooner Enterprises- 50% Ownership

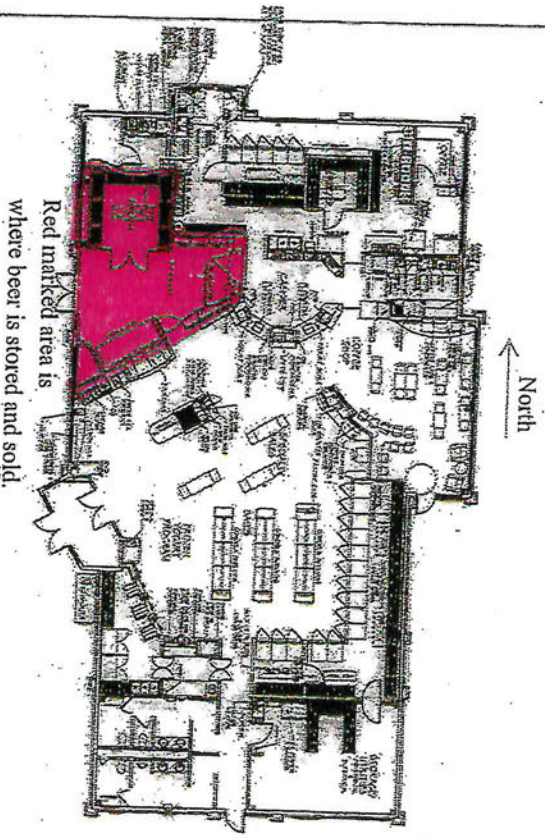
Address: 3250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

Owner

Spencer Wilkinson, JR: 100%

Site Diagram



Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	☐ New Application	☑ Renewal	☐ Transfer	☐ Relocation
Class A: Nationally Organized Fraternal Order or Club ☐ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building ☐ $650	Class B-2: Concession at the Bismarck Municipal Country Club ☐ $650	Class B-3: Commercial passenger vessels on the Missouri River ☐ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center ☐ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations ☐ $650	Class B-6 : Commercial Airline ☐ $650	Class C-1: Hotel or Motel Full Service ☐ $3,800	Class C-2: Hotel or Motel ☐ $1,000	Class D: Sale at Retail of Alcoholic Beverages ☐ $4,100
Class E: Sale at Retail of Beer Only ☐ $800	Class F-1: Restaurant - Alcoholic Beverages ☐ $3,500	Class F-2: Restaurant - Beer & Wine Only ☑ $1,100	Class G: Catered Retail Beer, Wine, & Liquor ☐ $650	Class H-1: Domestic Winery ☐ $800
Class H-2: Domestic Brewery ☐ $800	Class H-3: Domestic Distillery ☐ $800	Class I-1: Senior Living Community ☐ $350	Class I-2: Complimentary ☐ $350	

All **Class F-1, F-2, & C-2** license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
DAKOTA ASIAN FUSION CUISINE INC			08/25/2023	37755900
Doing Business As (DBA) Name, if Applicable:			**If out of state corporation, is corporation registered in North Dakota?**	
ICHIBAN RAMEN JAPANESE & ASIAN BISTRO				☑ Yes ☐ No
Location Address:	**City:**	**State:**	**Zip:**	**Phone Number:**
1825 N 13th ST	Bismarck	ND	58501	701-223-1688

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Lifang Lin

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
YiWu Xie	[redacted]	[redacted]	
Mailing Address:	**City:**	**State:**	**Zip:**
[redacted]	Bismarck	ND	58503

Manager's Name:		Date of Birth:	Percentage of Ownership:
Lifang Lin		[redacted]	
Driver's License Number:	**State Issued:**	**Gender:**	**Race:**
[redacted]	ND	Female	Asian
Home Address:	**City:**	**State:**	**Zip:**
[redacted]	Bismarck	ND	58503
Occupation:	**Phone Number:**	**Title:**	**Email Address:**
Manager	[redacted]	Manager	[redacted]

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:
Yiwu Xie		[redacted]/1986	100%
Driver's License Number: [redacted]	State Issued: ND	Gender: Male	Race: Asian
Home Address: [redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Owner	Phone Number: [redacted]	Title:	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
LiFang Lin		[redacted]/1988	
Driver's License Number: [redacted]	State Issued: ND	Gender: Female	Race: Asian
Home Address: [redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Manager	Phone Number: [redacted]	Title:	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ☒ Yes ☐ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? ☐ Yes ☒ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? ☒ Yes ☐ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? ☐ Yes ☒ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? ☐ Yes ☒ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? ☐ Yes ☒ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? ☐ Yes ☒ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? ☐ Yes ☒ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ☐ Yes ☒ No	If yes, please give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? ☐ Yes ☒ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ☒ Yes ☐ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Li Fang Lin
Signature of Applicant

05/08/2024
Date

Li Fang Lin / Manager
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current License Holder

Signature of New Applicant

Print Name

Print Name

State of

County of

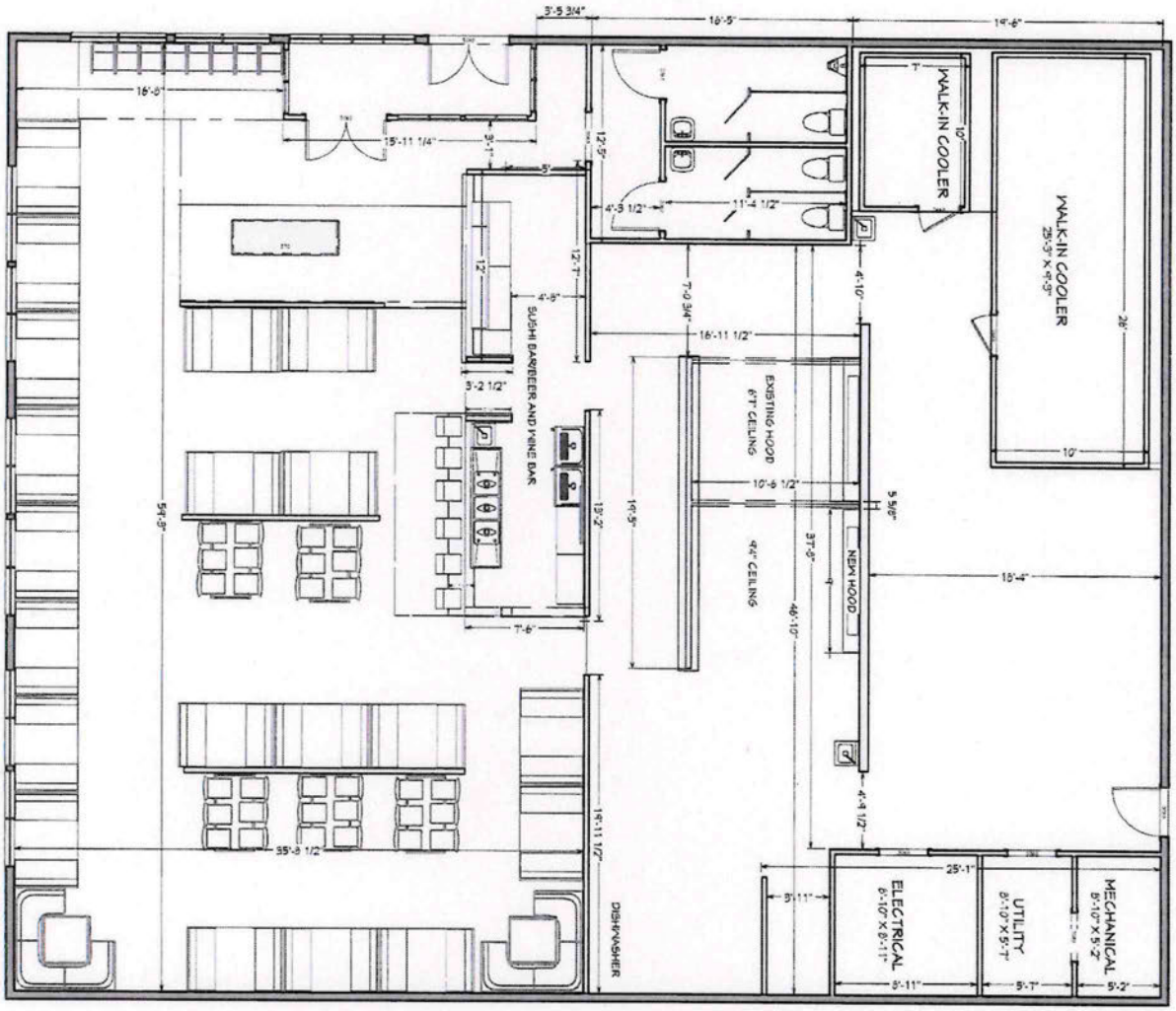
Subscribed and sworn to before me this _____

day of _____

Notary Seal

Notary Public

My Commission Expires



GROSS LEASABLE
4946 SQ FT

North

SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY:	ICHIBAN RESTAURANT REMODEL
	1/8"=1'	11/9/2023	TOBIAS MARMAN CONSTRUCTION	1823 N. 13TH ST. BISMARK, ND 58501

REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages □ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages ~~□~~ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All **Class F-1, F-2, & C-2** license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
SAIRAM AND SONS INC			OCT. 4. 2021	36456700
Doing Business As (DBA) Name, if Applicable: INDIA CRAY OVEN BAR AND GRILL			If out of state corporation, is corporation registered in North Dakota? □ Yes □ No	
Location Address: 510 E MAIN AVE	City: BISMARCK	State: ND	Zip: 58501	Phone Number: 701.751.2975
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): SURJIT SAROYA (OWNER)				

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
SURJIT SAROYA	701-751-2975	SSURJIT98@icloud.com	
Mailing Address: 510 E MAIN AVE	City: BISMARCK	State: ND	Zip: 58501

Manager's Name:		Date of Birth: [redacted] 1984	Percentage of Ownership:
SURJIT SAROYA			100%
Driver's License Number: [redacted]	State Issued: [redacted]	Gender: MALE	Race: ASIAN
Home Address: [redacted]	City: BISMARCK	State: ND	Zip: 58501
Occupation: CHEF / MANAGER	Phone Number: [redacted]	Title: OWNER	Email Address: [redacted]

List all officers or directors of corporation or partners and percentage of ownership:

Name:			Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:			Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:			Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

Name:			Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:	Race:
Home Address:		City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:	

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ☑ Yes ☐ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? ☐ Yes ☑ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? ☑ Yes ☐ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? ☐ Yes ☑ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? ☐ Yes ☑ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? ☐ Yes ☑ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? ☐ Yes ☑ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? ☐ Yes ☑ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ☐ Yes ☑ No	If yes, please give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? ☐ Yes ☑ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ☐ Yes ☑ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

MAY 10, 24
Date

SURJIT SAROYA (OWNER)
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Seal

Notary Public

My Commission Expires

ROOM SCHEDULE

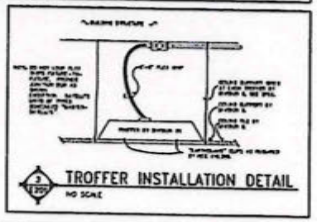
ROOM NO.	ROOM NAME	ROOM NO.	ROOM NAME
001	BASEMENT	108	VESTIBULE
002	ELEVATOR EQUIP.	109	CORRIDOR
013	LIQUOR	110	STAIR C
004	OFFICE	112	STAIR C
005	A/V	113	KITCHEN
006	DRY STORAGE	114	MENS
007	CORR.	115	UNISEX
100	ENTRY	116	JANITOR
102	CORRIDOR	116A	SODA
103	LEASE 16	117	WOMENS
104	STAIR A	118	COMMUNAL AREA
105	ELECTRICAL	119	STAGE
107	STAIR B	120	CAFE
106	VESTIBULE	121	LIVING ROOM
109	CORRIDOR	122	ENTRY
110	STAIR C	123	FOYER

MOTION SENSOR SCHEDULE

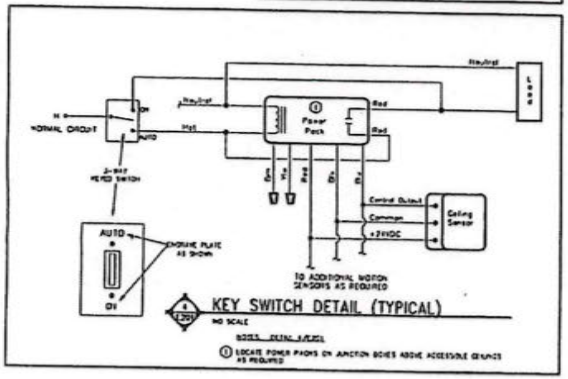
DESIG.	MANUFACTURER	CATALOG NO.	TYPE	FINISH	MOUNTING	REMARKS
a	WATT STOPPER	CI-200 SERIES	360 DEGREE PIR SENSOR	WHITE	CEILING	PIR SENSOR WITH ISOLATED RELAY FOR WHMC AND EXTENDED RANGE LENS.
b	WATT STOPPER	CI-200 SERIES	360 DEGREE PIR SENSOR	WHITE	CEILING	PIR SENSOR WITH HIGH DENSITY LENS
c	WATT STOPPER	WT-2355 SERIES	ULTRASONIC OCCUPANCY SENSOR	WHITE	CEILING	OMNI-DIRECTIONAL TRANSMISSION HALLWAY SENSOR.
d	WATT STOPPER	WT-2300 SERIES	ULTRASONIC OCCUPANCY SENSOR	WHITE	CEILING	OMNI-DIRECTIONAL TRANSMISSION CEILING SENSOR WITH ISOLATED RELAY.
e	WATT STOPPER	DT-305 SERIES	DUAL TECHNOLOGY PIR/ULTRASONIC	WHITE	WALL, 10' AFF	OMNI-DIRECTIONAL TRANSMISSION WALL SENSOR.
f	WATT STOPPER	DT-300 SERIES	DUAL TECHNOLOGY PIR/ULTRASONIC	WHITE	CEILING	OMNI-DIRECTIONAL TRANSMISSION CEILING SENSOR WITH ISOLATED RELAY.

NOTES:

1. LETTER NEXT TO MOTION SENSOR ON PLANS DESIGNATES TYPE, AND IF PRESENT, SECOND LETTER DESIGNATES LUMINAIRES TO BE SWITCHED. EXAMPLE: "bd" DESIGNATES TYPE "b" MOTION SENSOR CONTROLLING LUMINAIRES WITH AN "d" DESIGNATION, AND NORMAL MANUAL OVERRIDE KEY SWITCH WITH "a" DESIGNATION (WHERE SHOWN). MOTION SENSORS SHALL USE BZ-SERIES POWER PACKS.
2. VERIFY ALL TIME DELAY SETTINGS WITH OWNER. CORRIDOR AND RESTROOM MOTION SENSORS TO BE SET AT A MINIMUM 15 MINUTES.
3. ALL MOTION SENSORS SHALL BE SET TO FAIL IN THE "ON" POSITION SUCH THAT LUMINAIRES ARE ILLUMINATED IF MOTION SENSOR FAILS.
4. PROVIDE MINIMUM 1 SPARE MOTION SENSORS FOR EACH TYPE USED.
5. EQUIPMENT UNITS BY GE AND SENSOR SWITCH ACCEPTABLE. MANUFACTURERS OF EQUIPMENT UNITS SHALL VERIFY MOTION SENSOR LAYOUT SHOWN ON DRAWINGS MEETS COVERAGE PATTERNS OF THEIR EQUIPMENT. MANUFACTURER SHALL PROVIDE CE WITH ALTERNATE LAYOUT, QUANTITIES, AND WIRING DIAGRAMS AS REQUIRED TO MEET THEIR SPECIFIC EQUIPMENT COVERAGE CAPABILITIES AND WIRING REQUIREMENTS.

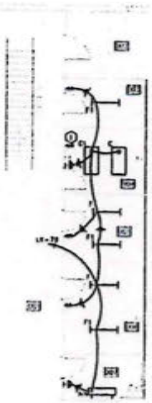


TROFFER INSTALLATION DETAIL
NO SCALE



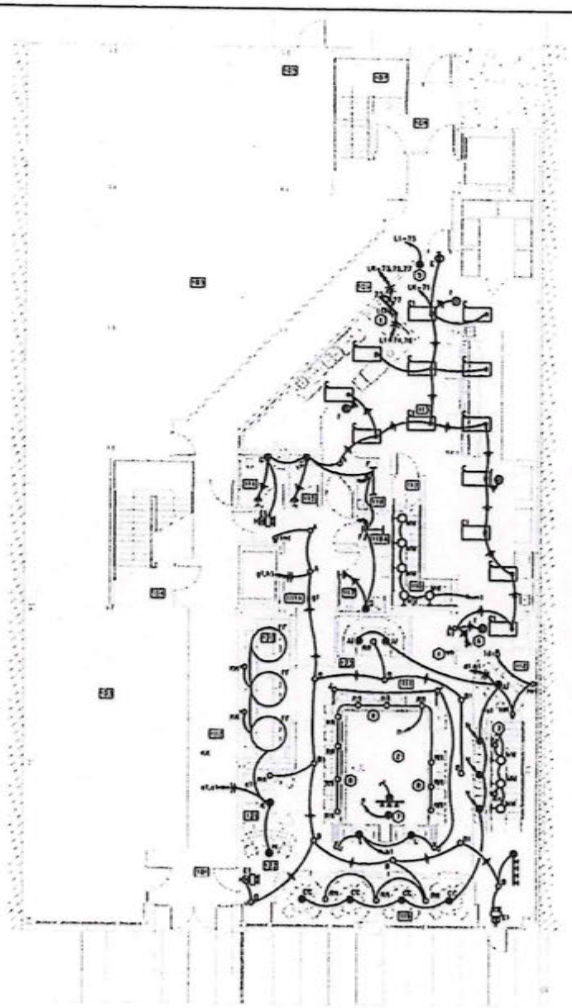
KEY SWITCH DETAIL (TYPICAL)
NO SCALE

① LOCATE POWER PACKS ON JUNCTION BOXES ABOVE ACCESSIBLE CEILINGS AS REQUIRED



LOWER LEVEL LIGHTING PLAN
1/8"=1'-0"

1. LIGHTING CONTROL STATION SEE DETAIL 1/E203 FOR ZONES



FIRST FLOOR LIGHTING PLAN
1/8"=1'-0"

1. LIGHTING CONTROL PANELS SEE DETAIL 1/E202
2. CORE DRILL FROM BASEMENT INTO BAR FOR ACCESS TO ZONES b1, n, p, AND s1 AS REQUIRED
3. CIRCUIT CONTINUES TO STEP LIGHTS ON SHELF E202, DETAIL 1.
4. LIGHTING CONTROL STATION SEE DETAIL 1/E203 FOR ZONES.
5. ON/OFF ROOM CONTROLLER SEE DETAIL 1/E203
6. SEE DETAIL 1/E201 FOR KEY SWITCH DETAIL
7. LUMINAIRE FOR BARN DOOR LIGHTING PROVIDED BY EC
8. DOWNLIGHT IN UPPER CABINET ABOVE BAR PROVIDED BY EC

LEAF DESIGN STUDIO
-ARCHITECT-
1415 North 12th St
Bismarck, ND 58501
Phone-701.258.3094
Fax-701.222.3458

12540

Not Issued

HUMPBACK SALLY TAVERN

Bismarck, North Dakota

PROJECT NUMBER
LEAF 2012.02

PHASE
CONSTRUCTION DOCUMENTS

DATE
02.11.2013

DRAWING NAME
BASEMENT & FIRST LIGHTING PLAN

SHEET NUMBER
E201

Print

Retail Alcohol Beverage License - Submission #22833

Date Submitted: 5/8/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [x] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [x] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

JLB-BIS, Inc.

Doing Business As (DBA) Name, if Applicable:*

JL Beers

Date of Incorporation:* 6/29/2011

State of ND Liquor License No.: AA-02276

If out of state corporation, is corporation registered in North Dakota?

- ( ) Yes
- ( ) No
- (•) N/A

Location Address:* 217 North 3rd Street

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* 701-751-4855

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Lance Thorson

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Vonnie Birmingham

Email Address:* [redacted]

Mailing Address:* [redacted]

City:* Fargo

State:* ND

Zip:* 58107

Phone No.:* [redacted]

Manager's Name:* Jon Rings

Date of Birth:* [redacted]/1993

Percentage of Ownership:* 0%

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Mele

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* General Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Lance Thorson

Date of Birth:* [redacted]/1982

Percentage of Ownership:* 16.67%

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* West Fargo

State:* ND

Zip:* 58078

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

President/Direcctor

Email Address:

[redacted]

Name:

Randy Thorson

Date of Birth:

[redacted]/1954

Percentage of Ownership:

33.33%

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[redacted]

City:

Fargo

State:

ND

Zip:

58104

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Secretary/Treasurer/Director

Email Address:

[redacted]

Name:

Warren Ackley

Date of Birth:

[redacted]/1953

Percentage of Ownership:

33.33%

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[redacted]

City: Fargo

State: ND

Zip: 58103

Phone No.: [redacted]

Officer/Director/Stockholder Title: Vice President/Director

Email address: [redacted]

Please submit all officers that will not fit on this form.

Shawn Thorson.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

See Attached. (Attachment will be forwarded with check payment.)

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

JL+Beers+Return+Summary.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Lance Thorson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/8/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

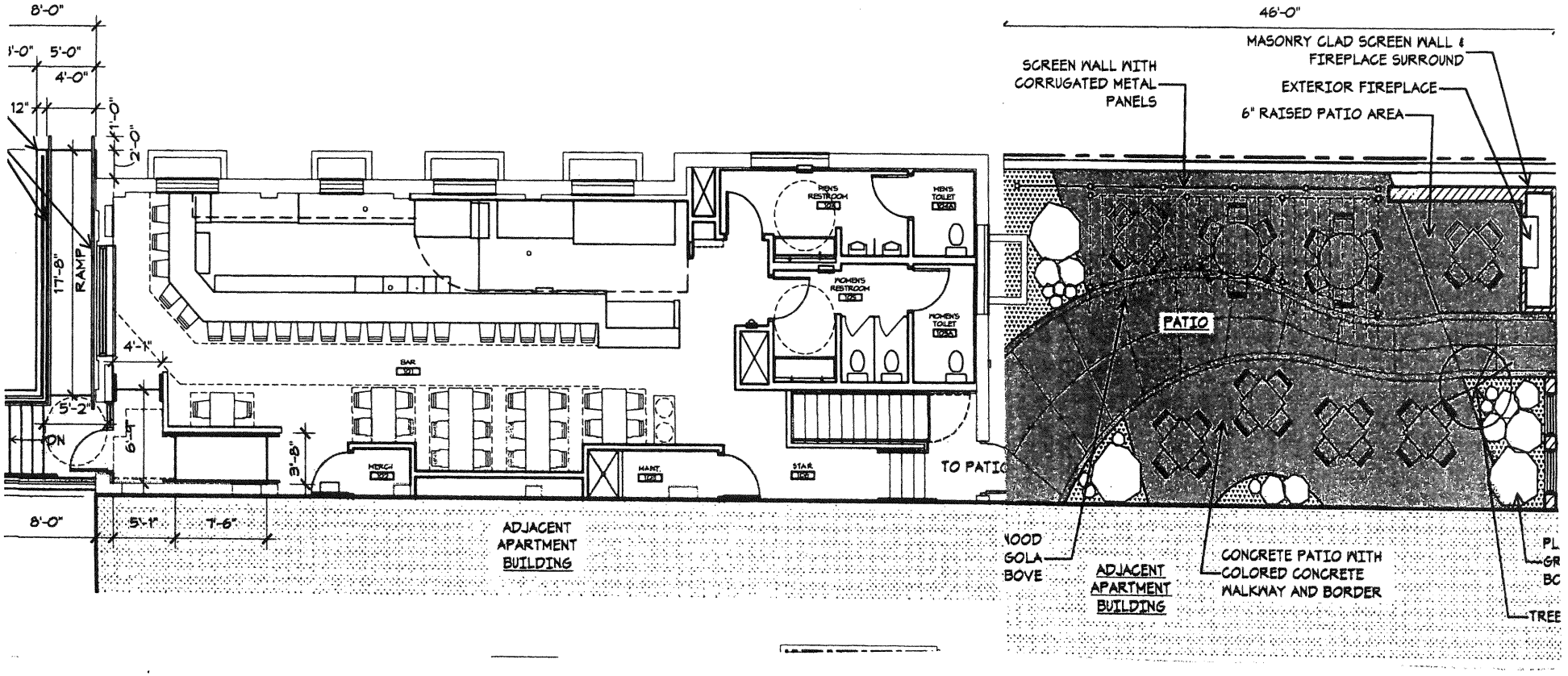
Return Summary

Account ID: 281073 00
Taxpayer: JL BEERS
Beginning Period: 01-Apr-2023
Ending Period: 31-Mar-2024

		Column A ALCOHOL	Column B SALES	Total
Line 1	Total Sales	$364,504.00	$1,086,485.00	$1,450,989.00
Line 2	Total Exempt Sales	$1,237.00	$10,115.00	$11,352.00
Line 3	Items Subject to Use Tax	$0.00	$0.00	$0.00
Line 4	Amount Taxable	$363,267.00	$1,076,370.00	$1,439,637.00
Line 5	State Tax	$25,428.69	$53,818.50	$79,247.19
Line 6	Total State Tax			$79,247.19
Line 7	Compensation Discount			$1,188.72
Line 8	Net State Tax			$78,058.47
Line 12	Net Local Option Tax			$27,928.97

JLB-BIS, Inc. dba JL Beers

N ↑



Print

Retail Alcohol Beverage License - Submission #22815

Date Submitted: 5/7/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [x] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Mini Mart Inc.

Doing Business As (DBA) Name, if Applicable:*

Loaf 'N Jug 685

Date of Incorporation:*
4/21/1960

State of ND Liquor License No.:
AB-02536

If out of state corporation, is corporation registered in North Dakota?
- ○ Yes
- ◉ No
- ○ N/A

Location Address:*
2835 N Washington St.

City:*
Bismarck

State:*
ND

Zip:*
58501

Phone No.:*
701-258-3680

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Alex Blank

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Alex Blank

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Westborough

State:*
Massachusetts

Zip:*
01581

Phone No.:*
[redacted]

Manager's Name:*
Calvin Ostert

Date of Birth:*
[redacted]/1967

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* SD

Gender:

Race:

Home Address:* [redacted]

City:* Rapid City

State:* SD

Zip:* 57701

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* District Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* John Carey

Date of Birth:* [redacted]1962

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* MA

Gender:

Race:

Home Address:* [redacted]

City:* Westborough

State:* Massachusetts

Zip:* 01581

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

President

Email Address:

Name:

Nicholas Unkovic

Date of Birth:

[redacted]/78

Percentage of Ownership:

0

Driver's License No.:

[redacted]

State Issued:

MA

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Secretary and General Counsel

Email Address:

Name:

Lisa N'Chonon

Date of Birth:

[redacted]/75

Percentage of Ownership:

0

Driver's License No.:

[redacted]

State Issued:

CT

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

[redacted]

Officer/Director/Stockholder Title:

Treasurer

Email address:

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- ○ Yes
- ◉ No

If no, please explain:

Mini Mart, Inc. is a corporation based out of Massachusetts. All managers and officers are legal residents of the united states.

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ○ Yes
- ◉ No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- ◉ Yes
- ○ No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

We have 1700 stores and many of them are licensed to sell package liquor. One other store in North Dakota is licensed to sell alcohol:

Loaf N Jug 673
810 N Broadway
Minot ND
AB-02253

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

This location is a gas station/convenience store that sells alcohol.

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

750685 - LNJ - ND - City of Bismarck - Diagram - Store Layout.pdf

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Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- ☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- ☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Alexandra Blank

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/7/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

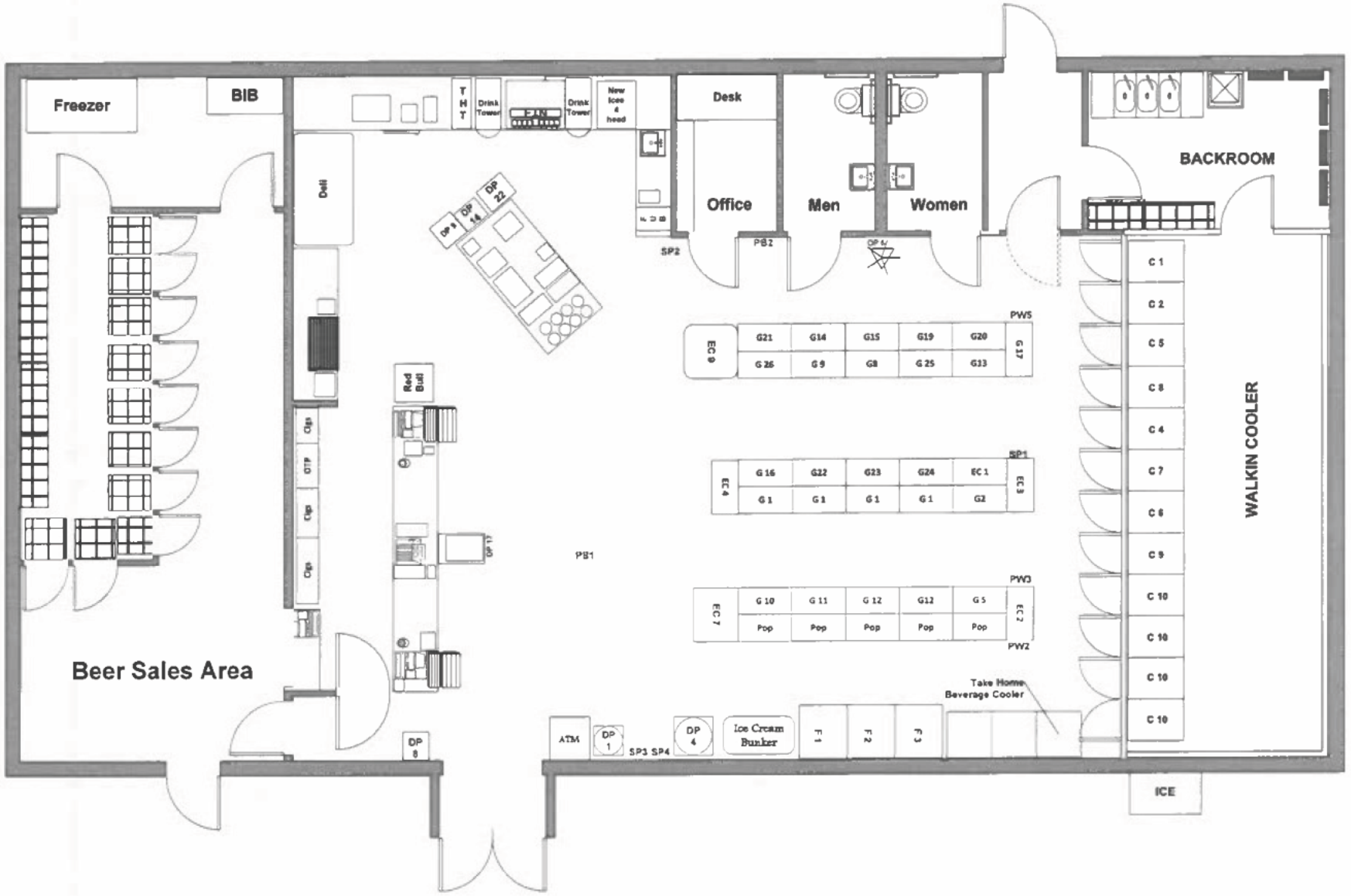
Upload Credit Card Authorization Form

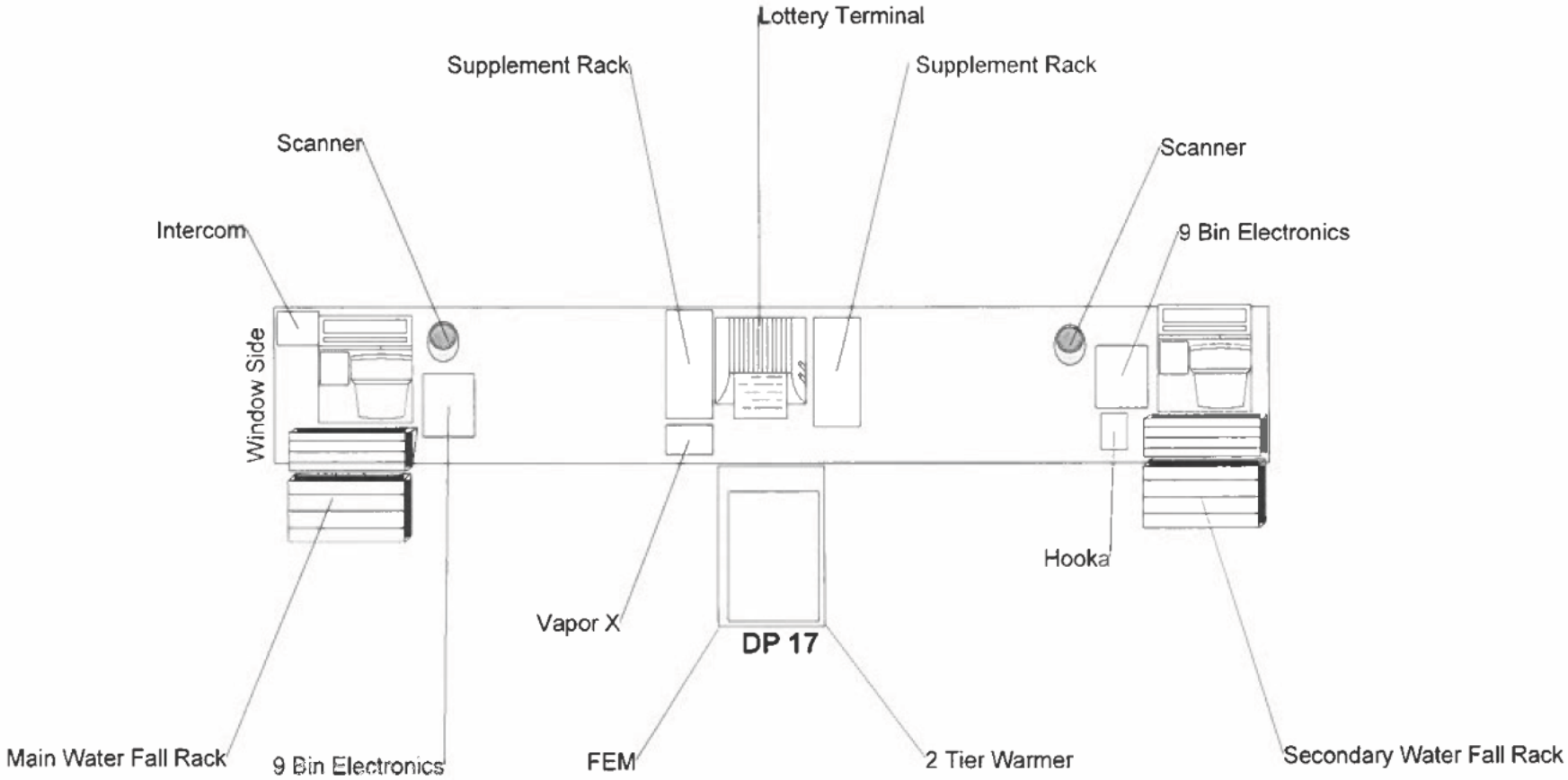
Choose File No file chosen

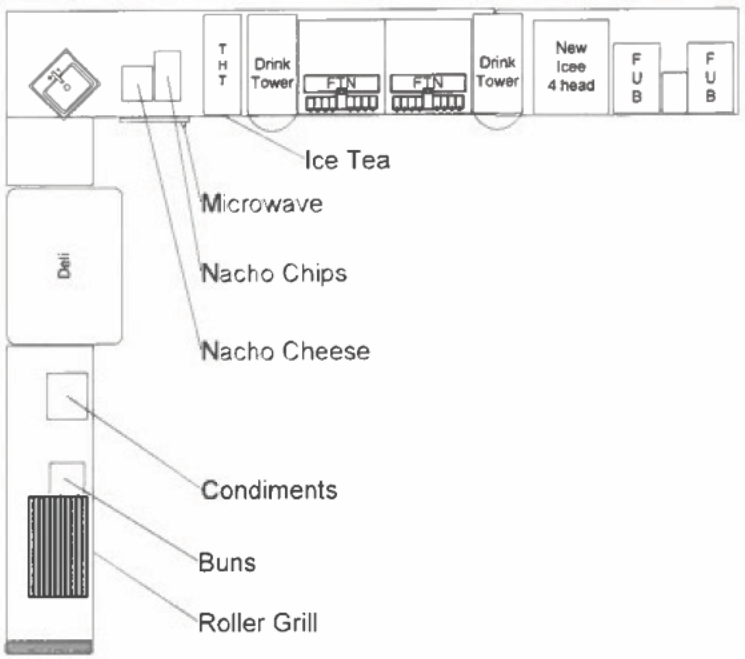
Mail Payments To:

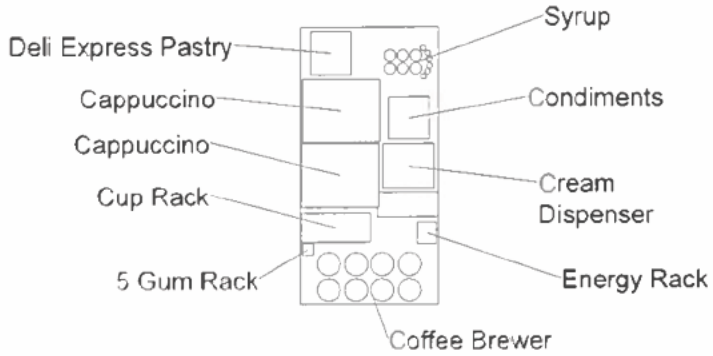
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Mini Mart Inc. d/b/a Loaf N Jug 685




Lottery Terminal
Supplement Rack
Supplement Rack
Scanner
Scanner
Intercom
9 Bin Electronics
Window Side
Hooka
Vapor X
DP 17
Main Water Fall Rack
9 Bin Electronics
FEM
2 Tier Warmer
Secondary Water Fall Rack


T H T
Drink Tower
FTN
FTN
Drink Tower
New Icee 4 head
F U B
F U B
Ice Tea
Microwave
Deli
Nacho Chips
Nacho Cheese
Condiments
Buns
Roller Grill


Deli Express Pastry
Cappuccino
Cappuccino
Cup Rack
5 Gum Rack
Syrup
Condiments
Cream Dispenser
Energy Rack
Coffee Brewer

Print

Retail Alcohol Beverage License - Submission #22780

Date Submitted: 5/3/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [x] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Eclectic Culinary Concepts, Inc.

Doing Business As (DBA) Name, if Applicable:*

Luckys 13 Pub

Date of Incorporation:*
07/19/2016

State of ND Liquor License No.:
AA-03436

If out of state corporation, is corporation registered in North Dakota?
- (•) Yes
- ( ) No
- ( ) N/A

Location Address:*
915 S #rd Street

City:*
Bismarck

State:*
ND

Zip:*
58504

Phone No.:*
701-751-7913

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Charles Burrows

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Dee-Dee Sanford

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Mendota

State:*
Minnesota

Zip:*
55150

Phone No.:*
[redacted]

Manager's Name:*
Alicia Boeckel

Date of Birth:*
[redacted]/1977

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Female

Race: Caucasion

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* owner/manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Charlies Burrows

Date of Birth:* [redacted]/1958

Percentage of Ownership:* 40

Driver's License No.:* [redacted]

State Issued:* MN

Gender: Male

Race: Caucation

Home Address:* [redacted]

City:* Inver Grove Heights

State:* MN

Zip:* 55077

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Owner

Email Address:

[redacted]

Name:

Steve Hesse

Date of Birth:

[redacted]/1978

Percentage of Ownership:

30

Driver's License No.:

[redacted]

State Issued:

MN

Gender:

Male

Race:

Caucation

Home Address:

[redacted]

City:

Cottage Grove

State:

MN

Zip:

55016

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Owner

Email Address:

[redacted]

Name:

Tyge Nelson

Date of Birth:

[redacted]/1975

Percentage of Ownership:

30

Driver's License No.:

[redacted]

State Issued:

MN

Gender:

Male

Race:

Caucsation

Home Address:

[redacted]

City: Stillwater

State: MN

Zip: 55082

Phone No.: [redacted]

Officer/Director/Stockholder Title: Owner

Email address: [redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- ○ Yes
- ◉ No

If no, please explain:

The Manager lives in ND. The Owners live in MN

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ○ Yes
- ◉ No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- ◉ Yes
- ○ No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

Eclectic Culinary Concepts own a total of 13 operating restaurants. Two located in ND, one located in WI and Ten located in MN

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Bismarck percentage sales.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Floor plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- ☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- ☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- ☑ I agree

Signature of Applicant:*

Charlie Burrows

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/3/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

eclectic
CULINARY CONCEPTS INC.

PO Box 50794
Mendota, MN 55150

May 3, 2024

City of Bismarck
PO Box 5503
Bismarck, ND 58501

Re: Luckys 13 Pub liquor license renewal - Gross Food Sales Report

Total sales for the past year are $3,234,079.61
Of those total sales $2,469.106.56 are for food sales and
$764,973.05 make up the total liquor sales.
This comes out to a total food cost of 76.35% and Liquor sales of 23.65%

Please refer to the attached CPA firm financial statement for support to these numbers.

Sincerely,

Dee-Dee Sanford
Acct/Admin

Eclectic Culinary Concepts Inc
Unadjusted Year End Comparative Statement of Income
For the Twelve Months Ended December 31, 2023

Bismarck Luckys

	$ Amount 1 Month Ended Dec 31		% Sales 1 Month Ended Dec 31		$ Amount 12 Months Ended Dec 31		% Sales 12 Months Ended Dec 31	
	2023	2022	2023	2022	2023	2022	2023	2022
Food								
Revenue								
Sales - Food - Gross	215,203.19	194,903.60	101.9	102.4	2,469,106.56	2,387,382.61	101.8	102.2
Sales - Food - Comp/Discount	(3,918.01)	(4,486.49)	(1.9)	(2.4)	(43,388.02)	(51,873.54)	(1.8)	(2.2)
Total Revenue	211,285.18	190,417.11	100.0	100.0	2,425,718.54	2,335,509.07	100.0	100.0
Cost of Sales								
COGS Meats	23,820.26	22,635.58	11.3	11.9	269,243.82	323,972.17	11.1	13.9
COGS Seafood	4,367.74	5,084.86	2.1	2.7	66,577.12	66,928.15	2.7	2.9
COGS Produce	11,226.17	13,300.11	5.3	7.0	125,183.38	150,958.43	5.2	6.5
COGS Gen Groc	15,751.28	15,565.96	7.5	8.2	179,569.73	166,281.53	7.4	7.1
COGS Dairy	11,496.96	10,479.45	5.4	5.5	119,807.59	128,366.48	4.9	5.5
COGS Desserts	493.36	543.04	0.2	0.3	9,947.48	8,922.59	0.4	0.4
COGS Breads	4,411.09	2,310.82	2.1	1.2	58,010.65	59,828.71	2.4	2.6
COGS Happy Hr	3,710.00	3,094.28	1.8	1.6	15,391.00	16,663.04	0.6	0.7
COGS N/A Bev	3,598.67	3,940.40	1.7	2.1	43,805.92	43,375.15	1.8	1.9
Total Cost of Sales	78,875.53	76,954.50	37.3	40.4	887,536.69	965,296.25	36.6	41.3
Gross Profit Food	132,409.65	113,462.61	62.7	59.6	1,538,181.85	1,370,212.82	63.4	58.7
Liquor/Beverage								
Revenue								
Sales - Liquor - Gross	71,190.17	68,740.15	101.6	101.4	764,973.05	786,185.19	101.3	101.2
Sales - Liquor - Comp/Discount	(1,133.89)	(957.87)	(1.6)	(1.4)	(9,612.19)	(9,380.14)	(1.3)	(1.2)
Total Revenue	70,056.28	67,782.28	100.0	100.0	755,360.86	776,805.05	100.0	100.0
Cost of Sales								
COGS Beer	11,122.41	8,951.29	15.9	13.2	104,011.89	104,355.17	13.8	13.4
COGS Liquor	4,698.12	4,446.82	6.7	6.6	44,221.24	41,653.18	5.9	5.4
COGS Wine	1,711.83	1,125.93	2.4	1.7	15,368.61	14,706.20	2.0	1.9
COGS Condiments	582.14	357.21	0.8	0.5	6,546.10	6,466.69	0.9	0.8
Total Cost of Sales	18,114.50	14,881.25	25.9	22.0	170,147.84	167,181.24	22.5	21.5
Gross Profit Liquor/Beverage	51,941.78	52,901.03	74.1	78.0	585,213.02	609,623.81	77.5	78.5
Revenue								
Sales - Retail - Gross	32.00	56.00	100.0	100.0	332.00	534.10	100.0	100.0
Total Revenue	32.00	56.00	100.0	100.0	332.00	534.10	100.0	100.0
Total Sales	281,373.46	258,255.39	100.0	100.0	3,181,411.40	3,112,848.22	100.0	100.0
Total Cost of Sales	96,990.03	91,835.75	34.5	35.6	1,057,684.53	1,132,477.49	33.2	36.4
Gross Profit	184,383.43	166,419.64	65.5	64.4	2,123,726.87	1,980,370.73	66.8	63.6

See Accountant's Report. This report is compiled from records furnished by the client and has not been audited or verified.

Haworth & Company, Ltd.

Haworth & Company, Ltd.

Certified Public Accountants

1880 Livingston Avenue, Suite 201
West St Paul, MN 55118
Telephone: 651-451-9373
Fax: 651-451-5923

ACCOUNTANT'S COMPILATION REPORT

To Management
Eclectic Culinary Concepts Inc
Mendota, MN

Management is responsible for the accompanying financial statements of Eclectic Culinary Concepts Inc, which is comprised of the statement of assets, liabilities and equity -- income tax basis of Eclectic Culinary Concepts Inc (an S corporation) as of 12/31/2023 and the related statement of revenue and expenses - income tax basis for the periods then ended in accordance with the income tax basis of accounting, and for determining that the income tax basis of accounting is an acceptable financial reporting framework. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the income tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the company's assets, liabilities, equity, revenue and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Eclectic Culinary Concepts Inc.

Haworth and Company, Ltd.

Haworth & Company, Ltd.
Certified Public Accountants
1880 Livingston Avenue
Suite 201
West St Paul, MN 55118

January 15, 2024

BARGREEN ELLINGSON

LUCKY'S 13
BISMARCK, NORTH DAKOTA
FOODSERVICE FIXTURE PLAN

REVISION RECORDATION	
#	DATE
1	5-26-2021-10
2	7-14-10
3	10-21-10 PO
4	12-16-10 PO
5	1-31-11 Per 6 Revised 1-31-11
6	3-17-11 3-17-11 PC SET
7	3-24-11 Added 4 Barstools
8	3-24-11 Added 4 Barstools
9	5-13-11 Per Addenda 1

DRAWN BY: CJUD
PROJECT MANAGER: S.E.

SHEET TITLE: FOODSERVICE FIXTURE PLAN

SHEET NUMBER: K-1

PROJECT NUMBER: LUCKS

1 FOODSERVICE FIXTURE PLAN - K-1
1/4"=1'-0"

BAR AREA - 113 SEATS
DINING ROOM - 102 SEATS
BANQUET/OVERFLOW - 56 SEATS
PATIO - 24 SEATS

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	□ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages □ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages □ $3,500	Class F-2: Restaurant - Beer & Wine Only ☒ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All **Class F-1, F-2, & C-2** license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
Nara Ramen And Izakaya Inc.			09/17/2021	0005600117
Doing Business As (DBA) Name, if Applicable:			If out of state corporation, is corporation registered in North Dakota? □ Yes □ No	
Location Address:	City:	State:	Zip:	Phone Number:
309 N 3rd ST.	Bismarck	ND	58501	701-751-5006.

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Amy / Manager

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Amy	701-751-5006	narabismarck@gmail.com	
Mailing Address:	City:	State:	Zip:
309 N 3rd ST.	Bismarck	ND	58501.

Manager's Name:		Date of Birth:	Percentage of Ownership:
Jiashu Zheng / Amy		[redacted]/1981	0
Driver's License Number: [redacted]	State Issued: ND	Gender: F	Race: Asian
Home Address: [redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Food Service	Phone Number: [redacted]	Title: Manager	Email Address: [redacted]

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:
Weizhong Xu (Rocky).		[redacted]	100
Driver's License Number: [redacted]	State Issued: ND	Gender: M	Race: Asian
Home Address: [redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Food Service	Phone Number: [redacted]	Title: Owner	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ☒ Yes ☐ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? ☐ Yes ☒ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? ☒ Yes ☐ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? ☐ Yes ☒ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? ☐ Yes ☐ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? ☐ Yes ☒ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? ☐ Yes ☒ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? ☐ Yes ☒ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ☐ Yes ☒ No	If yes, please give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? ☐ Yes ☒ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ☒ Yes ☐ No	If no, please give details:

Signature:

☐ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☐ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☐ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5/15/2024
Date

Print Name / Title of Officer

NOAH SCHNEIDER
Notary Public
State of North Dakota
My Commission Expires Dec. 22, 2026

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

day of _____

County of

Notary Seal

Notary Public

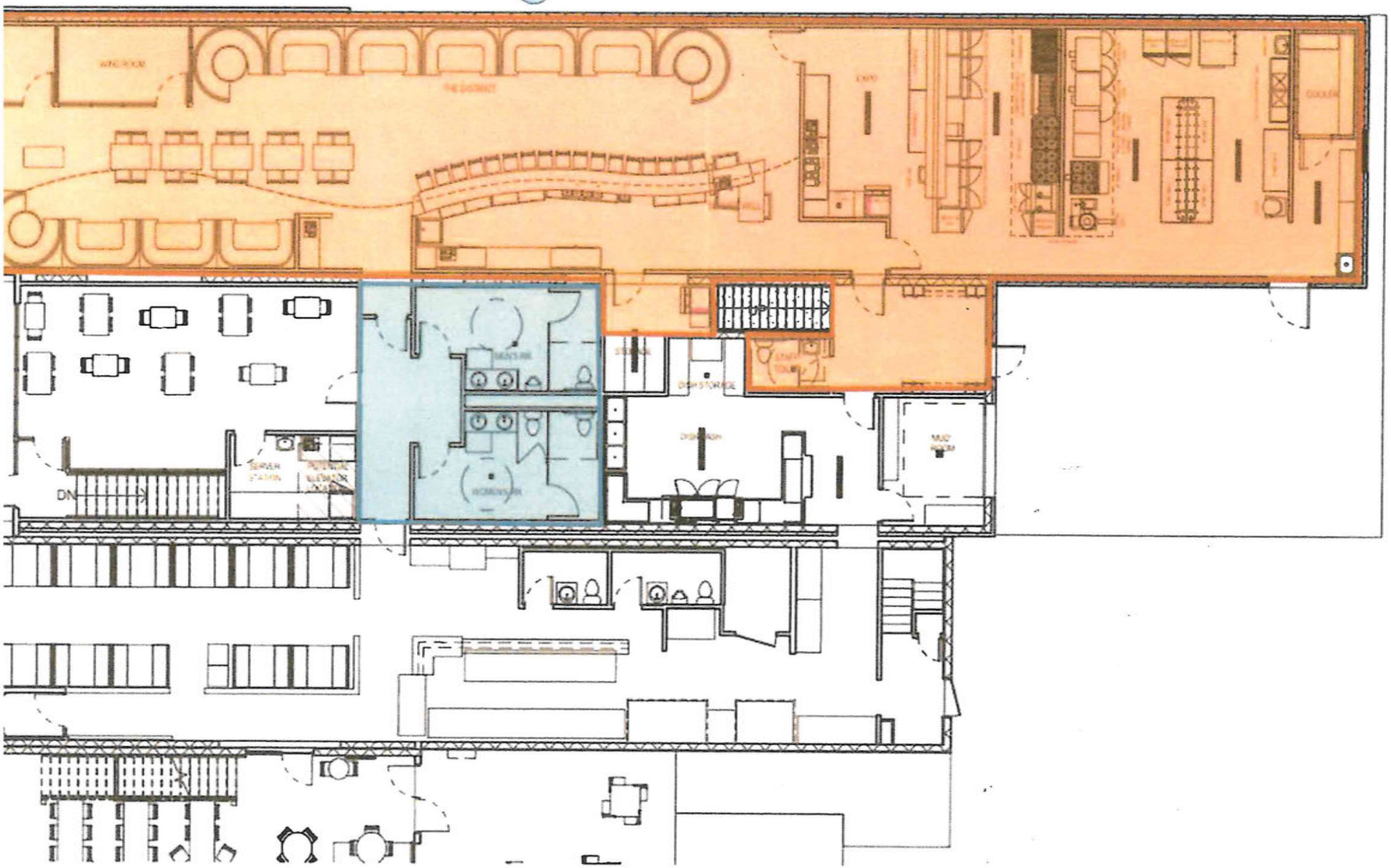
My Commission Expires

Main Floor Nara Ramen Space

Sketch is for illustrative purposes only; no exactness or scale is implied

Nara Ramen Leased Space

Common Area Bathrooms



Print

Retail Alcohol Beverage License - Submission #22782

Date Submitted: 5/3/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [x] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Old10 Bar & Grill Bismarck LLC

Doing Business As (DBA) Name, if Applicable:*

Old 10 Bar & Grill

Date of Incorporation:*
02/17/2022

State of ND Liquor License No.:
AA-03699

If out of state corporation, is corporation registered in North Dakota?
- (●) Yes
- ( ) No
- ( ) N/A

Location Address:*
4100 N Washington St

City:*
Bismarck

State:*
ND

Zip:*
58503

Phone No.:*
701-751-0737

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Nathan Wolf

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Tracy Wolf

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bismarck

State:*
ND

Zip:*
58503

Phone No.:*
[redacted]

Manager's Name:*
Nathan Wolf

Date of Birth:*
[redacted]/1984

Percentage of Ownership:*
25

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: C

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* President

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Allan Miller

Date of Birth:* [redacted]1983

Percentage of Ownership:* 25

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: C

Home Address:* [redacted]

City:* Mandan

State:* ND

Zip:* 58554

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Vice-President

Email Address:

[redacted]

Name:

Curtis Miller

Date of Birth:

[redacted]/1980

Percentage of Ownership:

25

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Male

Race:

C

Home Address:

[redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

Vice-President

Email Address:

[redacted]

Name:

Cody Stern

Date of Birth:

[redacted]/1983

Percentage of Ownership:

25

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Male

Race:

C

Home Address:

[redacted]

City: Mandan

State: ND

Zip: 58554

Phone No.: [redacted]

Officer/Director/Stockholder Title: Vice-President

Email address: [redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

The listed owners also own Old Ten Bar & Grill LLC located in Mandan, ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

The applicant business is a family restaurant, and two of the four owners own a construction business named Anyleaks, Inc.

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Old 10 Bismarck Gross Food Sales Report A.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction “North” shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Old 10 Bismarck Site Diagram.PDF

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- ☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- ☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- ☑ I agree

Signature of Applicant:*

Nathan Wolf

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/3/2024

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Old 10 Bismarck Credit Card Authorization 2024.PDF

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Old 10 Bar & Grill Bismarck LLC

	May 1 - 29, 23
Income	
Total Wine Sales	$ 1,762.86
Total Liquor Sales	$ 27,919.59
Total Beer Sales	$ 55,333.90
Total Food Sales	$ 196,853.25
Total Non-Alcoholic Beverage Sales	$ 9,234.13
Total Merchandise Sales	$ 190.80
Total Income	$ 291,294.53

Note: We only opened in the middle of April 2023 so have no prior calendar years numbers to submit with this renewal form


Old 10 Bar + Grill, Bismarck LLC
Beer Cooler
Keg Cooler
Keg Racks
MEN'S
WOMEN'S
UNISEX
MECH. ROOM
OFFICE
KITCHEN
Food Cooler
Freezer
BAR AREA
Golden Tee
1/2 wall
Darts
BEARING WALL
WAITING AREA
RESTAURANT AREA
Host Stand
ENTRY
EXIT
GAME ROOM
ELECTRICAL/ STORAGE
Pool Table
Jukebox
Pot Rack
Wire Shelving
Dirty Dishes
Bus
Prep
Oven
Fryer
Salad Cooler
Bread
Ice
POS
ICE
Coolers
Freezer
Shelf
Sink
Table
Chairs
Booths

Print

Retail Alcohol Beverage License - Submission #22850

Date Submitted: 5/9/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [x] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Farmers Union Oil Company of Moorhead, MN

Doing Business As (DBA) Name, if Applicable:*

Petro Serve USA #077

Date of Incorporation:*
1934

State of ND Liquor License No.:
AB-01374

If out of state corporation, is corporation registered in North Dakota?
- (●) Yes
- ( ) No
- ( ) N/A

Location Address:*
1120 East Divide Ave

City:*
Bismarch

State:*
ND

Zip:*
58501

Phone No.:*
701-223-1949

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Clark Erickson - COO

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Jenni Chadduck

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
West Fargo

State:*
ND

Zip:*
58078

Phone No.:*
[redacted]

Manager's Name:*
Grace Aaker

Date of Birth:*
[redacted]/1974

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Female

Race: Caucasian

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Store Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Dale Fischer

Date of Birth:* [redacted]/1954

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* MN

Gender: Male

Race: Caucasian

Home Address:* [redacted]

City:* Glyndon

State:* MN

Zip:* 56547

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Board President

Email Address:

Name:

See Uploaded list of other Officers & Directors

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

DIR W LICENSE INFO.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

City of Mandan - Petro Serve USA #078 & #079 also sell beer

City of Bemidji, MN - Petro Serve USA #057 used to have a beer license to sell 3:2 offsale beer.
We no longer carry this license or any alcohol products at this location and haven't for several years.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction "North" shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

77 OFFSALE DIAGRAM.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Clark Erickson

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/9/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

May 6, 2019

Farmers Union Oil Company

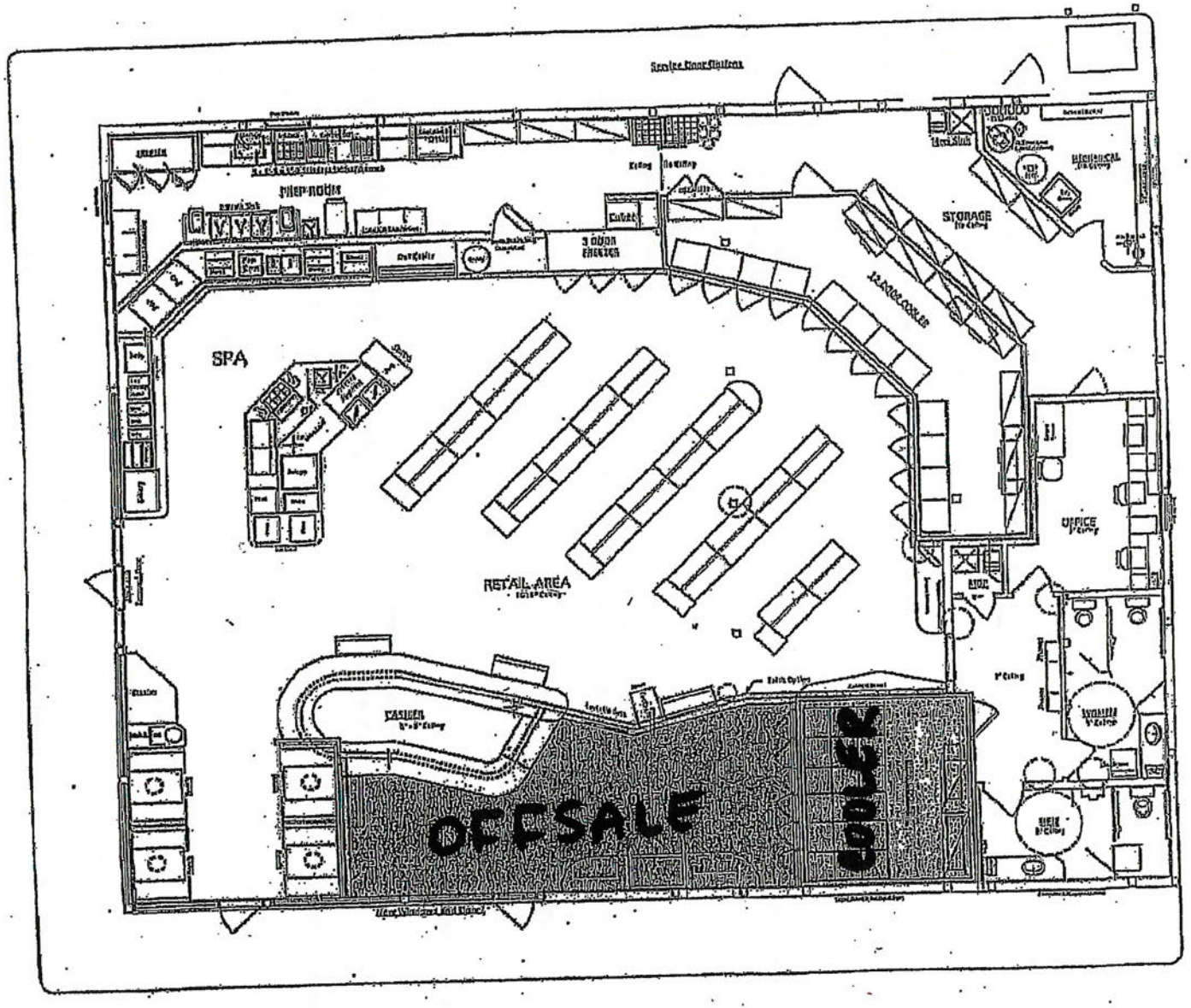
Customer Address List

Customer Ref.	Name	Address 1	Address 2	City	ST	Zip Code	Phone #
State: MN							
0260099	FISCHER, DALE L Phone #: 218-498-2533 Birth: 06/01/1954 MN-E335066510811 white-male-farmer	PO BOX 36 Fax #: LP AG 2009		GLYNDON Contact: Director - President - 2021	MN	56547-0036	218-498-2533
0654501	NELSON, JAMES C Email: jamesjill4602@msn.com Phone #: 701-866-0597 Birth: 08/03/1979 MN-T860221759814 White-male-farmer	4567 70TH AVE S Fax #		MOORHEAD Contact: Director - 2021 - Vice President	MN	56560-7607	701-866-0597
0717050	SCHROEDER, DAVID A Email: toneseeker1@gmail.com Phone #: 218-789-7654 Birth: 12/31/1954 MN-M553185299313 white-male-farmer	7500 80TH ST SO Fax #: 218-790-8827 Cell		SABIN Contact: DIRECTOR - 2020	MN	56580-9515	218-789-7654
0884221	SUNDE, TIM J Email: anitaflatt@hotmail.com Phone #: 701-261-6673 Birth: 03/24/1956 MN-P7161228610 14 white-male-farmer	1112 6th AVENUE NE Fax #: CARDS 0001,0002,0003		DILWORTH Contact: Director - 2022	MN	56529	701-261-6673
0896470	TANG, WAYNE K Email: wtang69252@aol.com Phone #: 218-847-2180 Birth: 09/18/1954 ND-TAN-54-4169 white-male-farmer	25226 TOWN & COUNTRY Fax #: cell 701-866-2003		DETROIT LAKES Contact: Director - 2020	MN	56501	218-847-2180
State: ND							
0230470	ERICKSON, CLARK Email: cerickson@businessoperationsinc.com Phone #: 701-238-2338 Birth: 02/24/1964 ND-ERI-64-7492 white-male-C.O.O.	ERICKSON, SHERRI Fax #: CELL	310 51ST AVE E	WEST FARGO Contact: COO	ND	58078	701-238-2338
1410837	HEJL, JOHN A Phone #: USE HEJL FARM Birth: 06/24/1985 ND-HEJ-85-2466 white-male-farmer Secretary	15560 28TH STREET Fax #: 1410640		AMENIA Contact: 1410640	ND	58044-9746	USE HEJL FARM
1588174	MADSEN, DALE R Email: dmadsen636@aol.com Phone #: 701-347-5615 Birth: 04/02/1949 ND-MAD-49-7885 White-male-farmer	P O BOX 384 Fax #: CELL 367-4631	361 6TH AVE S	CASSELTON Contact: Director - 2020	ND	58012-0384	701-347-5615
0801500	SATRANG, KENT G Email: sat711rang@aol.com Phone #: 701-790-5075 Birth: 11/07/1957 ND-SAT-57-8423 White-male-CEO	3343 Maple Leaf Loop Fax #: CELL		FARGO Contact: CEO/GM	ND	58104	701-790-5075

All are 0% ownership- company is a customer-owned coop.

PETRO SERVICE #077
USA

~~STAMART # 116~~
1120 E. Divide Ave.
Bismarck, ND 58501
4,727 S.F. 11/21/05



Sales/

DISPENSING OF LIQUOR / BEER:
370 S.F. controlled area

STORAGE OF LIQUOR / BEER:
193 S.F. Walk-In Cooler

CONSUMPTION OF LIQUOR / BEER:
None off-sale only

South

North

Print

Retail Alcohol Beverage License - Submission #22840

Date Submitted: 5/9/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [x] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Doublewood of Bismarck Inc

Doing Business As (DBA) Name, if Applicable:*

Ramada Hotel

Date of Incorporation:*
06/08/1982

State of ND Liquor License No.:
North Dakota

If out of state corporation, is corporation registered in North Dakota?
- ( ) Yes
- ( ) No
- (•) N/A

Location Address:*
1400 EAST INTERCHANGE AVE

City:*
Bismarck

State:*
North Dakota

Zip:*
58501-2077

Phone No.:*
7012587000

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Heather Link, Controller

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Heather Link

Email Address:*
[redacted]

Mailing Address:*
3333 13th Ave S

City:*
Fargo

State:*
ND

Zip:*
58103

Phone No.:*
[redacted]

Manager's Name:*
Tyler Gangl

Date of Birth:*
[redacted]/1998

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: male

Race: caucasian

Home Address:* [redacted]

City:* Mandan

State:* ND

Zip:* 58554

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Hotel Management

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Stacy Gangl

Date of Birth:* [redacted]/1970

Percentage of Ownership:* 100

Driver's License No.:* [redacted]

State Issued:* ND

Gender: female

Race: caucasian

Home Address:* [redacted]

City:* Mandan

State:* ND

Zip:* 58554

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

Owner

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

Fargo Doublewood Lounge, Baymont Inn Mandan, Minot Microtel

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [ ] The agency name shall be included on the diagram.
- [ ] The direction "North" shall be included on the diagram.
- [ ] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [ ] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [ ] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

AR_20210525.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Stacy Gangl

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/9/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

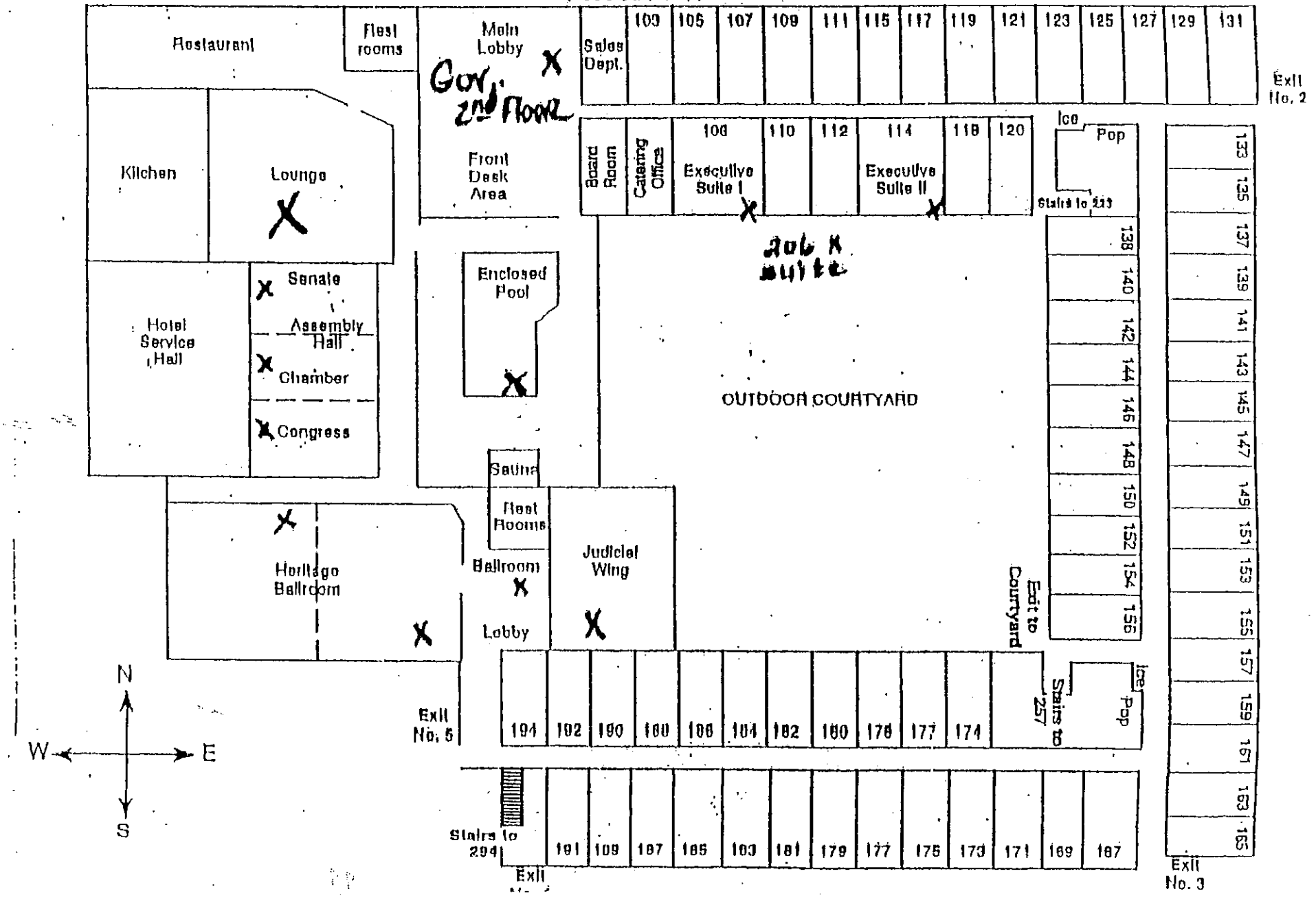
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

indicates location of Banquet BAR / Lounge

Ramada Bismarck Hotel

GUEST SERVICE MAP

1400 East Interchange • Bismarck, ND • 258-7000
1-800-554-7077



Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type: ☐ New Application ☐ Renewal ☐ Transfer ☐ Relocation

Class A: Nationally Organized Fraternal Order or Club ☐ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building ☐ $650	Class B-2: Concession at the Bismarck Municipal Country Club ☐ $650	Class B-3: Commercial passenger vessels on the Missouri River ☐ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center ☐ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations ☐ $650	Class B-6 : Commercial Airline ☐ $650	Class C-1: Hotel or Motel Full Service ☐ $3,800	Class C-2: Hotel or Motel ☐ $1,000	Class D: Sale at Retail of Alcoholic Beverages ☐ $4,100
Class E: Sale at Retail of Beer Only ☐ $800	Class F-1: Restaurant - Alcoholic Beverages X $3,500	Class F-2: Restaurant - Beer & Wine Only ☐ $1,100	Class G: Catered Retail Beer, Wine, & Liquor ☐ $650	Class H-1: Domestic Winery ☐ $800
Class H-2: Domestic Brewery ☐ $800	Class H-3: Domestic Distillery ☐ $800	Class I-1: Senior Living Community ☐ $350	Class I-2: Complementary ☐ $350	

All **Class** F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:			Date of Incorporation:	State Business ID Number:
LEIER ENTERPRISES INC			3-4-92	7,880,800
Doing Business As (DBA) Name, if Applicable:			**If out of state corporation, is corporation registered in North Dakota?**	
ROCK'N 50'S CAFE			☐ Yes ☐ No	
Location Address:	**City:**	**State:**	**Zip:**	**Phone Number:**
2700 STATE ST.	BISMARCK	ND	58503	701-222-4612

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
DARWIN LEIER, PRESIDENT

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
DARWIN LEIER	701-222-4612	[redacted]	
Mailing Address:	**City:**	**State:**	**Zip:**
2700 STATE ST	BISMARCK	ND	58503

Manager's Name:		Date of Birth:	Percentage of Ownership:
DARWIN LEIER		[redacted]-55	50%
Driver's License Number:	**State Issued:**	**Gender:**	**Race:**
[redacted]	ND	MALE	White
Home Address:	**City:**	**State:**	**Zip:**
[redacted]	BISMARCK	ND	58503

Occupation:	**Phone Number:**	**Title:**	**Email Address:**
RESTAURANT MGR.	[redacted]	PRESIDENT	[redacted]

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:
BECKY KADRMAS		[redacted]-60	50%
Driver's License Number: [redacted]	State Issued: ND	Gender: FEMALE	Race: White
Home Address: [redacted]	City: BISMARCK	State: ND	Zip: 58503
Occupation: Flight Attendant	Phone Number: [redacted]	Title: SECRETARY	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ☒ Yes ☐ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? ☐ Yes ☒ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? ☒ Yes ☐ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? ☐ Yes ☒ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? ☐ Yes ☐ No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? ☐ Yes ☒ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? ☐ Yes ☒ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? ☐ Yes ☒ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ☐ Yes ☒ No	If yes, please give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? ☐ Yes ☒ No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? ☒ Yes ☐ No	If no, please give details:

Signature:

☑ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☑ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☑ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Darwin L Leier, PRES.
Signature of Applicant

5-10-24
Date

DARWIN L. LEIER, PRES.
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

North Dakota
State of

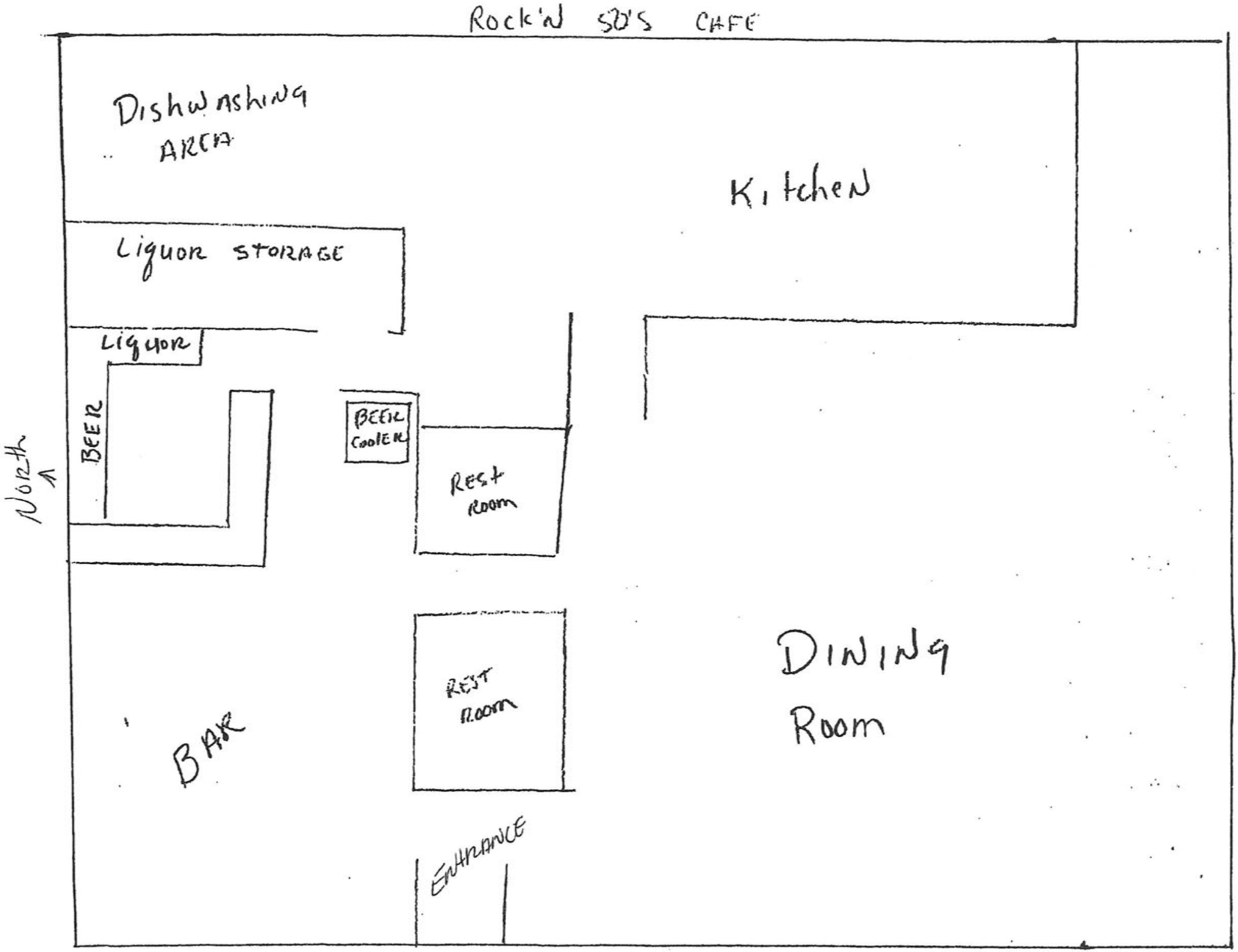
Burleigh
County of

REGAN HEATON
Notary Public
State of North Dakota
My Commission Expires November 23, 2027

Subscribed and sworn to before me this 10th day of May 2024

Regan Heaton
Notary Public

My Commission Expires


ROCK'N SD'S CAFE
DISHWASHING AREA
KITCHEN
LIQUOR STORAGE
LIQUOR
BEER
BEER COOLER
REST ROOM
NORTH
REST ROOM
BAR
DINING ROOM
ENTRANCE

Print

Retail Alcohol Beverage License - Submission #22970

Date Submitted: 5/17/2024

Bismarck

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- ☐ Class A: Nationally Organized Fraternal Order or Club - $3,700
- ☐ Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- ☐ Class B-2: Concession at the Bismarck Municipal Country Club - $650
- ☐ Class B-3: Commercial passenger vessels on the Missouri River - $650
- ☐ Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- ☐ Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- ☐ Class B-6 : Commercial Airline - $650
- ☐ Class C-1: Hotel or Motel Full Service - $3,800
- ☐ Class C-2: Hotel or Motel - $1,000
- ☐ Class D: Sale at Retail of Alcoholic Beverages - $4,100
- ☐ Class E: Sale at Retail of Beer Only - $800
- ☑ Class F-1: Restaurant - Alcoholic Beverages - $3,500
- ☐ Class F-2: Restaurant - Beer & Wine Only - $1,100
- ☐ Class G: Catered Retail Beer, Wine, & Liquor - $650
- ☐ Class H-1: Domestic Winery - $800
- ☐ Class H-2: Domestic Brewery - $800
- ☐ Class H-3: Domestic Distillery - $800
- ☐ Class I-1: Senior Living Community - $350
- ☐ Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Bismarck Cuisine Inc

Doing Business As (DBA) Name, if Applicable:*

Ruby

Date of Incorporation:* 3-1-2007

State of ND Liquor License No.: AA-02440

If out of state corporation, is corporation registered in North Dakota?

- (•) Yes
- ( ) No
- ( ) N/A

Location Address:* 3520 State Street

City:* Bismarck

State:* NORTH DAKOTA

Zip:* 58503

Phone No.:* 701-751-4100

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Todd Hoekstra Vice President

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Todd Hoekstra

Email Address:* [redacted]

Mailing Address:* 3130 W 57th Street Ste 100B

City:* Sioux Falls

State:* SD

Zip:* 57108

Phone No.:* 6052613699

Manager's Name:* Grant Geerdes

Date of Birth:* [redacted]-76

Percentage of Ownership:* 0

Driver's License No.:* [redacted] | **State Issued:*** ND | **Gender:** M | **Race:** W

Home Address:* [redacted]

City:* Bismarck | **State:*** ND | **Zip:*** 58504 | **Phone No.:*** [redacted]

Officer/Director/Stockholder Title:* Restaurant Manager | **Email Address:*** [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Lee Howell | **Date of Birth:*** [redacted]66 | **Percentage of Ownership:*** 50

Driver's License No.:* [redacted] | **State Issued:*** South Dakota | **Gender:** M | **Race:** W

Home Address:* [redacted]

City:* Sioux Falls | **State:*** South Dakota | **Zip:*** 57108 | **Phone No.:*** [redacted]

Officer/Director/Stockholder Title:* Presidcent

Email Address: [redacted]

Name: Todd Allen Hoekstra

Date of Birth: [redacted]67

Percentage of Ownership: 50

Driver's License No.: [redacted]

State Issued: SD

Gender: M

Race: W

Home Address: [redacted]

City: Sioux Falls

State: SD

Zip: 57110

Phone No.: [redacted]

Officer/Director/Stockholder Title: Vice President

Email Address: [redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (•) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (•) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (•) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

Lee Howell and Todd Hoekstra, Own and operate Ruby Tuesday Restaurants in the following states and municipalities. Fargo ND, Sioux Fall, Mitchell, Aberdeen, and Rapid City SD, Gillette WY and Urbandale IA.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Bismarck liquor license info.pdf

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Liq Floor Plan.jpg

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Todd Hoekstra

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/17/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

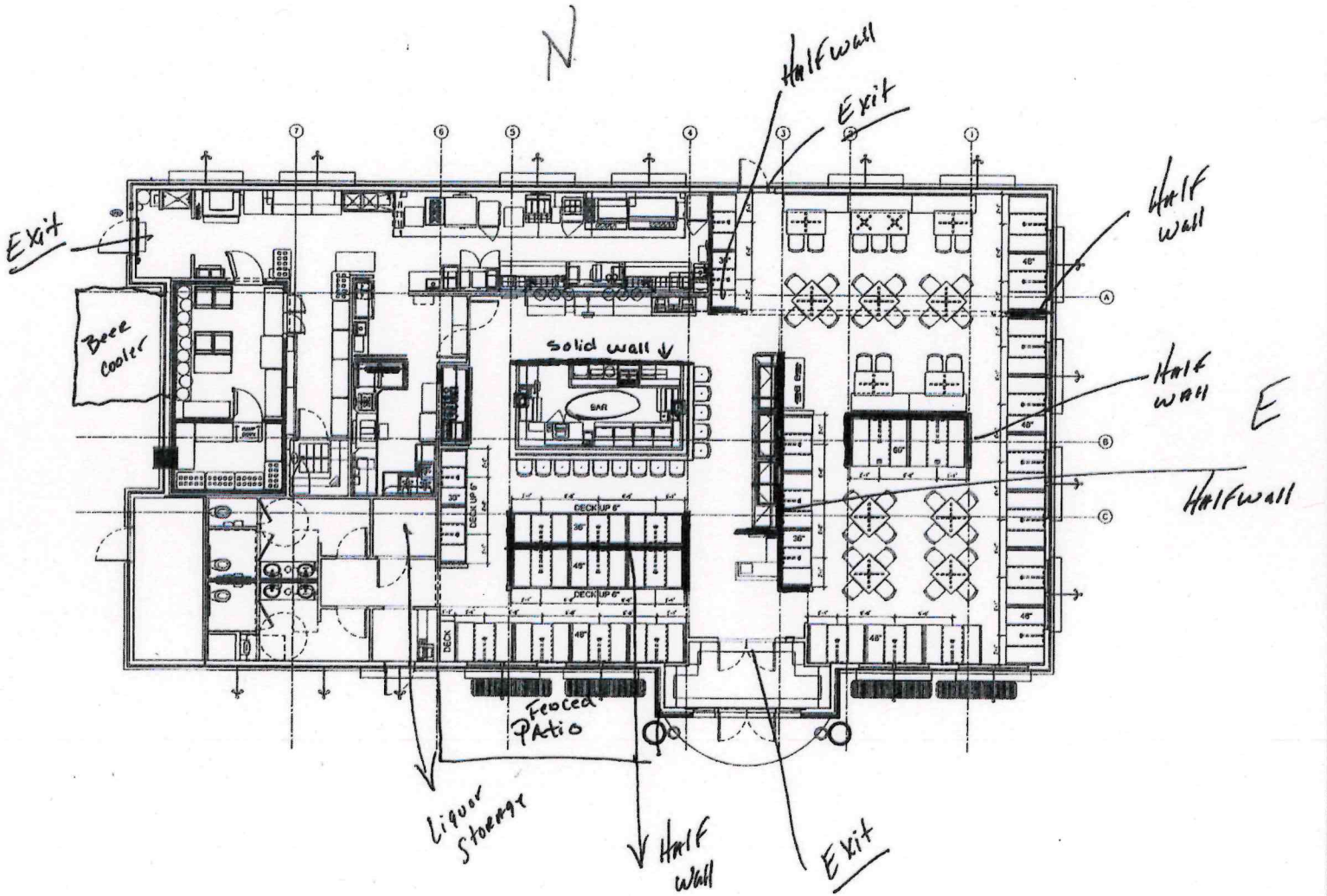
Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



PROPOSED FLOOR PLAN
SCALE: 1/4" = 1'-0" 6-14-2017

RUBY TUESDAY
FOOD SERVICE EQUIPMENT DRAWINGS
BISMARCK, NORTH DAKOTA

Innovative Solutions. On time. On budget.
Restaurant Design Equipment & Supply

COPYRIGHT © 2017
ALL RIGHTS RESERVED

REVISIONS

KB
6-13-2017
1/4" = 1'-0"
TOM VANDEVOORT

17-17-25
FSC-1
RUBY-4
1
FLOOR

Print

Retail Alcohol Beverage License - Submission #22838

Date Submitted: 5/8/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [x] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

RUNTO ASIAN CUISINE,INC

Doing Business As (DBA) Name, if Applicable:*

SHOGUN JAPANESE STEAKHOUSE

Date of Incorporation:* 08/27/2017

State of ND Liquor License No.: ND

If out of state corporation, is corporation registered in North Dakota?

- ( ) Yes
- ( ) No
- (•) N/A

Location Address:* 2700 STATE STREET, H1

City:* BISMARCK

State:* ND

Zip:* 58503

Phone No.:* 7012509888

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Qiang Wang

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Qiang Wang

Email Address:* [redacted]

Mailing Address:* [redacted]

City:* BISMARCK

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Manager's Name:* QIANG WANG

Date of Birth:* [redacted]/1977

Percentage of Ownership:* 100%

Driver's License No.:* [redacted]

State Issued:* ND

Gender: M

Race: ASIAN

Home Address:* [redacted]

City:* BISMARCK

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* MANAGER

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* QIANG WANG

Date of Birth:* [redacted]/1977

Percentage of Ownership:* 100%

Driver's License No.:* [redacted]

State Issued:* ND

Gender: M

Race: Asian

Home Address:* [redacted]

City:* BISMARCK

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* owner

Email Address: [redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

2023 SALES RETURNS.pdf

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction “North” shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

IMG.JPG

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Qiang Wang

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/8/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jan-2023
Date Printed: 26-Feb-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,165.00	$108,105.00
Nontaxable Sales:	$0.00	$4,458.00
Net Taxable Sales:	$8,165.00	$103,647.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,165.00	$103,647.00
State Tax:	$571.55	$5,182.35
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$86.31
Total State Tax:		$5,667.59

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,677.17	$0.00	$0.00	$50.32	$1,626.85
Burleigh County	506	$559.06	$0.00	$0.00	$16.77	$542.29
		$2,236.23			$67.09	$2,169.14

Total Tax: **$7,836.73**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 2/26/2023 4:36:59 PM
Contact Name:
Contact Phone: [redacted]

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 28-Feb-2023
Date Printed: 30-Mar-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,857.00	$103,760.00
Nontaxable Sales:	$0.00	$4,438.00
Net Taxable Sales:	$8,857.00	$99,322.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,857.00	$99,322.00
State Tax:	$619.99	$4,966.10
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$83.79
Total State Tax:		$5,502.30

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,622.69	$0.00	$0.00	$48.68	$1,574.01
Burleigh County	506	$540.90	$0.00	$0.00	$16.23	$524.67
		$2,163.59			$64.91	$2,098.68

Total Tax: **$7,600.98**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 3/30/2023 9:04:50 PM
Contact Name:
Contact Phone: [redacted]

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Mar-2023
Date Printed: 24-Apr-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,332.00	$108,238.00
Nontaxable Sales:	$0.00	$4,461.00
Net Taxable Sales:	$8,332.00	$103,777.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,332.00	$103,777.00
State Tax:	$583.24	$5,188.85
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$86.58
Total State Tax:		$5,685.51

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,681.64	$0.00	$0.00	$50.45	$1,631.19
Burleigh County	506	$560.55	$0.00	$0.00	$16.82	$543.73
		$2,242.19			$67.27	$2,174.92

Total Tax: **$7,860.43**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 4/24/2023 12:38:55 PM
Contact Name: [redacted]
Contact Phone:

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Apr-2023
Date Printed: 18-May-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$7,906.00	$108,098.00
Nontaxable Sales:	$0.00	$3,736.00
Net Taxable Sales:	$7,906.00	$104,362.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$7,906.00	$104,362.00
State Tax:	$553.42	$5,218.10
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$86.57
Total State Tax:		$5,684.95

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,684.02	$0.00	$0.00	$50.52	$1,633.50
Burleigh County	506	$561.34	$0.00	$0.00	$16.84	$544.50
		$2,245.36			$67.36	$2,178.00

Total Tax: **$7,862.95**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 5/18/2023 11:55:38 AM
Contact Name: [redacted]
Contact Phone:

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-May-2023
Date Printed: 22-Jun-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,388.00	$96,021.00
Nontaxable Sales:	$0.00	$3,326.00
Net Taxable Sales:	$8,388.00	$92,695.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,388.00	$92,695.00
State Tax:	$587.16	$4,634.75
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$78.33
Total State Tax:		$5,143.58

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,516.25	$0.00	$0.00	$45.49	$1,470.76
Burleigh County	506	$505.42	$0.00	$0.00	$15.16	$490.26
		$2,021.67			$60.65	$1,961.02

Total Tax: **$7,104.60**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 6/22/2023 5:47:17 PM
Contact Name:
Contact Phone: [redacted]

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Jun-2023
Date Printed: 27-Jul-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$6,753.00	$90,561.00
Nontaxable Sales:	$0.00	$3,939.00
Net Taxable Sales:	$6,753.00	$86,622.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$6,753.00	$86,622.00
State Tax:	$472.71	$4,331.10
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$72.06
Total State Tax:		$4,731.75

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,400.63	$0.00	$0.00	$42.02	$1,358.61
Burleigh County	506	$466.88	$0.00	$0.00	$14.01	$452.87
		$1,867.51			$56.03	$1,811.48

Total Tax: **$6,543.23**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 7/27/2023 9:10:43 AM
Contact Name: [redacted]
Contact Phone:

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jul-2023
Date Printed: 24-Aug-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,027.00	$89,904.00
Nontaxable Sales:	$0.00	$4,177.00
Net Taxable Sales:	$8,027.00	$85,727.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,027.00	$85,727.00
State Tax:	$561.89	$4,286.35
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$72.72
Total State Tax:		$4,775.52

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,406.31	$0.00	$0.00	$42.19	$1,364.12
Burleigh County	506	$468.77	$0.00	$0.00	$14.06	$454.71
		$1,875.08			$56.25	$1,818.83

Total Tax: **$6,594.35**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 8/24/2023 9:47:00 AM
Contact Name:
Contact Phone: [redacted]

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Aug-2023
Date Printed: 25-Sep-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,487.00	$95,718.00
Nontaxable Sales:	$0.00	$3,212.00
Net Taxable Sales:	$8,487.00	$92,506.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,487.00	$92,506.00
State Tax:	$594.09	$4,625.30
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$78.29
Total State Tax:		$5,141.10

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,514.90	$0.00	$0.00	$45.45	$1,469.45
Burleigh County	506	$504.97	$0.00	$0.00	$15.15	$489.82
		$2,019.87			$60.60	$1,959.27

Total Tax: **$7,100.37**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 9/25/2023 2:21:42 PM
Contact Name: [redacted]
Contact Phone:

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Sep-2023
Date Printed: 23-Oct-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$8,119.00	$90,701.00
Nontaxable Sales:	$0.00	$4,567.00
Net Taxable Sales:	$8,119.00	$86,134.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$8,119.00	$86,134.00
State Tax:	$568.33	$4,306.70
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$73.13
Total State Tax:		$4,801.90

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,413.79	$0.00	$0.00	$42.41	$1,371.38
Burleigh County	506	$471.26	$0.00	$0.00	$14.14	$457.12
		$1,885.05			$56.55	$1,828.50

Total Tax: **$6,630.40**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 10/23/2023 4:19:08 PM
Contact Name: [redacted]
Contact Phone:

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Oct-2023
Date Printed: 29-Nov-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$7,817.00	$94,955.00
Nontaxable Sales:	$0.00	$10,450.00
Net Taxable Sales:	$7,817.00	$84,505.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$7,817.00	$84,505.00
State Tax:	$547.19	$4,225.25
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$71.59
Total State Tax:		$4,700.85

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,384.85	$0.00	$0.00	$41.55	$1,343.30
Burleigh County	506	$461.61	$0.00	$0.00	$13.85	$447.76
		$1,846.46			$55.40	$1,791.06

Total Tax: **$6,491.91**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 11/29/2023 10:22:13 AM
Contact Name:
Contact Phone: [redacted]

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Nov-2023
Date Printed: 26-Dec-2023
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$7,602.00	$97,338.00
Nontaxable Sales:	$0.00	$14,771.00
Net Taxable Sales:	$7,602.00	$82,567.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$7,602.00	$82,567.00
State Tax:	$532.14	$4,128.35
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$69.91
Total State Tax:		$4,590.58

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,352.54	$0.00	$0.00	$40.58	$1,311.96
Burleigh County	506	$450.85	$0.00	$0.00	$13.53	$437.32
		$1,803.39			$54.11	$1,749.28

Total Tax: **$6,339.86**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 12/26/2023 10:48:38 AM
Contact Name: [redacted]
Contact Phone:

Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [redacted]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Dec-2023
Date Printed: 27-Jan-2024
TAP Confirmation Number: [redacted]

ND TAP
TAXPAYER ACCESS POINT

Do Not Mail

Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	$10,478.00	$121,199.00
Nontaxable Sales:	$0.00	$17,099.00
Net Taxable Sales:	$10,478.00	$104,100.00
Items Subject to Use Tax:	$0.00	$0.00
Taxable Balance:	$10,478.00	$104,100.00
State Tax:	$733.46	$5,205.00
Penalty*:	$0.00	$0.00
Interest*:	$0.00	$0.00
Comp Discount*:		$89.08
Total State Tax:		$5,849.38

Local Option Sales, Use and Gross Receipts Taxes

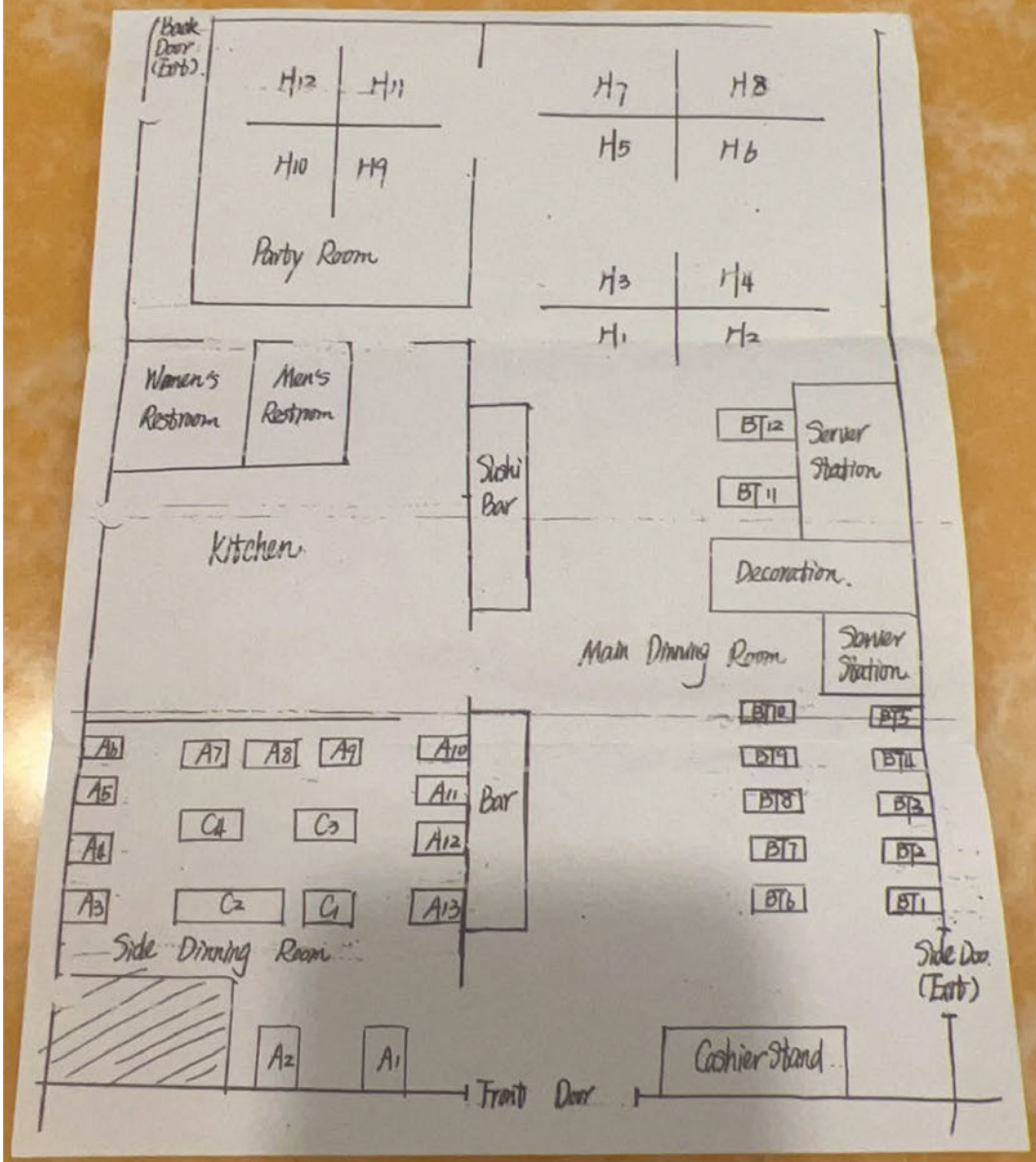
City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	$1,718.67	$0.00	$0.00	$51.56	$1,667.11
Burleigh County	506	$572.89	$0.00	$0.00	$17.19	$555.70
		$2,291.56			$68.75	$2,222.81

Total Tax: **$8,072.19**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
Submitted Date: 1/27/2024 7:36:08 AM
Contact Name: [redacted]
Contact Phone:


Back Door (Exit)
H12
H11
H10
H9
Party Room
H7
H8
H5
H6
H3
H4
H1
H2
Women's Restroom
Men's Restroom
Sushi Bar
Kitchen
BT12
Server Station
BT11
Decoration
Main Dinning Room
Server Station
A6
A7
A8
A9
A10
A5
A11
Bar
C4
C3
A4
A12
A3
C2
C1
A13
Side Dinning Room
A2
A1
Front Door
Cashier Stand
Side Door (Exit)

Print

Retail Alcohol Beverage License - Submission #22787

Date Submitted: 5/3/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [x] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

ENGELHARDT ENTERPRISES LLC

Doing Business As (DBA) Name, if Applicable:*

TACO DEL MAR

Date of Incorporation:*
2006

State of ND Liquor License No.:
AB-00052

If out of state corporation, is corporation registered in North Dakota?
- Yes
- No
- N/A

Location Address:*
1024 S 12th St

City:*
BISMARCK

State:*
Burleigh

Zip:*
58504

Phone No.:*
7012223044

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Angie Engelhardt

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Angela Engelhardt

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bisamrck

State:*
ND

Zip:*
58503

Phone No.:*
[redacted]

Manager's Name:*
Angela Engelhardt

Date of Birth:*
[redacted]/1974

Percentage of Ownership:*
49

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Female

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Owner/Operator

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Patrick Engelhardt

Date of Birth:* [redacted]/1965

Percentage of Ownership:* 51

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58503

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Owner/Operator

Email Address: [redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ◉ No
- ○ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

2023-2024 Sales.pdf

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction “North” shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Taco Del Mar Site Map 2024.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Angie Engelhardt

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/3/2024

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

CC authorization.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Taco Del Mar

Sales Summary

Sales Summary	From : Monday, May 1, 2023 To : Tuesday, April 30, 2024

Sales Summary

Default Revenue Center	
Alcohol	1,755.93
Beverage	41,031.83
Food	773,461.44
Default Revenue Center	816,249.20
Gross Sales (no Tax) (no discounts)	**816,249.20**
Round Difference :	**-74.28**

Discount & Comps Summary

Default Revenue Center	
$5 Reward Card [374.0]	-1,870.00
10% Off Discount [191.0]	-285.78
15% Off Discount [2.0]	-3.79
30% Discount [2.0]	-2.64
40% Discount [184.0]	-282.64
50% Discount [169.0]	-335.72
Discount $ [1,339.0]	-6,576.26
Employee 100% [1.0]	-1.00
Employee 50% [18.0]	-36.24
Free Taco [64.0]	-260.30
Loyalty Discount [1,109.0]	-7,499.95
zBuy 1 Burrito Get 2nd Free [4.0]	-31.96
zFREE chips/Queso w/Burrito [1.0]	-1.00
zFREE Drink [10.0]	-25.80
zFREE Kids Meal [298.0]	-1,477.52
zFREE Taco [5.0]	-25.45
Default Revenue Center[3,771.0]	-18,716.05
Total Discounts [3,771.0]	**-18,716.05**

Tax Summary

Description	Taxable	Tax Exemp	Tax
Default Revenue Center			
TAX:	746,824.19	21,281.28	59,761.21
LIQUOR	1,755.93	0.00	177.06
Default Revenue Center	Total:	21,281.28	59,938.27
	Gross Sale		857,397.14
	Total:		**59,938.27**
	Total Receipts:		**857,397.14**

Sales Received

Taco Del Mar


N
W
E
S
Walkway
Walkway
Food line
Beer cooler
pop cooler
Kitchen
Walk in cooler Storage
Mens Room
Womens Room
office

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 2/6/2024

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	□ New Application	☒ Renewal	□ Transfer	□ Relocation
Class A: Nationally Organized Fraternal Order or Club □ $3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building □ $650	Class B-2: Concession at the Bismarck Municipal Country Club □ $650	Class B-3: Commercial passenger vessels on the Missouri River □ $650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center □ $650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations □ $650	Class B-6 : Commercial Airline □ $650	Class C-1: Hotel or Motel Full Service □ $3,800	Class C-2: Hotel or Motel □ $1,000	Class D: Sale at Retail of Alcoholic Beverages □ $4,100
Class E: Sale at Retail of Beer Only □ $800	Class F-1: Restaurant - Alcoholic Beverages ☒ $3,500	Class F-2: Restaurant - Beer & Wine Only □ $1,100	Class G: Catered Retail Beer, Wine, & Liquor □ $650	Class H-1: Domestic Winery □ $800
Class H-2: Domestic Brewery □ $800	Class H-3: Domestic Distillery □ $800	Class I-1: Senior Living Community □ $350	Class I-2: Complementary □ $350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name:	Date of Incorporation:	State Business ID Number:
Texas Roadhouse Holdings LLC	2/24/1997	

Doing Business As (DBA) Name, if Applicable:	If out of state corporation, is corporation registered in North Dakota?
Texas Roadhouse	☒ Yes □ No

Location Address:	City:	State:	Zip:	Phone Number:
1505 Burnt Boat Dr.	Bismarck	ND	58503	(701) 250-6746

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Christopher C. Colson, Corporate Secretary

Contact Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Rebecca Wonka	(502) 814-1603	licensingrenewals@texasroadhouse.com	
Mailing Address:	City:	State:	Zip:
6040 Dutchmans Ln	Louisville	KY	40205

Manager's Name:		Date of Birth:	Percentage of Ownership:
David Skur		[redacted]1973	0%
Driver's License Number:	State Issued:	Gender:	Race:
		Male	White
Home Address:	City:	State:	Zip:
[redacted]	Bismarck	ND	58503

Occupation:	Phone Number:	Title:	Email Address:
Restaurant Manger	[redacted]	Managing Partner	[redacted]

ORGANIZATIONAL FLOW CHART

Texas Roadhouse Holdings LLC
(LICENSEE/APPLICANT)

Texas Roadhouse, Inc.
(A Publicly Traded Company)
(100% Owner/Manager of Texas Roadhouse Holdings LLC)

Officers of Texas Roadhouse, Inc.

Title	Full Name / Home Address	Common Stock Ownership
Chief Executive Officer & President:	Gerald L. Morgan, [redacted], Simpsonville, KY 40067	*
Chief Financial Officer:	Tonya R. Robinson, [redacted], Shelbyville, KY 40065	*
Chief Marketing Officer:	S. Chris Jacobsen, [redacted], Anchorage, KY 40223	*
Chief Information Officer:	Hernan E. Mujica, [redacted], Louisville, KY 40204	*
Chief Learning & Culture Officer:	Regina A. Tobin, [redacted], Louisville, KY 40207	*
General Counsel & Corporate Secretary:	Christopher C. Colson, [redacted], Prospect, KY 40059	*

Directors of Texas Roadhouse, Inc.

Title	Full Name / Home Address	Common Stock Ownership
Director:	Gerald L. Morgan, [redacted], Simpsonville, KY 40067	*
Director:	Gregory N. Moore, [redacted], Lakeway, TX 78734	*
Director:	Curtis A. Warfield, [redacted], Prospect, KY 40059	*
Director:	James R. Zarley, [redacted], Henderson, NV 89012	*
Director:	Kathleen M. Widmer, [redacted], Yardley, PA 19067	*
Director:	Michael A. Crawford [redacted], Canton, OH 44708	*
Director:	Donna T. Epps, [redacted], Dallas, TX 75214	*

*** Represents beneficial ownership of less than 1.0% of the outstanding shares of class. As set forth in the 2021 annual report.**

Officers and Directors of Texas Roadhouse Inc.

OFFICERS & DIRECTORS OF TEXAS ROADHOUSE, INC.

NAME	TITLE	Work #	SSN	DOB	DL #
Gerald Morgan	President and CEO	(502) 426-9984	266-29-3175	9/12/1960	TX 13157942
Tonya Russell Robinson	Chief Financial Officer	(502) 426-9984	401-25-9865	8/4/1968	KY R92-270-305
Chris Jacobsen	Chief Marketing Officer	(502) 426-9984	591-07-7788	3/11/1965	KY J02-685-692
Hernan Mujica	Chief Information Officer	(502) 426-9984	097-60-2956	10/26/1961	KY M13-389-985
Regina Tobin	Chief Learning and Culture Officer	(502) 426-9984	238-23-5735	8/22/1963	KY T97-926-436
Chris Colson	Corporate Secretary	(502) 426-9984	404-17-5661	9/30/1976	KY C92-261-635
Gregory Nance Moore	Director	(502) 426-9984	466-80-6893	10/12/1949	TX 45514718
Curtis Warfield	Director	(502) 426-9984	403-21-8165	3/6/1968	KY W02-846-321
James Richard Zarley	Director	(502) 426-9984	359-34-9662	7/12/1944	NV 1701803096
Kathleen Medaris Widmer	Director	(502) 426-9984	216-88-3219	10/25/1961	PA 26177684
Mike Crawford	Director	(502) 426-9984	283-68-0593	9/19/1967	OH PQ924277
Donna Epps	Director	(502)426-9984	453-33-6777	4/8/1964	TX 10120347

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? ☒ Yes ☐ No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? ☐ Yes ☒ No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? ☒ Yes ☐ No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? ☐ Yes ☒ No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? ☐ Yes ☐ No	If yes, please give details: n/a
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? ☐ Yes ☒ No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? ☐ Yes ☒ No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? ☐ Yes ☒ No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? ☒ Yes ☐ No	If yes, please give details: Texas Roadhouse - Fargo, ND Texas Roadhouse - Grand Forks, ND
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? ☒ Yes ☐ No	If yes, please give details: Restaurant - Food Sales
11. Have all property taxes and special assessments currently due been paid? ☒ Yes ☐ No	If no, please give details:

Signature:

☒ I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

☒ I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

☒ I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Signature of Applicant

5·13·2024
Date

Christopher C. Colson, Corporate Secretary
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

County of

Notary Seal

Subscribed and sworn to before me this _____

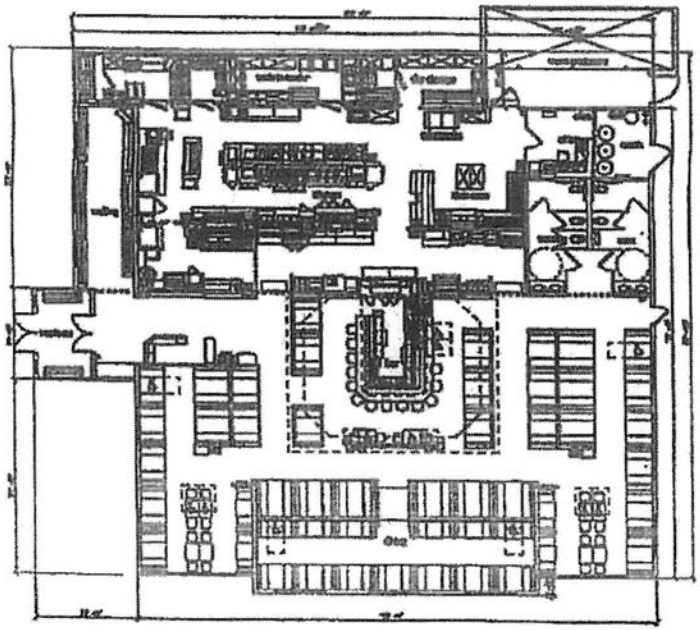
day of _____

Notary Public

My Commission Expires

TEXAS road house

Burnt Boat Dr. and Tyler Parkway
Bismarck, ND



GENERAL NOTES

SPECIAL CONDITIONS

SPECIAL INSPECTIONS

TABLE AND BOOTH ACCESS

SCHEDULE OF DRAWINGS

GENERAL

SITE

STRUCTURAL

ARCHITECTURAL

MECHANICAL

PLUMBING

ELECTRICAL

EQUIPMENT

PLUMBING SYSTEMS

SIGN DRAWING

SPECIFICATIONS

CODE ANALYSIS

BUILDING CODE INFORMATION

1.	CONTRACTOR	
2.	CONTRACTOR ADDRESS	
3.	PROJECT NAME	
4.	PROJECT ADDRESS	
5.	BUILDING CODE	
6.	CONSTRUCTION TYPE	
7.	USE GROUP	
8.	NUMBER OF STORIES IN BUILDING	
9.	HEIGHT OF BUILDING	
10.	GROSS FLOOR AREA PER FLOOR	
11.	FULLY SPRINKLED	
12.	COPIES OF WORK	

OCCUPANCY LOAD

OCCUPANCY LOAD CRITERIA

	AREA	TOTAL

EXTERIOR FINISHES

COV

Print

Retail Alcohol Beverage License - Submission #22973

Date Submitted: 5/17/2024

Bismarck

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- ☐ Class A: Nationally Organized Fraternal Order or Club - $3,700
- ☐ Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- ☐ Class B-2: Concession at the Bismarck Municipal Country Club - $650
- ☐ Class B-3: Commercial passenger vessels on the Missouri River - $650
- ☐ Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- ☐ Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- ☐ Class B-6 : Commercial Airline - $650
- ☐ Class C-1: Hotel or Motel Full Service - $3,800
- ☐ Class C-2: Hotel or Motel - $1,000
- ☑ Class D: Sale at Retail of Alcoholic Beverages - $4,100
- ☐ Class E: Sale at Retail of Beer Only - $800
- ☐ Class F-1: Restaurant - Alcoholic Beverages - $3,500
- ☐ Class F-2: Restaurant - Beer & Wine Only - $1,100
- ☐ Class G: Catered Retail Beer, Wine, & Liquor - $650
- ☐ Class H-1: Domestic Winery - $800
- ☐ Class H-2: Domestic Brewery - $800
- ☐ Class H-3: Domestic Distillery - $800
- ☐ Class I-1: Senior Living Community - $350
- ☐ Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

The Domain, LLC

Doing Business As (DBA) Name, if Applicable:*

n/a

Date of Incorporation:* 1/31/2023

State of ND Liquor License No.: LIQ2023-00001

If out of state corporation, is corporation registered in North Dakota?

- ○ Yes
- ○ No
- ◉ N/A

Location Address:* 307 N 3rd St

City:* Bismarck

State:* ND

Zip:* 58504

Phone No.:* 7013195000

Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Chad Wachter, Pres

---

Contact Information (Where correspondence is to be sent):

Primary Contact:* Chad Wachter

Email Address:* [redacted]

Mailing Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58502

Phone No.:* [redacted]

Manager's Name:* Chad Wachter

Date of Birth:* [redacted]1973

Percentage of Ownership:* 50

Driver's License No.:* [redacted] | **State Issued:*** ND | **Gender:** | **Race:**

Home Address:* [redacted]

City:* Bismarck | **State:*** ND | **Zip:*** 58504 | **Phone No.:*** [redacted]

Officer/Director/Stockholder Title:* Manager/VP | **Email Address:*** [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Chad Wachter | **Date of Birth:*** [redacted]1972 | **Percentage of Ownership:*** 50

Driver's License No.:* [redacted] | **State Issued:*** ND | **Gender:** | **Race:**

Home Address:* [redacted]

City:* Bismarck | **State:*** ND | **Zip:*** 58504 | **Phone No.:*** [redacted]

Officer/Director/Stockholder Title:*

Pres

Email Address:

[redacted]

Name:

Chad Wachter

Date of Birth:

[redacted]/1973

Percentage of Ownership:

50

Driver's License No.:

[redacted]

State Issued:

ND

Gender:

Race:

Home Address:

[redacted]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[redacted]

Officer/Director/Stockholder Title:

VP

Email Address:

[redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (•) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (•) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (•) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

Blarney Stone Pub, LLC 408 E Main Ave, Bismarck
Blarney Stone Pub-Fargo, LLC 1910 9th ST E, West Fargo
Blarney Stone SF, LLC 333 S Phillips Ave, Sioux Falls, SD
Blarney Stone Pub HD, LLC 101 Broadway N, Fargo, ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

The Domain Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Chad Wachter

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/17/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

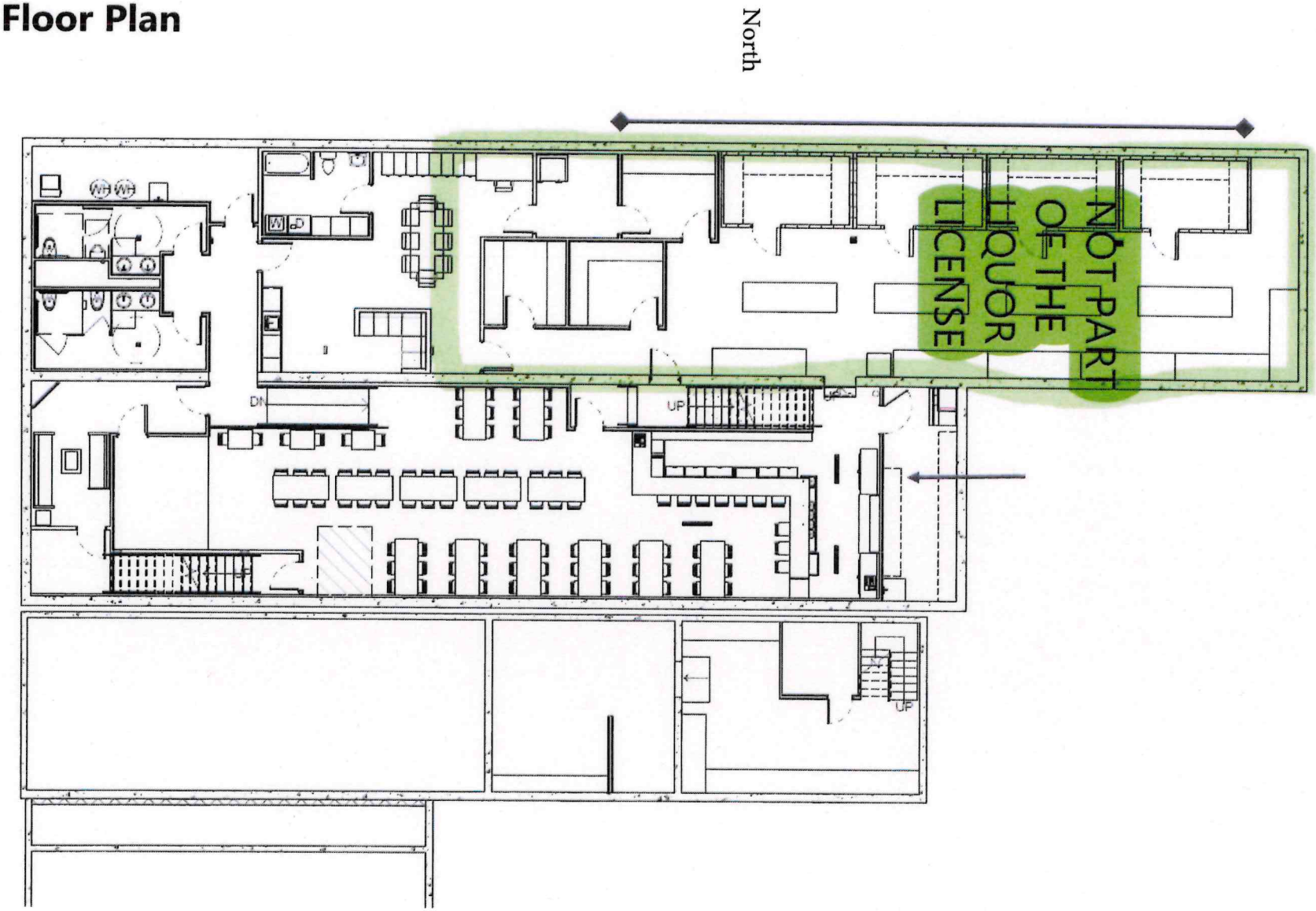
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Main Floor and Second Level Floor Plan



The Domain, LLC

Lower Level Floor Plan



Print

Retail Alcohol Beverage License - Submission #22861

Date Submitted: 5/10/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [x] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

Faber Coe & Gregg of Florida, Inc

Doing Business As (DBA) Name, if Applicable:*

The Junction - Bismarck

Date of Incorporation:*
01/04/1961

State of ND Liquor License No.:
AA-02968

If out of state corporation, is corporation registered in North Dakota?
- (•) Yes
- ( ) No
- ( ) N/A

Location Address:*
2301 University Drive Building 17 Space 223BCD

City:*
Bismarck

State:*
ND

Zip:*
58504

Phone No.:*
701-319-0215

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Anuj Govilla - CFO

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Jenny Dimas

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Secaucus

State:*
NJ

Zip:*
07094

Phone No.:*
[redacted]

Manager's Name:*
Nicole Lias

Date of Birth:*
[redacted]/1984

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Female

Race: White

Home Address:* [redacted]

City:* Bismarck

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Anuj Govilla

Date of Birth:* [redacted]/1968

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* NJ

Gender: Male

Race: Asian

Home Address:* [redacted]

City:* East Rutherford

State:* NJ

Zip:* 07073

Phone No.:* [redacted]

Officer/Director/Stockholder Title:*

CFO

Email Address:

[redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ○ Yes
- ○ No
- ◉ N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

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Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

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- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
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- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Diagram.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

☑ I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

☑ I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

☑ I agree

Signature of Applicant:*

Anuj Govilla

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/10/2024

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

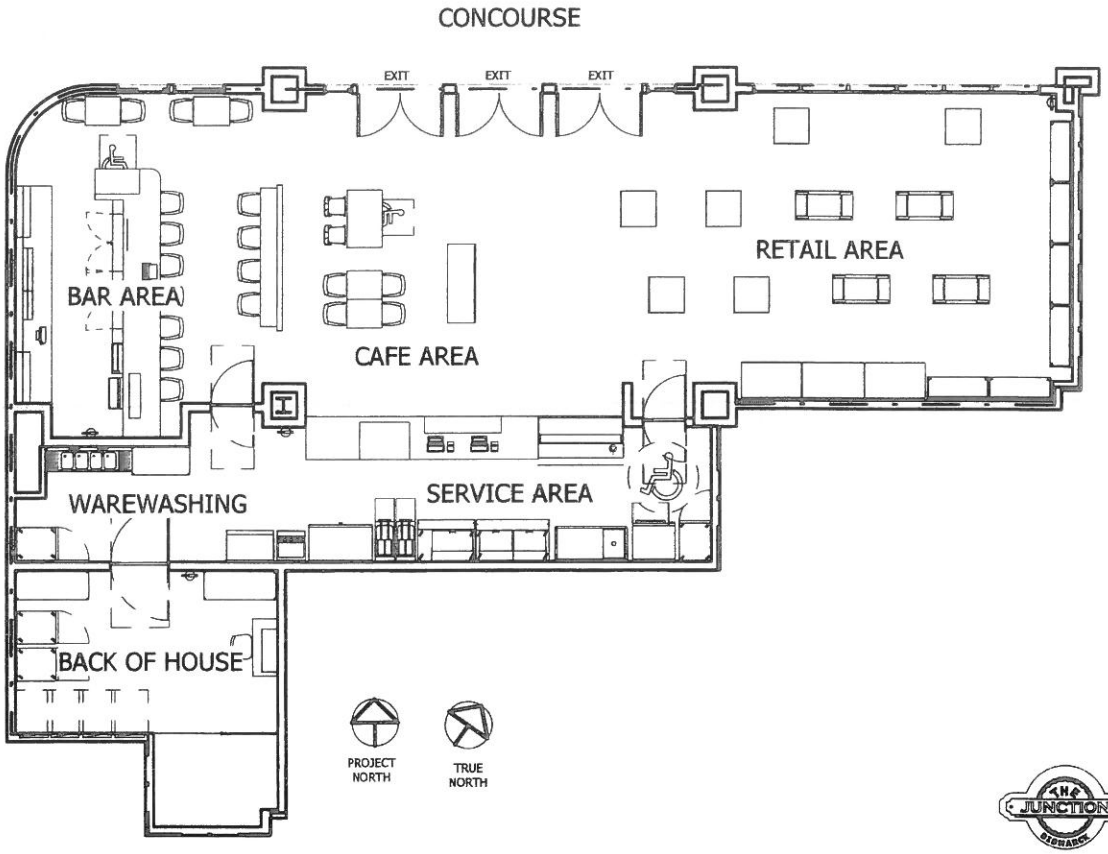
Credit Card Authorization Form

Upload Credit Card Authorization Form

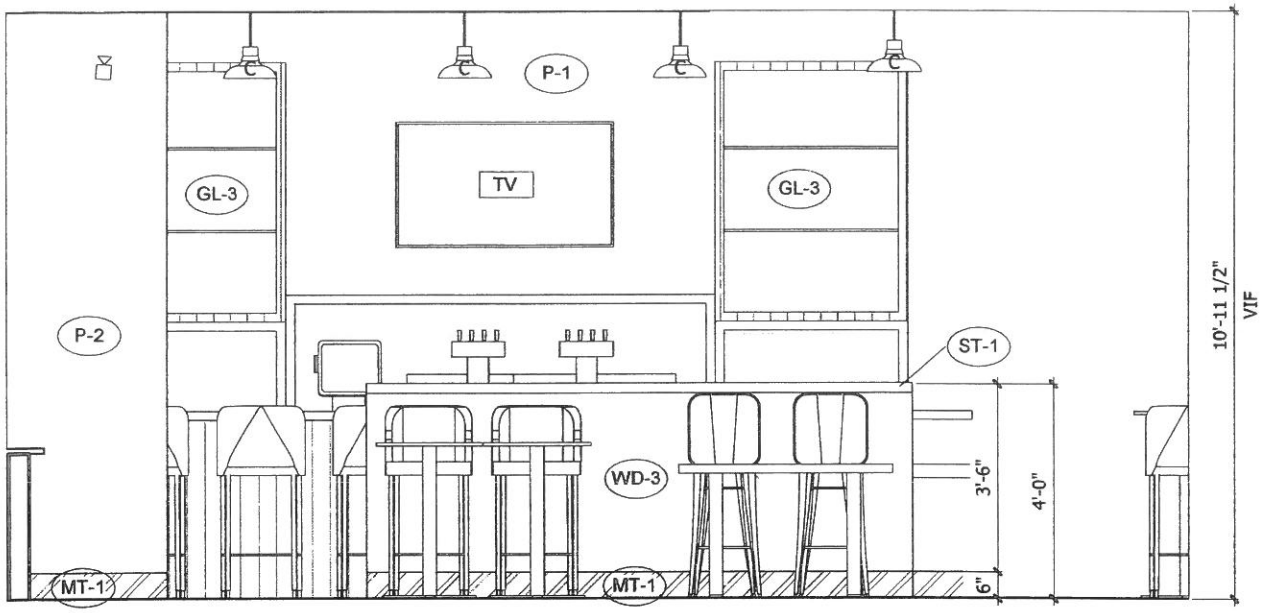
BISMARCK CC AUTHORIZATION.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

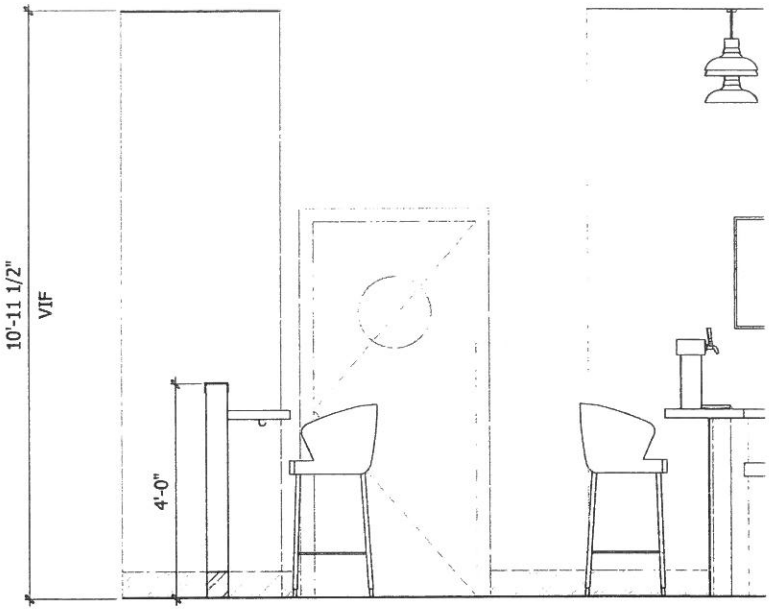


2301 University Dr.
Bismarck, ND, 58504



1 WING WALL - ELEVATION
3/8" = 1'-0"

SILHOUETTE
DESIGN ARCHITECTURE
566 W. Adams Street Suite 500
Chicago, Illinois 60661
312.258.0025
www.silhouettedesignarchitecture.com



1 WING WALL - SIDE ELEVATION
3/8" = 1'-0"

SILHOUETTE
DESIGN ARCHITECTURE
566 W. Adams Street Suite 500
Chicago, Illinois 60661
312.258.0025
www.silhouettedesignarchitecture.com

Print

Retail Alcohol Beverage License - Submission #22791

Date Submitted: 5/5/2024

License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
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- [ ] Class E: Sale at Retail of Beer Only - $800
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- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complementary - $350

Location Information:

Legal Business Name:*

SANFORD RESTAURANTS INC

Doing Business As (DBA) Name, if Applicable:*

THE WALRUS RESTAURANT

Date of Incorporation:*
11/29/2011

State of ND Liquor License No.:
LIQ2023-121

If out of state corporation, is corporation registered in North Dakota?
- ○ Yes
- ○ No
- ◉ N/A

Location Address:*
1136 N 3rd ST

City:*
BISMARCK

State:*
ND

Zip:*
58501

Phone No.:*
(701) 471-6507

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
JILL SANFORD, OWNER/PRESIDENT

Contact Information (Where correspondence is to be sent):

Primary Contact:*
JILL SANFORD

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bismarck

State:*
ND

Zip:*
58502

Phone No.:*
[redacted]

Manager's Name:*
JILL SANFORD

Date of Birth:*
[redacted]/1975

Percentage of Ownership:*
100

Driver's License No.:* [redacted]

State Issued:* ND

Gender: F

Race: WHITE

Home Address:* [redacted]

City:* BISMARCK

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* OWNER/PRESIDENT

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* JILL SANFORD

Date of Birth:* [redacted]/1975

Percentage of Ownership:* 100

Driver's License No.:* [redacted]

State Issued:* ND

Gender: F

Race: WHITE

Home Address:* [redacted]

City:* BISMARCK

State:* ND

Zip:* 58501

Phone No.:* [redacted]

Officer/Director/Stockholder Title:* OWNER/PRESIDENT

Email Address: [redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City: **State:** **Zip:** **Phone No.:**

Officer/Director/Stockholder Title: **Email address:**

Please submit all officers that will not fit on this form.

Choose File No file chosen

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- ( ) No

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- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

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- ○ Yes
- ◉ No

If yes please, give details:

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- ○ Yes
- ◉ No

If yes please, give details:

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- ◉ No

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- ◉ Yes
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If not please, explain why:

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Upload Gross Food Sales Report:

Food Acohol Sales Report.pdf

Liquor License Site Diagram Requirements:

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- [x] The direction “North” shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Site Diagram.pdf

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

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- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

JILL SANFORD

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/5/2024

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

CC Authorization Form.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

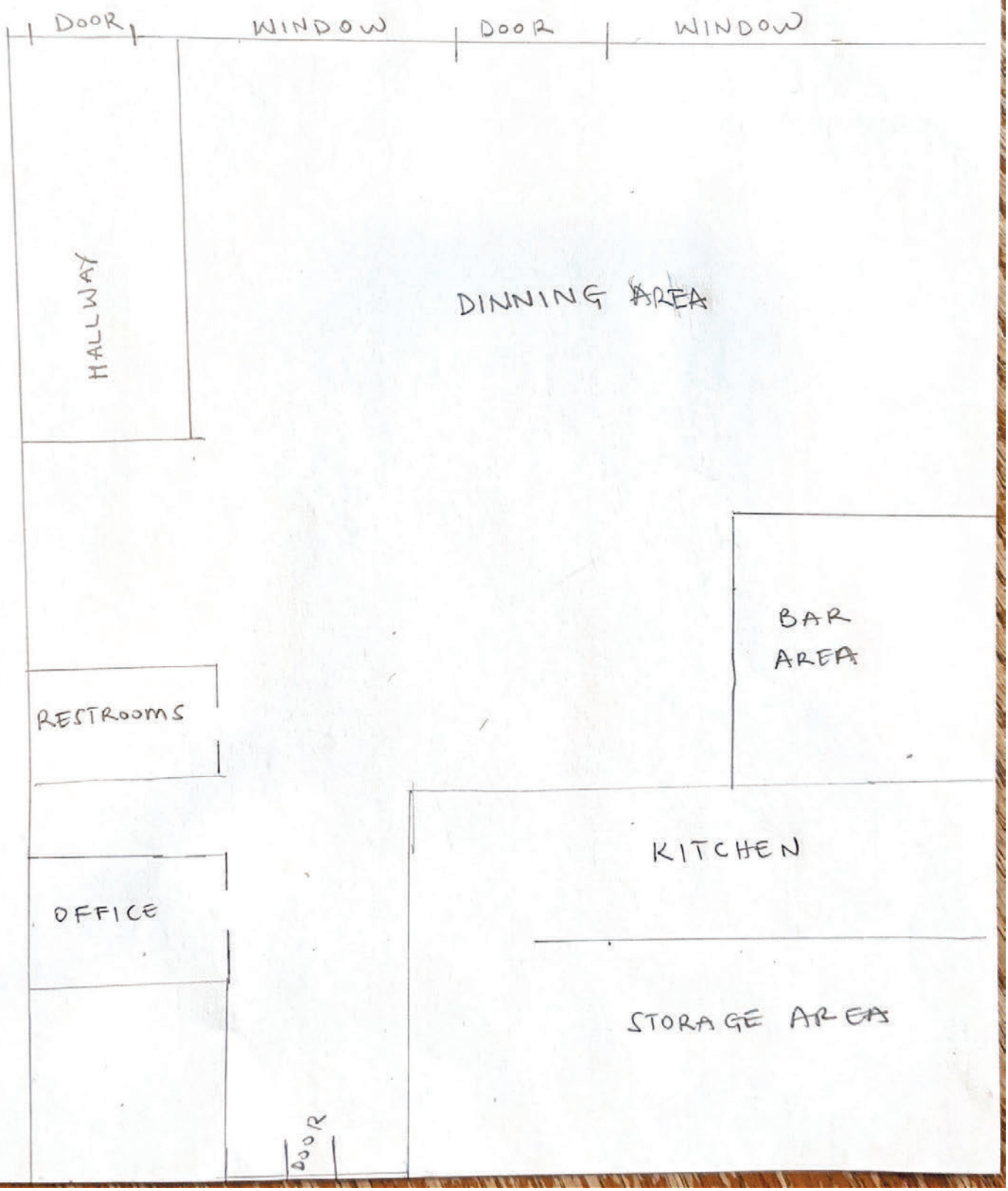
Sanford Restaurants, Inc.
Profit & Loss
January through December 2023

	Jan - Dec 23	
Ordinary Income/Expense		
Income		
4000 · Bar Sales		
4010 · Beer Sales	224,681.02	
4020 · Wine Sales	106,294.65	
Total 4000 · Bar Sales		330,975.67
4100 · Food Sales		1,865,813.00
Total Income		2,196,788.67
Gross Profit		2,196,788.67
Net Ordinary Income		2,196,788.67
Net Income		**2,196,788.67**

See accountant's compilation report.

THE WALRUS RESTAURANT

NORTH BISMARCK



Bismarck-Burleigh Public Health Department

DATE: May 28, 2024

FROM: Renae Moch, Director

ITEM: Bismarck Parks and Recreation District's Matching Grant Funds Application

REQUEST:
Permission to apply for Bismarck Parks and Recreation District's Matching Grant funds.

BACKGROUND INFORMATION:
Bismarck-Burleigh Public Health is requesting permission to apply for funding from Bismarck Parks and Recreation District's Matching Grant for $15,000. The Matching Grant Program provides opportunities tto support projects that advance recreational opportunities in Bismarck.

This matching grant will provide additional funding to support art installation and safety enhancements to the inside of the Bismarck Expressway Pedestrian Tunnel, a part of the Sertoma Park Trail System in Bismarck. This grant will be matched with funding from the AARP Community Challenge Grant. This project will be completed in partnership with Bismarck Parks and Recreation District and local artists. If awarded, the project would be completed in summer/fall of 2024.

This project supports the City of Bismarck's strategic focus areas of Signature Spaces, All Ages and All Wages, and Social Health.

RECOMMENDED CITY COMMISSION ACTION:
Approve request to apply for funding from the Bismarck Parks and Recreation District's Matching Grant.

STAFF CONTACT INFORMATION:
Renae Moch, Director, 701-355-1541, rmoch@bismarcknd.gov
Katie Johnke, Nutrition Services Program Coordinator, 701-355-1555, kjohnke@bismarcknd.gov

ATTACHMENTS:
1. Matching Grant Application

BISMARCK PARKS AND RECREATION DISTRICT
Est. 1927
www.bisparks.org

Matching Grant Application 2024

FACILITIES • GROUNDS • EQUIPMENT

PURPOSE

The purpose of the **Matching Grant Program** is to encourage associations, organizations, clubs, or individuals to sponsor a project in a Bismarck Parks and Recreation District (BPRD) facility or park for the advancement of recreation opportunities in Bismarck.

INITIAL PROJECT REVIEW: **Prior to submission and deadline, Mike Wald, Facilities and Programs Director, must be contacted at 222-6455 to conduct an initial project review to make sure project meets minimum specifications.**

RECOGNITION OF MATCHING GRANT: The approved projects shall have a recognition plaque, dedication, or some other recognition signifying the project is part of the BPRD Matching Grant Program.

ADMINISTRATION AND ACCOUNTING: Administration and accounting procedures will be determined by agreement with approved parties. All approved projects on BPRD property must follow BPRD purchasing guidelines, local ordinances, and state laws. Upon completion of the projects on BPRD property, BPRD will assume ownership of the improvement or equipment, unless other arrangements are agreed upon.

WHO CAN APPLY: Associations, organizations, clubs, or individuals in the BPRD who are interested in applying for a grant to sponsor a project may apply. Projects must be facility improvements and may include the purchase of recreation equipment.

SCHOOL DISTRICT PROPERTY: Projects on school district property must have a letter of support from the school district's buildings and grounds supervisor and school principal.

APPLICATION OBTAINED AT: BPRD Office, 400 East Front Avenue Bismarck, ND 58504. Applications will be available after January 1 of each year.

APPLICATION DEADLINES: Application deadlines for 2024 are 5:00 pm on February 1 (Round 1) and June 3 (Round 2).

FUNDS AVAILABLE: The Board of Park Commissioners shall determine how much, if any, will be available each budget year for matching funds and may change or make exceptions to the amount at any time. $125,000 has been budgeted for 2024.

APPLICATION REVIEW/INTERVIEW: After the deadline, a committee of staff and Commissioners will review all applications, conduct a short interview with applicants, and make recommendations to the Board of Park Commissioners at the February 15 and June 20 Park Board meetings.

APPLICATION APPROVAL/ DENIAL: Letters will be sent to all applicants, indicating the approval or denial of grant money. For those approved, an agreement will be sent to the successful project sponsors, which states the provisions of the grant funds.

FUNDING:

Projects will be funded at no more than 50 percent of the total estimated cost, or up to a maximum of **$25,000**, whichever is less. The Matching Grant Program provides a dollar-for-dollar match. The program does not consider matching funds for projects with in-kind expenses. The Board of Park Commissioners, at its discretion, may approve matching funds of over **$25,000**.

PROJECT SPONSOR CERTIFICATION:

The project sponsor must certify that they have the necessary funds for their share of the total estimated project's cost.

GREATEST CONSIDERATION:

Projects that will receive the greatest consideration are as follows:

- Projects that fit into the BPRD's strategic plan, mission and vision.
- Projects that serve a wide variety of people or large number of people, rather than to projects serving a limited group.
- Projects that can be used throughout the year -- more than one season.
- Projects that have a developmental plan approved or reviewed by BPRD.
- Projects that are on BPRD property.
- Playground projects must comply with current playground standards and guidelines. Playgrounds that include a ramp with an accessible route will receive the highest consideration.

NO CONSIDERATION:

Projects that will **NOT** receive consideration for funding:

- Projects on private property as fixed improvements that aren't open to the public.
- Personnel, operations, consultants.
- Projects that have begun before grant approval.
- Projects that use in-kind expenses as a match for grant application.
- No clothing or uniforms.

PROJECT COMPLETION:

The approved projects must be completed in the year they are awarded, otherwise BPRD funding will be lost.

2024 MATCHING GRANT APPLICATION

APPLICATION DEADLINE: 5:00 PM ON FEBRUARY 1 AND JUNE 3

COMPLETE AND RETURN TO:

Bismarck Parks and Recreation District • Attn: Mike Wald
400 East Front Avenue • Bismarck, ND 58504 • (701) 222-6455
mwald@bisparks.org

1. DATE OF APPLICATION: _____

2. APPLICANT: _____

   CONTACT PERSON: _____ IF SCHOOL, PRINCIPAL'S NAME: _____

   ADDRESS: _____ CITY: _____

   STATE: _____ Zip: _____ TELEPHONE NUMBER: (H) _____ (C) _____

   EMAIL ADDRESS: _____

3. PROJECT TITLE: _____

4. ESTIMATED PROJECT START DATE: _____ COMPLETION DATE: _____

5. DESCRIPTION OF PROPOSED PROJECT (INCLUDE LOCATION AND SITE MAPS WHERE APPLICABLE):

_____

6. JUSTIFICATION FOR PROJECT:

_____

7. ESTIMATED NUMBER OF PEOPLE BENEFITED: _____

8. ESTIMATED AGE CATEGORIES BENEFITED: _____

9. TOTAL ESTIMATED PROJECT COST (INCLUDE ANY PRICE QUOTES OR COST ESTIMATES RECEIVED):

_____

10. AMOUNT OF ASSISTANCE REQUESTED: _____

11. AMOUNT OF APPLICANT'S CONTRIBUTION: _____

12. OTHER SOURCES OF ASSISTANCE (NAME, TYPE, AMOUNT):

_____

13. BY SIGNING OR TYPING MY NAME BELOW, I HEREBY CERTIFY THAT FUNDS IN THE AMOUNT OF $_____

(AT LEAST 50 PERCENT OF TOTAL ESTIMATED COSTS) ARE AVAILABLE FOR THE ABOVE STATED PROJECT.

SIGNATURE: _____

TITLE: _____

DATE: _____

PROJECT COST ESTIMATES

Attach any written cost estimates received from vendors or contractors, etc.

PROJECT ITEM	**UNITS**	**ESTIMATED COST**
	TOTAL:	

APPLICATION CHECKLIST

❒ Initial project review with Facilities and Programs Director?

❒ Application completed?

❒ Project sponsor certification of funds available?

SCHOOL PROJECTS:

❒ Letter of approval from BPS Buildings and Grounds?

❒ Letter of approval from school principal?

Community Development Department

DATE: May 28, 2024

FROM: Ben Ehreth, Community Development Director

ITEM: FY2024 5307 Grant Application

REQUEST:
Permission to apply for a FY24 Section 5307 grant.

BACKGROUND INFORMATION:
The Bismarck-Mandan Metropolitan Planning Organization, on behalf of Bis-Man Transit, requests the Bismarck Board of City Commissioners consider approval to apply for a FY24 Section 5307 grant. The Federal Transit Administration (FTA), through its Section 5307 Urbanized Area Formula Grants program, offers funding to transit agencies to assist in funding their operating expenses and capital procurement needs. The grant will provide funding assistance for:

- The daily operations expenses of Bis-Man Transit and its staff incurred in the operation of public transportation services in Bismarck;
- Capital cost of contracting, which encompasses the third-party contract tasks associated with the physical operation of transit buses and bus routes;
- Preventive maintenance that enables Bis-Man Transit to maintain its rider facilities and equipment, as well as the fixed-route buses and motorbuses, in a state of good repair;
- Security enhancements to continue the upgrade and replacement of security cameras and/or hardware and to cover other general security needs as they arise.

The total grant request is $3,269,132. The Federal award is $2,126,199 and the local match is $1,142,933, which will be provided by Bis-Man Transit. Award and budget authority are requested from the Bismarck City Commission for this grant application.

RECOMMENDED CITY COMMISSION ACTION:
Staff requests approval to apply for the FY24 Section 5307 grant on behalf of Bis-Man Transit.

STAFF CONTACT INFORMATION:
Paulette Jacobsen, Transportation Planner, 701-355-1473, pjacobsen@bismarcknd.gov
Rachel Lukaszewski, Principal Transportation Planner, 701-355-1852, rlukaszewski@bismarcknd.gov

ATTACHMENTS:
None

Community Development Department

DATE: May 28, 2024

FROM: Ben Ehreth, Community Development Director

ITEM: Flood Insurance Rate Map (FIRM) Zoning Ordinance Text Amendment

REQUEST:
Receive information relating to a special meeting to amend section 14-04-19 of the City Code of Ordinances (FP – Floodplain) relating to the Flood Insurance Rate Map (FIRM) effective date and requirements for manufactured home parks, enclosures, and substantial improvements – Zoning Ordinance Text Amendment.

BACKGROUND INFORMATION:
The purpose of this request is to provide information about a special meeting of the Bismarck City Commission on June 6, 2024, at 5:00 PM in the Tom Baker Room, City/County Building, 221 North 5th Street, to consider the request of the City of Bismarck for a zoning ordinance text amendment to amend section 14-04-19 of the City Code of Ordinances relating to the Flood Insurance Rate Map (FIRM) effective date, elevation requirements for manufactured home parks, and specific criteria for enclosures and substantial improvements. The purpose of the special meeting is to ensure that required public notifications are met prior to a public hearing on the item.

The proposed amendments would add additional definitions to avoid misinterpretation and clarify requirements, reduce the freeboard or elevation requirement for Pre-FIRM manufactured home parks or subdivisions from two feet above the Base Flood Elevation (BFE) to one foot above the BFE, and change the effective date of the Flood Insurance Rate Map (FIRM) to June 6, 2024. The FIRM is an official map of a community on which FEMA determines base flood elevation, flood zones, and floodplain boundaries.

The public hearing was initially requested for May 28, 2024, however, it was discovered that legal notice was not provided to the Bismarck Tribune for the required publication. North Dakota Century Code 40-47-04 requires, “no regulation, restriction, or boundary may become effective until after a public hearing at which parties in interest and citizens shall have an opportunity to be heard. Notice of the hearing must be published once a week for two successive weeks before the time set for the hearing in the official newspaper of the city.”

By the time it was discovered the legal notice had not been sent to the Bismarck Tribune, there was insufficient time to submit the appropriate legal notice to the Bismarck Tribune given the Bismarck Tribune’s lead times for publication of such notices.

Additionally, the final date to adopt the new Flood Plain is June 6, 2024. In an effort to meet both the required notice periods for publication and the June 6, 2024, adoption deadline, a Special Meeting of the City Commission has become necessary.

Staff will present the proposed zoning ordinance text amendment which, among other changes, acknowledges the most recent FIRM with an adoption date of June 6, 2024.

RECOMMENDED CITY COMMISSION ACTION:
This memo is provided for informational purposes only.

STAFF CONTACT INFORMATION:
Ben Ehreth, Community Development Director, 701-355-1842, behreth@bismarcknd.gov
Daniel Nairn, Planning Manager, 701-355-1854, dnairn@bismarcknd.gov
Jenny Wollmuth, Senior Planner, 701-355-1850, jwollmuth@bismarcknd.gov

ATTACHMENTS:
None

Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Project HC 168 - 2024 Pavement Marking Project

REQUEST:
Receive bids and award contract for Project HC 168.

BACKGROUND INFORMATION:
This project will paint epoxy pavement markings on arterial roadways that are not scheduled for pavement rehabilitation projects in the near term. Public Works Roads and Streets would continue to maintain the pavement markings on collector and local streets.

The engineer's estimate for HC 168 was $240,382.80; the CIP programmed budget for construction of this project was $250,000 ($275,000 total cost including engineering). Bids were received on May 13, 2024. Traffic Safety Services, Inc. submitted the sole bid of $220,220.90. The bid summary and project budget are attached.

Project Schedule

Receipt and Open Bids	May 13, 2024
Award of Bid	May 28, 2024
Project Completion	September 15, 2024

RECOMMENDED CITY COMMISSION ACTION:
Receive bids and award contract to Traffic Safety Services, Inc. in the amount of $220,220.90.

STAFF CONTACT INFORMATION:
Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:
1. Bid Summary - HC168
2. Project Budget - HC168

BID SUMMARY
FOR
HIGHWAY CONSTRUCTION PROJECT NO. 168
2024 PAVEMENT MARKING MAINTENANCE

BID DATE: May 13, 2024; 4:00 p.m.

ENGINEER'S ESTIMATE:	$	240,382.80
CIP BUDGET:**	$	250,000.00

BIDDER		**AMOUNT**
Traffic Safety Services Inc	$	220,220.90

** CIP Budget includes proposed construction costs only

PROJECT BUDGET

Number	HC 168	Description	2024 Pavement Marking Maintenance

Scheduled Start	6/4/2024	Scheduled End	9/15/2024

Project Contracts

Project Construction Contracts		Amount
Traffic Safety Services, Inc		220,220.90
Subtotal		220,220.90
Contingencies	10%	22,022.09
Total Construction Contracts		242,242.99

Other Contracts, Land Purchases, Etc.	Contract No.		Amount
Subtotal			-
*Contingencies		10%	-
Total Other Contracts			-

Work by Other City Departments		Amount
Subtotal		-
*Contingencies	10%	-
Total Work by Other City Departments		-

SUMMARY

Construction Cost - No Contingencies		**220,220.90**
TOTAL CONSTRUCTION COST WITH CONTINGENCIES		242,242.99
Engineering	10%	24,224.30
Administration		-
Advertising and Legal		-
Interest During Construction		-
HC 168 TOTAL PROJECT COST		**266,467.29**

Project Funding	Amount
City Funded - Sales Tax	266467.29
Total Funding	**266,467.29**

Date	5/14/2024

Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Sewer Improvement District SE 582

REQUEST:
Resolution approving the engineers' report, approving the plans and specifications, and directing the advertisement of bids and receiving bids.

BACKGROUND INFORMATION:
Sewer Improvement District SE 582 consists of one unit of new storm sewer and related work in Paradise Valley and Paradise Valley 2nd Additions. Sewer Improvement District SE 582 was previously bid with WPSP 392, where bids came in significantly higher than the engineer's estimate. On March 11, 2024, staff requested, with concurrence of the developer, that the commission reject the bids so that staff and the developer could revise the project plan along with project scope and timeline.

As part of the revised plan, it was decided WPSP 392 and SE 582 would be bid separately; WPSP 392 would be built using the city's 3-way contract process and SE 582 would be publicly bid and assessed as previously planned. Changes have also been made to the project timelines and project scope.

A revised engineer's report is attached for SE 582.

Project Schedule

Receipt and Opening of Bids	June 10, 2024
Award of Bid	June 11, 2024
Project Completion	Spring 2025

RECOMMENDED CITY COMMISSION ACTION:
Approve the request for resolution approving the engineers' report, approving the plans and specifications and directing the advertisement of bids and receiving bids.

STAFF CONTACT INFORMATION:
Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:
1. SE 582 Revised Engineering Report

ENGINEER'S REPORT
Sewer Improvement District Number Five Hundred Eighty-Two (582)

General Nature, Purpose and Benefit

Sewer Improvement District SE 582 consists of one unit of new storm sewer and related work. Unit 1 includes approximately 7,900 LF of new storm sewer ranging in size from 12" to 60", 700 LF of 14" stormwater forcemain, a stormwater lift station, and related appurtenances in Paradise Valley Addition and Paradise Valley Second Addition.

The storm sewer will be installed to manage storm water runoff within this district and will facilitate the extension of the City's roadway network as requested by the majority landowner for the continued growth of the City of Bismarck

The boundary of the district was drawn to include the parcels which receive a benefit from the improvements of this district as per the current special assessment policy approved by the City Commission. SE 582 covers work to be installed as part of the initial phase of development. Subsequent phases of development occurring within the boundary of SE 582 will be assessed to the benefitting properties within this boundary as all properties benefit from the master planned storm water system. Please see attached maps.

Cost Feasibility

Schedule A - Project Costs included as set out in Section 40-22-01 of the NDCC and as advertised under section 40-22-19 of the NDCC.

New Storm Sewer And Lift Station	$	4,010,000.00
New Lift Station Electrical Only	$	115,000.00
Subtotal	$	4,125,000.00
10% Contingency	$	412,500.00
Total Schedule A Cost	$	4,537,500.00

Schedule B - Other Project Costs not otherwise included above.

Engineering Fees	$	226,875.00
Administration Fees	$	226,875.00
Interest During Construction	$	136,125.00
Advertising and Legal	$	90,750.00
Total Schedule B Cost	$	680,625.00

Project Cost Summary

Schedule A Costs	$	4,537,500.00
Schedule B Costs	$	680,625.00
Total Estimated Improvement Cost	$	5,218,125.00

Funding Summary

Special Assessments	$	5,218,125.00
Total Funding	$	5,218,125.00

This work was prepared by me or under my direct supervision. We believe this project to be cost effective and reflects our best information at this time.



Linda J, Oster, P.E.
Assistant City Engineer

Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Access Easement in Silver Ranch Third Addition

REQUEST:
Dedication and acceptance of an Access Easement in Silver Ranch Third Addition.

BACKGROUND INFORMATION:
The Access Easement is proposed in Silver Ranch Third Addition on Davies Drive west of Silver Boulevard, adjacent to the area where streets have been installed. The access easement will allow for a turnaround for emergency vehicles. It is anticipated that this easement would be released with the extension of Davies Drive to the west. The Access Easement is attached.

RECOMMENDED CITY COMMISSION ACTION:
Approve the dedication and acceptance of an Access Easement in Silver Ranch Third Addition.

STAFF CONTACT INFORMATION:
Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:
1. Davies Drive - Access Easement

ACCESS EASEMENT

This dedication of an Access easement is made this _____ day of _____, 2024, between **INVESTCORE, INC.** whose post office address is PO Box 1437, Bismarck, ND 58502, Grantor and the **City of Bismarck**, a municipal corporation, whose post office address is 221 North 5th St., Bismarck, North Dakota 58506-5503, Grantee.

1. For and in consideration of the sum of One Dollar ($1.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, Grantor grants to Grantee, its successors and assigns, an exclusive easement to run with the land at all times hereafter to construct, operate, maintain, and repair gravel, curb, gutter, and paving facilities under or upon the real property hereinafter described below. Grantee shall have the right to ingress and egress across real property of Grantor for the purpose herein granted.

2. The real property for the Access easement herein dedicated, granted and reserved is owned by the Grantor and is described as follows:

ALL THAT PART OF LOTS 40, 41, 42, & 43 BLOCK 2, AND LOTS 15 & 16 BLOCK 3 OF SILVER RANCH THIRD ADDITION, BISMARCK, BURLEIGH COUNTY, NORTH DAKOTA, LYING WITHIN AN 80' RADIUS OF THE END POINT OF THE FOLLOWING DESCRIPTION:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 16; THENCE SOUTH 09 DEGREES 41 MINUTES 50 SECONDS EAST, ALONG THE SOUTHERLY EXTENSION OF THE EAST LINE OF SAID LOT 16, A DISTANCE OF 30.00 FEET TO THE CENTERLINE OF DAVIES DRIVE RIGHT-OF-WAY; THENCE SOUTH 80 DEGREES 18 MINUTES 10 SECONDS WEST, ALONG SAID CENTERLINE, A DISTANCE OF 9.76 FEET TO SAID ENDPOINT

Descriptions prepared by Landon Niemiller; Swenson, Hagen & Co. P.C.; 909 Basin Ave, Bismarck, ND 58504.

3. The Grantee is responsible for the installation, operation, and maintenance of improvements or facilities constructed or installed pursuant to this easement according to applicable development policies.

4. The term of this easement herein reserved is ninety-nine (99) years, beginning upon execution in 2024 and ending in 2123.

IN WITNESS WHEREOF, the Grantors have hereto fixed their signatures this the 8 day of May, 2024.

County
~~STATE~~ OF Burleigh)
) SS
State
~~COUNTY~~ OF North Dakota)

V.P.

Jamie Schmidt, Vice President
INVESTCORE, INC.
PO BOX 1437
BISMARCK, ND 58502

On this 8 day of May, 2024, before me appeared Jamie Schmidt, Vice-President of Investcore, Inc., known to me to be the person that is described in and that he executed the foregoing instrument, and acknowledged that he executed the same.

MADISON LAWLER
Notary Public
State of North Dakota
My Commission Expires April 25, 2026

Madison Lawler
Notary Public, Burleigh County, ND
My Commission Expires: April 25, 2026

Acceptance by City of Bismarck:

_____
MICHAEL T. SCHMITZ, PRESIDENT
BOARD OF CITY COMMISSIONERS

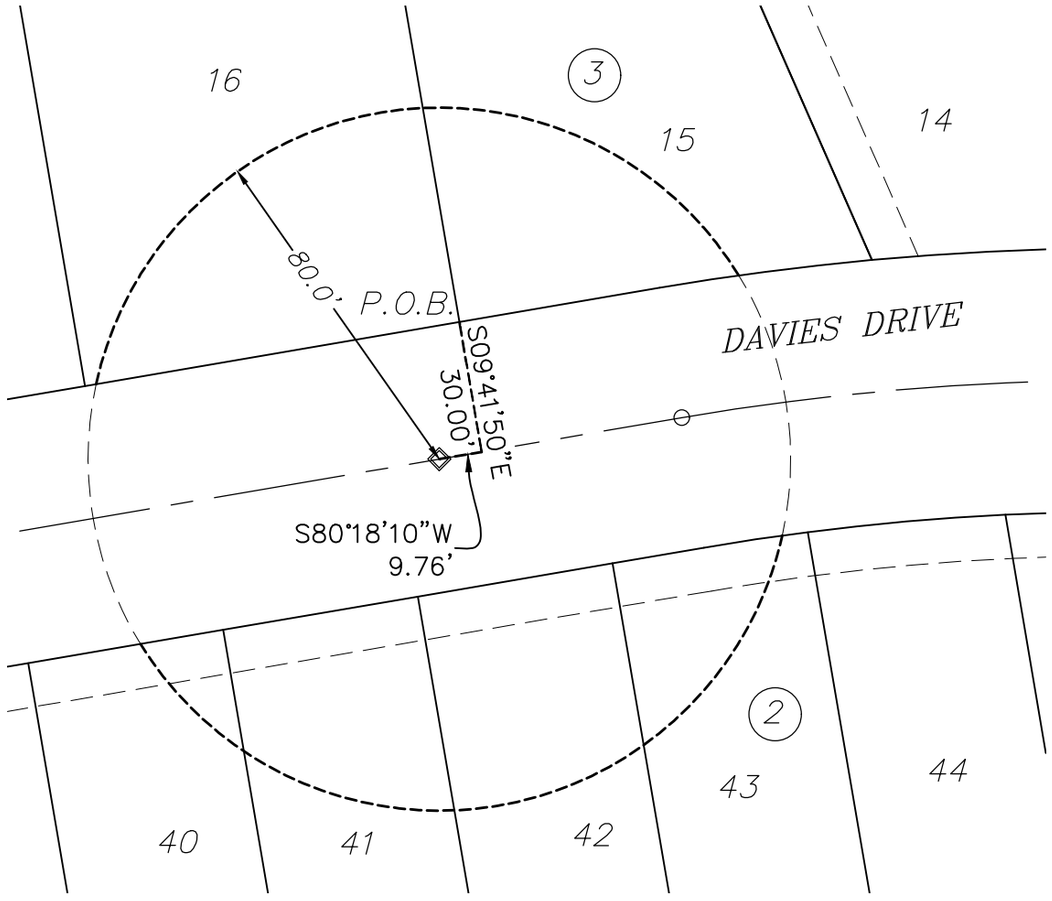
Attest:_____
JASON TOMANEK
CITY ADMINISTRATOR

STATE OF NORTH DAKOTA)
) SS
COUNTY OF BURLEIGH)

On this ____day of _____, 2024, before me appeared MICHAEL T. SCHMITZ, President of the Board of City Commissioners, and JASON TOMANEK, City Administrator, known to me to be the persons who are described in, and who executed the within and foregoing instrument and who severally acknowledged to me that they executed the same.

_____
Notary Public, Burleigh County, ND
My Commission expires:_____

ACCESS EASEMENT EXHIBIT

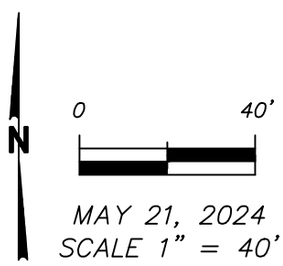


ACCESS EASEMENT

ALL THAT PART OF LOTS 40, 41, 42, & 43 BLOCK 2, AND LOTS 15 & 16 BLOCK 3 OF SILVER RANCH THIRD ADDITION, BISMARCK, BURLEIGH COUNTY, NORTH DAKOTA, LYING WITHIN AN 80' RADIUS OF THE END POINT OF THE FOLLOWING DESCRIPTION:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 16; THENCE SOUTH 09 DEGREES 41 MINUTES 50 SECONDS EAST, ALONG THE SOUTHERLY EXTENSION OF THE EAST LINE OF SAID LOT 16, A DISTANCE OF 30.00 FEET TO THE CENTERLINE OF DAVIES DRIVE RIGHT-OF-WAY; THENCE SOUTH 80 DEGREES 18 MINUTES 10 SECONDS WEST, ALONG SAID CENTERLINE, A DISTANCE OF 9.76 FEET TO SAID ENDPOINT





MAY 21, 2024
SCALE 1" = 40'

SWENSON, HAGEN & COMPANY P.C.
Surveying
Hydrology
Land Planning
Civil Engineering
Landscape & Site Design
Construction Management
909 Basin Avenue
Bismarck, North Dakota 58504
sheng@swensonhagen.com
Phone (701) 223 - 2600
Fax (701) 223 - 2606

Finance Department

DATE: May 28, 2024

FROM: Dmitriy Chernyak, Finance Director

ITEM: Applications for Abatement

REQUEST:
Applications for Abatement.

BACKGROUND INFORMATION:
Please consider approval of the following abatement applications:

Applications for Abatement for 2022 & 2023
Property Owner - Kerry Gullickson
Property Address - 527 Birchwood Dr
Property ID - 0497-023-160

Applications for Abatement for 2022 & 2023
Property Owner - Sharon Wheeler
Property Address - 1240 Riverwood Dr
Property ID - 1256-001-256

The market value reduction is due to an error in the property description.

RECOMMENDED CITY COMMISSION ACTION:
The Assessing Division recommends approval of the applications for abatement as presented.

STAFF CONTACT INFORMATION:
Allison Jensen, City Assessor, 701-355-1621, ajensen@bismarcknd.gov

ATTACHMENTS:
1. Abatements

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota **Assessment District** _____

County of Burleigh **Property I.D. No.** 0497-023-160

Name GULLICKSON, KERRY **Telephone No.** _____

Address 527 BIRCHWOOD DR, BISMARCK, ND 58504-6212

Legal description of the property involved in this application:

SOUTHWOOD TERRACE 2ND REP Block: 23 LOT 33

Total true and full value of the property described above for the year 2022 **is:**

Land	$ 56,000
Improvements	$ 202,800
Total	$ 258,800 (1)

Total true and full value of the property described above for the year 2022 **should be:**

Land	$ 56,000
Improvements	$ 201,600
Total	$ 257,600 (2)

The difference of $ 1,200.00 **true and full value between (1) and (2) above is due to the following reason(s):**

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☑ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☐ 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: $_____ Date of purchase: _____
   Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
   Was there personal property involved in the purchase price? _____ (yes/no) Estimated value: $_____
2. Has the property been offered for sale on the open market? _____ (yes/no). If yes, how long? _____
   Asking price: $_____ Terms of sale: _____
3. The property was independently appraised: _____ (yes/no) Purpose of appraisal: _____
   _____ Market value estimate: $_____
   Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is $_____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that the true and full value be reduced to $257,600.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

_____ _____ Kerry Gullickson 5-6-2024

Signature of Preparer (if other than applicant) Date Signature of Applicant Date

24775
(2-2016)

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

_____

_____

_____

Dated this _____ day of _____, _____.

_____
City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from $ _____ to $ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of $ _____. The Board accepts $ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

_____

_____

_____

Dated _____, _____

_____ _____
County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

_____ _____
County Auditor Date

Application For Abatement Or Refund Of Taxes

Name of Applicant Kerry Gullickson

County Auditor's File No. 24-604

Date Application Was Filed With The County Auditor 5/9/24

Date County Auditor Mailed Application to Township Clerk or City Auditor _____ (must be within five business days of filing date)

Mark Sperstad

MS

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota **Assessment District** _____

County of Burleigh **Property I.D. No.** 0497-023-160

Name GULLICKSON, KERRY **Telephone No.** _____

Address 527 BIRCHWOOD DR, BISMARCK, ND 58504-6212

Legal description of the property involved in this application:

SOUTHWOOD TERRACE 2ND REP Block: 23 LOT 33

Total true and full value of the property described above for the year 2023 **is:**

Land	$ 56,000
Improvements	$ 216,600
Total	$ 272,600 (1)

Total true and full value of the property described above for the year 2023 **should be:**

Land	$ 56,000
Improvements	$ 215,400
Total	$ 271,400 (2)

The difference of $ 1,200.00 **true and full value between (1) and (2) above is due to the following reason(s):**

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☑ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☐ 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: $_____ Date of purchase: _____
   Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
   Was there personal property involved in the purchase price? _____ (yes/no) Estimated value: $_____
2. Has the property been offered for sale on the open market? _____ (yes/no). If yes, how long? _____
   Asking price: $_____ Terms of sale: _____
3. The property was independently appraised: _____ (yes/no) Purpose of appraisal: _____
   _____ Market value estimate: $_____
   Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is $_____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that the true and full value be reduced to $271,400.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant) Date Signature of Applicant Kerry Gullickson Date 5-6-2024

24775
(2-2016)

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

_____

_____

_____

Dated this _____ day of _____, _____.

_____
City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from $ _____ to $ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of $ _____. The Board accepts $ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

_____

_____

_____

Dated _____, _____

_____ _____
County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

_____ _____
County Auditor Date

Application For Abatement Or Refund Of Taxes

Name of Applicant Kerry Gullickson

County Auditor's File No. 24-605

Date Application Was Filed With The County Auditor 5/9/24

Date County Auditor Mailed Application to Township Clerk or City Auditor _____ (must be within five business days of filing date)

Mark Sklanskowski

MP

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota **Assessment District** #1

County of Burleigh **Property I.D. No.** 1256-001-246

Name WHEELER, SHARON M **Telephone No.**

Address 620 10TH AVE N, FARGO, ND 58102-3634

Legal description of the property involved in this application:

SOUTHPORT PHASE II Block: 1 TRACT 1240 OF PART OF LOTS 3 & 7

PROPERTY ADDRESS: 1240 RIVERWOOD DR

Total true and full value of the property described above for the year 2022 **is:**

Land	$ 110,000
Improvements	$ 396,200
Total	$ 506,200 (1)

Total true and full value of the property described above for the year 2022 **should be:**

Land	$ 110,000
Improvements	$ 351,500
Total	$ 461,500 (2)

The difference of $ 44,700.00 **true and full value between (1) and (2) above is due to the following reason(s):**

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☑ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☐ 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: $_____ Date of purchase: _____
   Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
   Was there personal property involved in the purchase price? _____ (yes/no) Estimated value: $_____
2. Has the property been offered for sale on the open market? _____ (yes/no). If yes, how long? _____
   Asking price: $_____ Terms of sale: _____
3. The property was independently appraised: _____ (yes/no) Purpose of appraisal: _____
   _____ Market value estimate: $_____
   Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is $_____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Value be changed from $506,200 to $461,500.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

_____ _____ Margaret Dance 4/29/24

Signature of Preparer (if other than applicant) Date Signature of Applicant Date

24775
(2-2016)

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

_____

_____

_____

Dated this _____ day of _____, _____.

_____
City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from $ _____ to $ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of $ _____. The Board accepts $ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

_____

_____

_____

Dated _____, _____

_____ _____
County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

_____ _____
County Auditor Date

Application For Abatement Or Refund Of Taxes

Name of Applicant Sharon Wheeler

County Auditor's File No. 24-612

Date Application Was Filed With The County Auditor 5/20/24

Date County Auditor Mailed Application to Township Clerk or City Auditor _____ (must be within five business days of filing date)

Mark Sjoquist MP

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota **Assessment District** #1

County of Burleigh **Property I.D. No.** 1256-001-246

Name WHEELER, SHARON M **Telephone No.**

Address 620 10TH AVE N, FARGO, ND 58102-3634

Legal description of the property involved in this application:

SOUTHPORT PHASE II Block: 1 TRACT 1240 OF PART OF LOTS 3 & 7

PROPERTY ADDRESS: 1240 RIVERWOOD DR

Total true and full value of the property described above for the year 2023 **is:**

Land	$ 110,000
Improvements	$ 420,700
Total	$ 530,700 (1)

Total true and full value of the property described above for the year 2023 **should be:**

Land	$ 110,000
Improvements	$ 376,000
Total	$ 486,000 (2)

The difference of $ 44,700.00 **true and full value between (1) and (2) above is due to the following reason(s):**

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☑ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☐ 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: $_____ Date of purchase: _____
   Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
   Was there personal property involved in the purchase price? _____ (yes/no) Estimated value: $_____
2. Has the property been offered for sale on the open market? _____ (yes/no). If yes, how long? _____
   Asking price: $_____ Terms of sale: _____
3. The property was independently appraised: _____ (yes/no) Purpose of appraisal: _____
   _____ Market value estimate: $_____
   Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is $_____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Value be changed from $530,700 to $486,000.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant) Date Signature of Applicant Margaret Danko 4/29/24 Date

24775
(2-2016)

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

_____

_____

_____

Dated this _____ day of _____, _____.

_____
City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from $ _____ to $ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of $ _____. The Board accepts $ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

_____

_____

_____

Dated _____, _____

_____ _____
County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

_____ _____
County Auditor Date

Application For Abatement Or Refund Of Taxes

Name of Applicant Sharon Wheeler

County Auditor's File No. 24-613

Date Application Was Filed With The County Auditor 5/20/24

Date County Auditor Mailed Application to Township Clerk or City Auditor _____ (must be within five business days of filing date)

Mark Schmidt
MP

Human Resources Department

DATE: May 28, 2024

FROM: Leanne Schmidt, Human Resources Director

ITEM: Community Participation Plan

REQUEST:
Receive, consider, and approve the updated Community Participation Plan.

BACKGROUND INFORMATION:
Once approved, the Community Participation Plan will be finalized.

RECOMMENDED CITY COMMISSION ACTION:
Approve the updated Community Participation Plan.

STAFF CONTACT INFORMATION:
Leanne Schmidt, Human Resources Director, 701-355-1332, lschmidt@bismarcknd.gov
Julie Peplinski, HR Assistant, 701-355-1334, jpeplinski@bismarcknd.gov

ATTACHMENTS:
1. Title VI Community Participation Plan - Final Draft

City of Bismarck-Bismarck Airport Community Participation Plan (CPP)[1]

1. Administration

The purpose of this CPP is to ensure that stakeholders or communities affected[2] by **City of Bismarck-Bismarck Airport** projects or operations can be informed and participate and have their input thoughtfully considered in the key stages during airport planning efforts, regardless of their race, color, national origin, sex, sexual orientation, gender identity, creed, age, or disability (hereafter, the "protected bases"). This plan is provided in accordance with Title VI of the Civil Rights Act of 1964 (Title VI) and related authorities.[3] This plan and associated reports regarding our CPP efforts will be communicated to the public in formats accessible to persons with disabilities and to limited English proficient (LEP) individuals.

The individuals primarily responsible for implementing the **City of Bismarck** CPP are:

Responsible Official	Title, Office, and Responsibilities
Leanne Schmidt	Human Resources Director, Title VI Coordinator, and ADA Coordinator
Timothy Thorsen	Assistant Airport Director, Airport Staff Official supporting Title VI program, Airport DBE/ACDBE Liaison Officer
Jannelle Combs	City Attorney, Staff Official supporting Title VI program

Responsible officials' contact information is shared with the public through the following methods:

Contacts are included in plans. Plans are posted in the entrances of Bismarck Airport passenger terminal.

[1] See DOT Order 1000.12C, "The U.S. Department of Transportation (DOT) Title VI Program," Ch. 2, Sec. 4. (Jun. 11, 2021). https://www.transportation.gov/sites/dot.gov/files/2021-08/Final-for-OST-C-210312-002-signed.pdf

[2] Within this CPP, the term "affected" also means *served*, in addition to *positively or negatively impacted*.

[3] Related authorities include the Age Discrimination Act of 1975; Sec. 520 of the Airport and Airway Improvement Act of 1982; and the Civil Rights Restoration Act of 1987.

Website, In-person, and Other Communication Methods
1. "Contact Us" on City Website
2. "Contact Us" on Airport Web site.
3. In person walk into City Administration/Department offices.
4. Reach out/ respond to phone inquiries.
5. Reach out/respond by letter.

In addition, **City of Bismarck** will ensure that members of the public are advised of our nondiscrimination obligations. This includes how to file discrimination complaints with **City of Bismarck** and the FAA and other applicable Federal entities. We will also conspicuously display the FAA-provided Unlawful Discrimination Posters at airport facilities. See Notice section of **City of Bismarck**'s Title VI Plan. If changes have been made since the Title VI plan has been completed the poster template below will be filled out and posted: *https://www.faa.gov/about/office_org/headquarters_offices/acr/com_civ_support/non_disc_pr/*

City of Bismarck also makes this CPP available through the following methods when engaging members of the public concerning planning efforts:

Website, In-person, and Other Distribution Methods
1 City building entrances citywide
2 City Website
3. Bismarck Airport Website
4. Public Access TV
5. Press releases

2. Goals and Objectives

This CPP applies to all airport planning and decision-making efforts, whether or not, directly supported by Federal assistance. This includes surveys, public meetings (e.g., airport commission meetings), and hearings, not only meetings for a project requiring an environmental impact statement (EIS) or environmental assessment (EA).

City of Bismarck's planning processes that lead to decisions for projects or operations or those of any sub-recipients are:

The Airport Master Plan is posted at https://www.bismarckairport.com/. Approved EA's are posted at https://www.bismarckairport.com/.

Bismarck Airport conducts a Capital Improvement Program (CIP) meeting with FAA-Dakota Minnesota Airports District Office (ADO) monthly, each third Thursday at 10:00 AM CT. The

meeting is conducted in person at airport administration with call in and MS Teams also available. North Dakota Aeronautics Commission (NDAC) project manager attends the monthly meeting. Annually (summer) a specific meeting is set up with NDAC to discuss CIP and grant needs. Ad hoc meetings are scheduled to complete periodic plan reviews. Approval of plans and other actions occurs at meetings of the Board of City Commissioners which is the elected governing board of Bismarck Airport.

Planning Processes
1. Terminal Expansion Study
2. City Commission meetings
3. Budget Committee meetings
4. FAA CIP meetings
5. NDAC CIP meetings
6. Periodic project plan review meetings
7. Weekly scheduled construction progress meetings

City of Bismarck seeks public input for the above processes through the following methods:

Public Input Methods	Planning Process(es) that use each Method
A. Advertised (Public Notice) through local newspaper of record	#2, 3, 6
B. Published on City and Airport Website	#1,2,3, 6
C. Direct outreach to known ACDBE's on NDDOT web site (Unified Certification Program for ND).	#1
D. Public Open house for project review	#1
E. Public comment period at City Commission Meetings	#1,2,3,4

DRAFT

3. Identification of and Focused Outreach to Affected Communities

See Community Statistics section of **City of Bismarck**'s Title VI Plan, for detailed discussion of Affected Communities.

The specific steps City of **Bismarck** will take to communicate with, inform, educate, consult, or solicit input from, and expand opportunities for engagement with each Affected Community,[4] are provided below.

Affected Community	Key Community Reps. (CBOs, leaders, etc.)	Focused Outreach Steps
a. Bismarck Public	a. City Administration Assistants. b. City Communications Strategist c. Airport Marketing and Operations Manager .	a. Public Notices (Bismarck Tribune) b. Commission Meetings (Public Access TV and Internet. c. City Website d. Airport web site e. Public open house meetings f. Direct outreach

City of Bismarck will ensure that public engagement is effective, meaningful, and free of linguistic, economic, historical, and cultural barriers to participation. Every effort will be taken to ensure clear, plain, and effective communication with Affected Communities, including materials in accessible formats for persons with disabilities and in languages other than English. See Limited English Proficiency (LEP) section of **City of Bismarck**'s Title VI Plan.

[4] "Affected communities" means any readily identifiable group potentially impacted by an airport project or operation, such as the community immediately surrounding a project or a community in the flight path.

5. Communication Platforms

Diverse communication platforms will be utilized to effectively reach the broadest audience. We will use the following platforms to communicate project details, our nondiscrimination obligations, and contact information for the public to share project or operational feedback with our office and the FAA.

Social Media, Monitors, and Other Communication Platforms
1 Airport and City Website
2 Publish in Local Newspaper of Record
3. Survey comments at City Commission meetings

6. Records

This section includes the procedures **City of Bismarck** will follow to document our outreach efforts. Records for steps taken to provide outreach to Affected Communities will be maintained in the following locations:

Website, In-person, and Other Storage Methods
1. Electronically on City of Bismarck servers.
2. Airport hard copy files.

Records will be kept for community input. The records will document how **City of Bismarck** considered, weighed, and incorporated input received. The records will include justifications for any decisions contrary to community feedback.

Records for demographics of participants will also be kept. Requested demographic information will include race, national origin, sexual orientation, gender identity, creed, age, disability, languages spoken, and community membership.[5] Demographic information will be requested by the following methods:

Demographic Information Collection Methods
1. Voluntary disclosure by attendees in commission meeting sign in sheets.
2. Voluntary disclosure by attendees at Terminal Expansion public meetings
3. Voluntary disclosure using QR code surveys notices through terminal, conference rooms and placed in project specification documents.

[5] This information is solicited to demonstrate compliance with Title VI and related requirements. See 49 CFR § 21.9(b); 49 U.S.C. § 47123; 28 CFR § 42.406; and FAA Order 1400.11.

CPP records will be made available to the public using the same methods for other information outlined within this plan.

7. Reporting Outcomes

Within 30 days of the end of each fiscal year (FY), City of Bismarck will create a CPP Report for that current FY. The report will summarize efforts taken under this CPP in a narrative statement describing:

1. The specific steps taken to produce meaningful engagement with Affected Communities that FY,
2. The results of those efforts for that FY, and
3. How the Affected Communities' comments and views are or will be incorporated into the decision-making process.

The CPP Reports will be included with **City of Bismarck**'s Title VI Plan. The CPP reports for the previous three years will be added to the three-year update of the Title VI Plan.

DRAFT

Human Resources Department

DATE: May 28, 2024

FROM: Leanne Schmidt, Human Resources Director

ITEM: Title VI Plan

REQUEST:
Receive, consider, and approve the City of Bismarck Title VI Plan updated changes from the Federal Aviation Administration.

BACKGROUND INFORMATION:
Once approved, the Title VI Plan will be finalized.

RECOMMENDED CITY COMMISSION ACTION:
Approve the updated City of Bismarck Title VI Plan.

STAFF CONTACT INFORMATION:
Leanne Schmidt, Human Resources Director, 701-355-1332, lschmidt@bismarcknd.gov
Julie Peplinski, HR Assistant, 701-355-1334, jpeplinski@bismarcknd.gov

ATTACHMENTS:
1. Title VI Community Participation Plan - Final Draft

City of Bismarck-Bismarck Airport Community Participation Plan (CPP)[1]

1. Administration

The purpose of this CPP is to ensure that stakeholders or communities affected[2] by **City of Bismarck-Bismarck Airport** projects or operations can be informed and participate and have their input thoughtfully considered in the key stages during airport planning efforts, regardless of their race, color, national origin, sex, sexual orientation, gender identity, creed, age, or disability (hereafter, the "protected bases"). This plan is provided in accordance with Title VI of the Civil Rights Act of 1964 (Title VI) and related authorities.[3] This plan and associated reports regarding our CPP efforts will be communicated to the public in formats accessible to persons with disabilities and to limited English proficient (LEP) individuals.

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[1] See DOT Order 1000.12C, "The U.S. Department of Transportation (DOT) Title VI Program," Ch. 2, Sec. 4. (Jun. 11, 2021). https://www.transportation.gov/sites/dot.gov/files/2021-08/Final-for-OST-C-210312-002-signed.pdf

[2] Within this CPP, the term "affected" also means *served*, in addition to *positively or negatively impacted*.

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meeting is conducted in person at airport administration with call in and MS Teams also available. North Dakota Aeronautics Commission (NDAC) project manager attends the monthly meeting. Annually (summer) a specific meeting is set up with NDAC to discuss CIP and grant needs. Ad hoc meetings are scheduled to complete periodic plan reviews. Approval of plans and other actions occurs at meetings of the Board of City Commissioners which is the elected governing board of Bismarck Airport.

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DRAFT

3. Identification of and Focused Outreach to Affected Communities

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City of Bismarck will ensure that public engagement is effective, meaningful, and free of linguistic, economic, historical, and cultural barriers to participation. Every effort will be taken to ensure clear, plain, and effective communication with Affected Communities, including materials in accessible formats for persons with disabilities and in languages other than English. See Limited English Proficiency (LEP) section of **City of Bismarck**'s Title VI Plan.

[4] "Affected communities" means any readily identifiable group potentially impacted by an airport project or operation, such as the community immediately surrounding a project or a community in the flight path.

5. Communication Platforms

Diverse communication platforms will be utilized to effectively reach the broadest audience. We will use the following platforms to communicate project details, our nondiscrimination obligations, and contact information for the public to share project or operational feedback with our office and the FAA.

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2 Publish in Local Newspaper of Record
3. Survey comments at City Commission meetings

6. Records

This section includes the procedures **City of Bismarck** will follow to document our outreach efforts. Records for steps taken to provide outreach to Affected Communities will be maintained in the following locations:

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Demographic Information Collection Methods
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3. Voluntary disclosure using QR code surveys notices through terminal, conference rooms and placed in project specification documents.

[5] This information is solicited to demonstrate compliance with Title VI and related requirements. See 49 CFR § 21.9(b); 49 U.S.C. § 47123; 28 CFR § 42.406; and FAA Order 1400.11.

CPP records will be made available to the public using the same methods for other information outlined within this plan.

7. Reporting Outcomes

Within 30 days of the end of each fiscal year (FY), City of Bismarck will create a CPP Report for that current FY. The report will summarize efforts taken under this CPP in a narrative statement describing:

1. The specific steps taken to produce meaningful engagement with Affected Communities that FY,
2. The results of those efforts for that FY, and
3. How the Affected Communities' comments and views are or will be incorporated into the decision-making process.

The CPP Reports will be included with **City of Bismarck**'s Title VI Plan. The CPP reports for the previous three years will be added to the three-year update of the Title VI Plan.

DRAFT

Police Department

DATE: May 28, 2024

FROM: Dave Draovitch, Police Chief

ITEM: Bomb Squad Trailer Disposal

REQUEST:
Dispose of a bomb squad trailer that is obsolete and serves no purpose for the City of Bismarck.

BACKGROUND INFORMATION:
The Bismarck Police Department has had this homemade bomb trailer for over 30 years, and it no longer serves a purpose for the police department. I have asked the Public Works Department if they would like to re-purpose it or use it for scrap metal. They also have no use for it, so we are requesting it to be sent to the landfill for scrap.

RECOMMENDED CITY COMMISSION ACTION:
Approve Bismarck Police Department to transfer the bomb squad trailer to the landfill for scrap.

STAFF CONTACT INFORMATION:
Jason Stugelmeyer, Deputy Police Chief-Support Services, 701-355-1862, jstugelmeyer@bismarcknd.gov

ATTACHMENTS:
1. Bomb Squad Trailer Picture


POLICE

Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Fire Station 2 Generator Replacement Bid Award

REQUEST:
Permission to award the bid for design and construction administration services for the Fire Station 2 Generator Replacement project to Apex Engineering Group, Inc.

BACKGROUND INFORMATION:
Written proposals from qualified consultants were received on Friday, March 8, 2024. We are requesting to award Apex Engineering Group, Inc. for the design and construction administration services for Fire Station 2 Generator Replacement in the amount of $12,600. The letter of agreement, consultant ranking, and Request for Qualifications are attached.

RECOMMENDED CITY COMMISSION ACTION:
Approve bid award to Apex Engineering Group, Inc. in the amount of $12,600 for the Fire Station 2 Generator Replacement project.

STAFF CONTACT INFORMATION:

ATTACHMENTS:
1. Fire Station No. 2 Generator Replacement - Agreement Letter
2. Consultant Ranking Fire Station 2 - Generator Replacement
3. Fire Station 2 Generator Replacement RFQ

701.323.3950
600 South 2nd Street – Suite 145
Bismarck, ND 58504

April 16, 2024

Mr. Bruce Schirado
Facility Manager
City of Bismarck
PO Box 5503
Bismarck ND 58506-5503

Re: Fire Station No. 2 – Generator Replacement
City of Bismarck
Bismarck, North Dakota
Apex Project No. 24.118.0033

Dear Mr. Schirado:

We have reviewed the information shared by you along with the original electrical drawings dated August 1973. Our understanding is that the project will consist of removal of the existing natural gas generator and associated switchgear, installation of a new diesel unit (sized to handle the entire facility), a new closed transition automatic transfer switch, a new maintenance switch, and an alternate bid to replacement of the existing main distribution panel. Apex Engineering will coordinate the required electrical interconnections and relaying with Montana Dakota Utilities (MDU).

We would like to offer our design and construction administration services to you based on the following lump sum amounts.

• Development of CAD files from scanned originals	$1,600.00.
• Design Services (base plus alternate)	$8,000.00.
• Construction Services Base Bid Only	$2,500.00.
• Construction Services Alternate Bid Only	$500.00.
Total Design and Construction Fee	$12,600.00

Included in the design would be full plans and technical specifications based on the existing drawings, physical walk through of the existing site, potential equipment suppliers, meetings with the City staff. Construction services would include attending construction meetings, preparation of field orders, answering contractor's questions, reviewing of shop drawings, and final punch list.

If you have any questions regarding this opinion of cost and fee proposal, please feel free to call me at 701-323-3961.

Sincerely,

John M. Klein, PE
Apex Engineering Group, Inc.

Cc: File

If you agree to the information presented in this Letter of Agreement and the Scope of Services, and General Terms & Conditions we would appreciate your signed response. The above agreement is subject to our attached General Terms and Conditions, and 2024 Standard Hourly Rates (Attached).

Proposed by (Apex Engineering Group): Date:

Mike Berg 4/17/24

Mike Berg, PE
Principal / Vice President
Apex Engineering Group, Inc.

Accepted by (Client/Owner): Date:

_____ _____

Client/Owner Representative
Michael T. Schmitz, President
Board of City Commissioners

Attest:

_____

Jason Tomanek Date
City Administrator

General Provisions of Engineering Agreement

ARTICLE 1. GENERAL

These General Provisions supplement and become part of the Agreement between Apex Engineering Group, Inc., a North Dakota Corporation, hereinafter referred to as APEX, and the other Party to the Agreement, hereinafter referred to as CLIENT, wherein the CLIENT engages APEX to provide professional services for a "Project" which may include certain Design Engineering, Planning, Study, Surveying, and/or Construction Observation and Construction Administration services. Either Party to this Agreement may be referred to as a "Party" or collectively as "Parties."

As used herein, the term "Agreement" refers to (1) APEX's original Engagement Letter or proposal (the "Engagement Letter") which forms the basis for the Agreement; (2) these General Provisions, and (3) any attached Exhibits, as if they were part of one and the same document. With respect to the order of precedence, any attached Exhibits shall govern over these General Provisions and the Engagement Letter shall govern over any attached Exhibits and these General Provisions.

ARTICLE 2. STANDARD OF CARE

APEX agrees that the Services provided pursuant to this Agreement shall be provided with that degree of knowledge, skill and judgment ordinarily possessed by members of the profession and shall be performed faithfully and diligently in a manner a reasonably prudent Engineer would ordinarily exercise under similar circumstances at the same time and in the same locality. APEX further warrants that the Services shall be provided in a manner consistent with the standard of care applicable to those who specialize in providing Services for projects of the type, scope, and complexity provided for under this Agreement. APEX makes no warranties, express or implied, under this Agreement or otherwise, in connection with APEX's services. Subject to the foregoing standard of care, APEX and its consultants may use or rely upon design elements and information ordinarily or customarily furnished by others, including, but not limited to specialty contractors, manufacturers, suppliers, and publishers of technical standards.

ARTICLE 3. PERIOD OF SERVICE

The term of this Agreement for the performance of services hereunder shall be as set forth in APEX's Engagement Letter. Any lump sum or estimated maximum payment amounts set forth in the Engagement Letter have been established in anticipation of the orderly and continuous progress of the project in accordance with the schedule set forth in the Engagement Letter or any Exhibits attached thereto.

ARTICLE 4. COMPENSATION TO APEX

A. Compensation to APEX for services shall be as designated in the Engagement Letter or in an attached Exhibit. The CLIENT shall make monthly payments to APEX within 30 days of date of invoice.

B. The CLIENT will pay the balance stated on the invoice unless CLIENT notifies APEX in writing of the particular item that is alleged to be incorrect within 15 days from the date of invoice, in which case all undisputed items shall be paid and amounts in dispute shall become due upon an adjudicated resolution or upon agreement of the parties. All accounts unpaid after 30 days from the date of original invoice shall be subject to a service charge of 1-1/2% per month, or the maximum amount authorized by law, whichever is less. In addition, APEX may, after giving seven days' written notice to the CLIENT, suspend services under this Agreement until APEX has been paid in full or all amounts then due for services, expenses and charges not in dispute.

ARTICLE 5. ADDITIONAL SERVICES

If APEX is of the opinion that any work it has been directed to perform is beyond the Scope of this Agreement, or that the level of effort required exceeds that estimated due to changed conditions and thereby constitutes Additional Services, it shall notify the CLIENT of that fact. Upon written notification to CLIENT, APEX shall be entitled to additional compensation for same, and to an extension of time for completion absent timely written objection by CLIENT to the scope of Additional Services Payment for additional services shall be described in a Contract Amendment which will be executed by the CLIENT and APEX.

ARTICLE 6. ABANDONMENT, CHANGE OF PLAN AND TERMINATION

CLIENT has the right to terminate this Agreement upon seven days written notice for convenience. In addition, the CLIENT may at any time reduce the scope of this Agreement. Such reduction in scope shall be set forth in a written notice from the CLIENT to APEX.

In the event of a termination or reduction in scope of the project work, APEX shall be paid for the work performed and expenses incurred on the project work and for any completed and abandoned work for which payment has not been made, computed in accordance with the provisions of the Engagement Letter and payment of a reasonable amount for services and expenses directly attributable to termination, both before and after the effective date of termination, such as reassignment of personnel, costs of termination contracts with APEX's sub-consultants, costs of producing copies of file materials and other related close-out costs.

APEX has the right to terminate the Agreement upon seven days written notice for breach of any material condition, nonpayment of fees, inability to reach agreement on additional services, changes in parties or substantially changed conditions.

ARTICLE 7. OWNERSHIP AND REUSE OF DOCUMENTS

All documents, including reports, drawings, calculations, specifications, CADD materials, computer software or other work product prepared by APEX pursuant to this Agreement are Instruments of Service and APEX and CLIENT retain ownership interests in said Instruments of Service, including copyrights and right of reuse, whether or not the project is completed. CLIENT'S license to use the documents is granted only when APEX is paid in full for services duly rendered. Any use or reuse or any modification of such Instruments of Service, except for the specific purpose intended, by the CLIENT or others without written consent, verification, or adaptation by APEX will be at the CLIENTS's risk and full legal responsibility. In this regard, the CLIENT shall indemnify and hold harmless APEX and its employees and officers from any and all suits or claims arising out of such use or reuse which is not specifically verified, adapted, or authorized by APEX. Copies of documents that may be relied upon by the CLIENT are limited to the printed copies (also known as hard copies) that are signed or sealed by APEX's Professional Engineer(s) or Land Surveyor (s).

ARTICLE 8. USE OF ELECTRONIC MEDIA

Files in electronic format furnished to the CLIENT are only for convenience of the CLIENT. Any conclusion or information obtained or derived from such electronic files will be at the users' sole risk. If there is a discrepancy between the electronic files and the hard copies, the hard copies govern. In the event electronic copies of documents are made available to the CLIENT, the CLIENT acknowledges that the useful life of electronic media may be limited because of data stored on electronic media can deteriorate or be modified inadvertently, obsolescence of the computer hardware and/or software systems or other causes outside of APEX's control. The party receiving electronic files agrees that it will perform acceptance tests or procedures within 60 days, after which the receiving party shall be deemed to have accepted the data thus transferred.

If requested, at the time of completion or termination of the work, APEX shall make available to the CLIENT, at CLIENT's expense, copies of the Instruments of Service upon (1) payments of amounts due and owing for work performed and expenses incurred under this Agreement, and (2) fulfillment of the CLIENT's obligation under this Agreement.

ARTICLE 9. CLIENT'S RESPONSIBILITIES

A. To permit APEX to perform the services required hereunder, the CLIENT shall supply, in proper time and sequence, the following at no expense to APEX.

1. All necessary information regarding its requirements as necessary for orderly progress of the work.
2. Designate in writing a person to act as CLIENT's representative with respect to the services to be rendered under this Agreement. Such person shall have authority to transmit instructions, receive instructions, receive information, and interpret and define CLIENT's policies with respect to APEX's services
3. Furnish, as required for performance of APEX's services (except to the extent provided otherwise in the Engagement Letter or any Exhibits attached thereto), data prepared by or services of others, including without limitation, soil borings, probing and subsurface explorations, hydrographic and geo-hydrologic surveys, laboratory tests and inspections of samples, materials and equipment; appropriate professional interpretations of all the foregoing; environmental assessment and impact statements; property, boundary, easement, right-of-way, topographic and utility surveys; property descriptions; zoning, deed and other land use restrictions; and other special data not covered in the Engagement Letter or any Exhibits attached thereto.
4. Provide access to, and make all provisions for APEX to enter upon publicly or privately owned property as required to perform the work.
5. Act as liaison with other agencies or involved parties to carry out necessary coordination and negotiations; furnish approvals and permits from all governmental authorities having jurisdiction over the project and such approvals and consents from others as may be necessary for completion of the project.
6. Give prompt written notice to APEX whenever the CLIENT observes or otherwise becomes aware of any development that affects the scope or timing of APEX's services or any defect in the work of Construction Contractor(s), sub-consultants or APEX.
7. Provide such accounting, independent cost estimating and insurance counseling services as may be required for the project, such legal services as the CLIENT may require or APEX may reasonably request with regard to legal issues pertaining to the project including any that may be raised by contractor(s), such auditing service as CLIENT may require to ascertain how or for what purpose any contractor has used the monies paid under the construction contract, and such inspection services as CLIENT may require to ascertain that contractor(s) are complying with any law, rule, regulation, ordinance, code or order applicable to their furnishing and performing the work.

8 Provide "record" drawings and specifications for all existing physical plants or facilities which are pertinent to the project.
9. Act promptly to approve all pay requests, Supplemental Agreements, or requests for information by APEX as set forth herein.
10. Require all Utilities with facilities in the CLIENT's right-of-way to locate and mark said utilities upon request, relocate and/or protect said utilities as determined necessary to accommodate work of the project, submit a schedule of the necessary relocation/protection activities to the CLIENT for review and comply with agreed upon schedule.
11. Provide other services, materials, or data as may be set forth in the Engagement Letter or any Exhibits attached thereto.

B. APEX shall be entitled to rely on the accuracy and completeness of information furnished by the CLIENT. If APEX finds that any information furnished by the CLIENT is in error or is inadequate for its purpose, APEX shall promptly notify the CLIENT.

ARTICLE 10. OPINIONS OF COST

Opinions of probable project cost, construction cost, financial evaluations, feasibility studies, economic analysis of alternate solutions and utilitarian considerations of operations and maintenance costs provided for in the Engagement Letter or any Exhibits attached thereto, are made on the basis of APEX's experience and qualifications and represent APEX's judgment as an experienced and qualified design professional. It is recognized that Apex does not have control over the cost of labor, material, equipment or services furnished by others or over market conditions or contractors' methods of determining their prices. Accordingly, APEX does not guarantee that proposals, bids or actual costs will not vary from opinions, evaluations or studies submitted by APEX to CLIENT hereunder.

ARTICLE 11. CONSTRUCTION PHASE SERVICES

A. CLIENT acknowledges that it is customary for the Engineer who is responsible for the preparation and furnishing of Drawings and Specifications and other construction-related documents to be employed to provide professional services during the Construction Phases of the project, (1) to interpret and clarify the documentation so furnished and to modify the same as circumstances revealed during bidding and construction may dictate, (2) in connection with acceptance of substitute of or-equal items of materials and equipment proposed by bidders and contractor(s), (3) in connection with review of shop drawings and sample submittals, and (4) as a result of and in response to APEX's detecting in advance of performance of affected work inconsistencies of irregularities in such documentation. Nothing contained in this paragraph shall be construed to release APEX (or Apex's professional associates or consultants) from liability for failure to perform in accordance with professional standards any duty or responsibility which Apex has undertaken or assumed under this Agreement.

B. APEX shall not at any time supervise, direct, control or have authority over any Constructor or Contractor's work, nor shall APEX have authority over or be responsible for the means, methods, techniques, sequences, or procedures of construction selected or used by any Contractor, or the safety precautions and programs incident thereto, for security or safety at the Project site, nor for any failure of a Contractor to comply with laws and regulations applicable to such Contractor's furnishing and performing of its work.

C. DESIGN WITHOUT CONSTRUCTION PHASE SERVICES. Engineer shall be responsible only for those Construction Phase services expressly required of Engineer in attached scope of services document. With the exception of such expressly required services, Engineer shall have no design, Shop Drawing review, or other obligations during construction, and Owner assumes all responsibility for the application and interpretation of the Construction Contract Documents, review and response to Contractor claims, Construction Contract administration, processing of Change Orders and submittals, revisions to the Construction Contract Documents during construction, construction observation and review, review of Contractor's payment applications, and all other necessary Construction Phase administrative, engineering, and professional services. Owner waives all claims against the Engineer that may be connected in any way to Construction Phase administrative, engineering, or professional services except for those services that are expressly required of Engineer in the scope of services document.

ARTICLE 12. INSURANCE

APEX shall procure and maintain insurance coverage for protection from claims against it under Workers' Compensation, claims for General Liability and from claims against it for Automobile Liability. APEX will provide certificates of insurance coverage to CLIENT upon request.

APEX shall procure and maintain professional liability insurance for protection from claims arising out of performance of professional services caused by any negligent act, error, or omission in the amount of $2,000,000 per claim and $3,000,000 per aggregate. Proceeds of such insurance claims shall be limited to the amount of actual liability attributed to APEX only, and shall not include liability of any other entity.

APEX will maintain Insurance Coverage in the following amounts:

Worker's Compensation	Statutory	
General Liability	$2,000,000	Each Occurrence
Automobile Liability	$1,000,000	Each Accident
Professional Liability	$2,000,000	Each Claim

If the CLIENT requires coverage or limits in addition to the above stated amounts, premiums for additional insurance shall be paid by the CLIENT.

Certificates of insurance will be provided to the CLIENT upon request.

ARTICLE 13. ASSIGNMENT

This Agreement shall not be assigned, sublet or transferred without the written consent of APEX and the CLIENT. Neither APEX nor CLIENT shall assign its rights, interests or obligations under this Agreement without the express written consent of the other party. Any assignment of the Agreement, or claims arising under or relating to the Agreement without the written consent of both Parties shall be null and void.

ARTICLE 14. CONTROLLING LAW

This Agreement is to be governed by the law of the state or jurisdiction in which the Project is located unless otherwise designated and agreed upon by both Parties.

ARTICLE 15. SEVERABILITY

Any provision or portion thereof in this Agreement which is held to be void or unenforceable under any law shall be deemed stricken, and all remaining provisions shall continue to be valid and binding between CLIENT and APEX.

ARTICLE 16. MUTUAL INDEMNITY

APEX and the CLIENT shall indemnify and hold harmless each other and their respective officers, directors, members, partners, agents, consultants and employees from damages arising out of the Services, provided that such damage is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the Services itself), including the loss of use resulting therefrom, but only to the extent caused by any negligent act or omission of the other party or their respective officers, directors, members, partners, agents, consultants or employees.

Each party's liability hereunder shall be limited to the total amount of the coverage specified in APEX's insurance coverage required under this Agreement. APEX and the CLIENT shall not be liable to the other party for any special, incidental, indirect or consequential damages whatsoever arising out of, or resulting from, or in any way related to the Services and each parties respective performance of their obligations there under.

ARTICLE 17. CONFLICT RESOLUTION

In an effort to resolve any conflicts that arise during the design or construction of the project or following the completion of the project, the CLIENT and APEX agree that all disputes between them arising out of or relating to this Agreement shall be submitted to nonbinding mediation as a precondition to any formal legal proceedings.

ARTICLE 18. CONFIDENTIALITY

APEX agrees to keep confidential and not to disclose to any person or entity, other than APEX's employees, sub-consultants and the general contractor and subcontractors, if appropriate, any data and information furnished to APEX and marked CONFIDENTIAL by the CLIENT. These provisions shall not apply to information in whatever form that comes into the public domain, nor shall it restrict APEX from giving notices required by law or complying with an order to provide information or data when such order is issued by a court, administrative agency or other authority with proper jurisdiction, or if it is reasonably necessary for APEX to complete services under the Agreement or defend itself from any suit or claim.

ARTICLE 19. UNDERGROUND UTILITIES

If authorized in the Engagement Letter, APEX and/or its authorized sub consultant will conduct the research that in its professional opinion is necessary and will prepare a plan indicating the locations intended for subsurface penetrations with respect to assumed locations of underground improvements. Such services by APEX or its sub-consultant will be performed in a manner consistent with the ordinary standard of care.

ARTICLE 20. PRESENCE OF HAZARDOUS ENVIRONMENTAL CONDITIONS

The parties acknowledge that APEX's Services do not include any services related to unknown or undisclosed Constituents of Concern. If APEX or any other party encounters, uncovers, or reveals an unknown Constituent of Concern, then APEX may, at its option and without liability for consequential or any other damages, suspend performance of Services on the portion of the Project affected thereby until such portion of the Project is no longer affected, or terminate this Agreement for cause if it is not practical to continue providing Services.

Constituent of Concern is defined as: Asbestos, petroleum, radioactive material, polychlorinated biphenyls (PCBs), hazardous waste, and any substance, product, waste, or other material of any nature whatsoever that is or becomes listed, regulated, or addressed pursuant to (a) the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. §§9601 et seq. ("CERCLA"); (b) the Hazardous Materials Transportation Act, 49 U.S.C. §§5101 et seq.; (c) the Resource Conservation and Recovery Act, 42 U.S.C. §§6901 et seq. ("RCRA"); (d) the Toxic Substances Control Act, 15 U.S.C. §§2601 et seq.; (e) the Clean Water Act, 33 U.S.C. §§1251 et seq.; (f) the Clean Air Act, 42 U.S.C. §§7401 et seq.; or (g) any other federal, State, or local statute, law, rule, regulation, ordinance, resolution, code, order, or decree regulating, relating to, or imposing liability or standards of conduct concerning, any hazardous, toxic, or dangerous waste, substance, or material.

ARTICLE 21. CLIENT'S ACCEPTANCE BY PURCHASE ORDER

In lieu of or in addition to execution of the Engagement Letter, the CLIENT may authorize APEX to commence services by issuing a purchase order by a duly authorized representative. Such authority to commence services or purchase order shall incorporate by reference the terms and conditions of this Agreement. In the event the terms and conditions of this Agreement conflict with those contained in the CLIENT's purchase order, the terms and conditions of the Agreement shall govern. Notwithstanding any purchase order provisions to the contrary, no warranties, express or implied, are made by APEX. In order to implement the intent of Parties to this Agreement, the Parties agree that the Engagement Letter, these General Provisions, and any Exhibits constitute the entire Agreement between them. The Parties further agree that the preprinted terms and conditions of any CLIENT-generated purchase order issued to request work pursuant to this Agreement will not apply to the work, regardless of whether APEX executes the purchase order in acceptance of the work.

Apex Engineering Group

Water | Transportation | Municipal | Facilities

2024 Rate Schedule

Classification	Hourly Rate
Principal Engineer	$226
Senior Engineer	$208
Lead Engineer	$195
Design Engineer II	$181
Design Engineer	$168
Project Engineer	$150
Graduate Engineer	$137
Senior Environmental Engineer	$221
Lead Environmental Engineer	$200
Environmental Engineer	$184
Graduate Environmental Engineer	$147
Survey Manager	$185
Sr. Survey Crew Chief	$173
Survey Crew Chief	$162
Surveyor II	$139
Surveyor I	$116
Survey Technician	$109
Operations Specialist	$185
Lead Environmental Planner	$177
Environmental Planner	$141
Right-of-Way Specialist	$170
Senior Engineering Technician	$149
Lead Engineering Technician	$134
Engineering Technician III	$118
Engineering Technician II	$112
Engineering Technician I	$102
GIS Coordinator	$155
GIS Technician	$118
Support Staff III	$121
Support Staff II	$111
Support Staff I	$105

Reimbursable Expenses:

Car/Standard Vehicle		$ IRS Rate/Mile
Survey Vehicle		$1.00/Mile
4WD Pickup		$0.75/Mile
Field Vehicle		$110/Day
All-Terrain Vehicle		$70/Day
Meals (Per Diem)		$45/Day
Lodging		At Cost
Field Supplies		At Cost
Printing:	8 ½ x 11 – color or b/w	$.10/Each
	11 x 17 – color or b/w	$.15/Each
	Wide Format – color or b/w	$0.35/ft^2

City of Bismarck
RFQ for Engineering Services
Fire Station 2 - Generator Replacement

Proposals accepted until 4:00 pm CT on Friday, March 8, 2024,
Consultant Ranking

VENDOR	Rank
Apex Engineering Group, Inc.	1
EAPC Architects Engineers	5
MBN Engineering	3
Prairie Engineering, PC	2
SEH, Inc.	4

REQUEST FOR QUALIFICATIONS
FOR ENGINEERING SERVICES

Fire Station 2
835 East Bismarck Expressway
Generator Replacement

The City of Bismarck Public Works Service Operations requests written qualifications from professional Engineering firms for engineering services required to complete the following:

1. Evaluate, design, prepare plans, specifications, and bidding documents. Also included shall be construction administration services for the replacement of the existing generator.
2. Removal of existing generator and transfer switch. Owner shall retain first right of salvage on this equipment.
3. The new generator shall have a closed transfer switch and shall be expected to supply 100% power supply to the building.
4. The supplier of the generator must be within 75 miles of the job site.
5. Generator will have a 5-year service and warranty contract.
6. The selected firm will be responsible for assisting the City of Bismarck in obtaining any necessary approvals and/or permits from the North Dakota Department of Environmental Quality and any other agencies.
7. The schedule is for the design and construction in the 2024 budget.

The engineering selection process will be completed in accordance with established City of Bismarck procedures. Written proposals shall address the firm's ability to perform the necessary services in a timely manner. Written proposals shall be limited to a maximum of either 20 single-sided or 10 double-sided standard (8-1/2x11) paper pages. The primary consideration items will be, but not limited to, the firm's:

1. Technical capabilities of Firm and of proposed project team.
2. Experience and performance of Firm and of proposed project team.
3. Understanding of project and proposed work approach.
4. Knowledge of regulations and local conditions.
5. Ability to respond in a timely manner.
6. Availability of qualified personnel; project personnel assignments and qualifications.
7. Experience with similar type of projects.

The selection of firms will be based on an evaluation of the written proposals. A selection committee may interview selected firms, but a professional services agreement will be executed with a single firm. A detailed scope of work will be developed, and price will be negotiated with the selected firm. An engineering agreement, including price schedule, will be negotiated with the selected firm for approval by the Board of City Commissioners.

Technical inquiries should be directed to Bruce Schirado, City of Bismarck Public Works Service Operations Department (701-355-1700) or bschirado@bismarcknd.gov.

Written proposals from qualified consultants will be accepted until 4:00 pm CT on Friday, March 8, 2024, in the format prescribed by the City. Submit six (6) hard copies and one digital copy of the proposal by mail or deliver documents to:

Public Works Service Operations Department
Attn: Bruce Schirado, Facilities Manager
601 South 26th Street, Bismarck ND 58504
PO Box 5503, Bismarck, ND 58506-5503

The City reserves the right to reject any or all proposals or inquiries, waive any informality in the process or to accept any response it may deem to be in the best interest of the City.

Dated this 20th day of February 2024.

Bis Trib Adv: 2/20 & 2/27

Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Grant Awards for Noxious Weeds Management

REQUEST:
Permission from the Weeds Division to assist the Bismarck Parks and Recreation Board, as a subrecipient, for two (2) noxious weeds management grant awards.

BACKGROUND INFORMATION:
The City Commissioners approved at the 2/27/2024 meeting our request to apply for two (2) grants on behalf of Bismarck Parks and Recreation, which will help them manage noxious weeds throughout the Park District. Because the City of Bismarck has its own Weed Board and Weed Officer, the City needs to submit documentation for the grants to the State Department of Agriculture for Bismarck Parks and Recreation.

1. Grant 24-169 from the ND Department of Agriculture will provide funding for the purchase of mapping technology, allowing Parks and Recreation to record and manage pesticide applications across the park district. Total project cost of $5,650, (75:25 with Bismarck Parks & Recreation responsible for the Subgrantee Share of $1,412.50).
2. Grant 24-170 will provide funding to hire a contractor to perform herbicide application via drone in difficult-to-manage areas in the coulees along Valley Drive Park. Total project cost of $4,322.80, (50:50 with Bismarck Parks & Recreation responsible for the Subgrantee Share of $2,161.40).

RECOMMENDED CITY COMMISSION ACTION:
Grant permission for Weeds Division to assist Bismarck Parks and Recreation with documentation of bid award for two grants which will provide technology and resources for the management of noxious weeds on Parks and Recreation property.

STAFF CONTACT INFORMATION:
Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Christy Ames-Davis, Forestry Programs Coordinator, 701-355-1723, cames@bismarcknd.gov

ATTACHMENTS:
1. 24-169 NGA Bismarck City Weed Board
2. 24-170 NGA Bismarck City Weed Board

3. ND Dept of Agriculture Grant App Approval

NOTICE OF GRANT AWARD-FEDERAL SOURCE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

SFN 60710 (6-2023)

North Dakota Department of Agriculture
600 E Boulevard Ave, Dept 602
Bismarck ND 58505-0020

Grant Number	CFDA Number	Grant Period
24-169	10.680	From: 05/15/2024 Through: 12/31/2024

This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Federal Awarding Agency		Title of Project/Program	
USDA - Forest Service		Forest Health-Invasive Species	
Federal Agreement Date	**Federal Agreement Amount**	**Federal Agreement Number**	**NDDOA Grant Code**
11/01/2022	$80,000.00	23-DG-11010000-002	DA07325

Subgrantee Name and Address	Grantee Name and Address
Bismarck City Weed Board 601 S 26th Street Bismarck, ND 58504	ND Department of Agriculture 600 E. Boulevard Ave., Dept. 602 Bismarck, ND 58505-0020

Subgrantee Contact Name	Telephone Number	Grantee Contact Name	Telephone Number
John Arlien	(701) 220-0365	Samantha Brunner	(701) 328-4765

Financial Information	Subgrantee Amount	Subgrantee Share Required	Total Project Cost
Amount of Financial Assistance	$4,237.50	$1,412.50	$5,650.00

Scope of Service

Grantee agrees to the purchase of datalogging equipment to update GPS/GIS mapping equipment for the mapping of noxious and invasive weed data, documentation of noxious weed control, and to increase efficiency within counties.

Grantee agrees to reimbursement of expenses provided all financial documentation found within the reporting requirements has been received. Reimbursement requests must be made in writing. Reimbursement of expenses is 75% of actual expenditures, up to the total grant amount as required by NDCC 4.1-47-15.

Reporting Requirements

Reimbursement requests must include all financial documentation (i.e. receipts and invoices) and are due December 31, 2024.

Grantee agrees to work with Grantor's GIS specialist to analyze noxious weed control data. Data must be sent to Grantor electronically (ex. Shapefile) by Annual Survey deadline on or before March 1st each year for the next three (3) years. Reporting must include program summary, maps created by mapping technology, contact person, and additional information.

Special Conditions

Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

Failure to submit data may affect future funding.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following: (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Subgrantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only ☐ Requirements Received] (2.) Applicable Federal and State regulations.

Evidence of Subgrantee's Acceptance		**Evidence of Departmental Acceptance**	
Signature	Date	Signature	Date
Typed Name of Authorized Representative		Typed Name of Authorized Representative Jeannie Jacobs-Kopp	
Title		Title Grants and Contracts Officer	

Noxious Weed Mapping Technology Grant Application

Applicant Weed Board: City of Bismarck
Primary Contact: John Arlien
Address: 601 south 26th Street
Phone Number: 701-220-0365
Email: publicworks@bismarcknd.gov
Amount Requested (75% but no more than $7,600): $4237.50
Match Amount (at least 25%): $1412.50
Total Equipment cost (100%): $5650.00
Project Purpose
Why is this grant important to your program?

Purchasing this new software and hardware it would enable our staff to better manage record and track herbicide/pesticide applications. The GPS tracking would ensure better application coverage and assist in not over applying due to inadvertent overlap.

If your county currently is using similar technology, what is being used?

We are not currently using this technology; this would be an improvement for our system of recordkeeping. The software will allow applications to be tracked electronically and improve efficiency.

How will this benefit your county?

This will increase efficiency in retrieving documentation for applications in areas where requests are made.

In what ways will the data/information be utilized?

The data will be used to track areas that have been treated. Dates, time, chemical types, weather, etc. will be more accurately tracked and documented.

Does your county have the funds to pay the continuing costs of the chosen equipment, such as subscriptions (Note: TAG funds can be used for this purpose)? Yes, this will be accounted for in our annual budget.

Noxious Weed Mapping Technology Grant Application

Project Goals

How many mapping units is your county requesting?

We would be requesting 1 initially.

Where will these units be installed? (Vehicle, ATV/UTV, Backpack)

The unit would be installed on a UTV

What company are you planning on purchasing from?

We were planning on purchasing from Spray Sync.

By what date do you plan on having these installed?

We plan to have it installed by June or earlier, depending on when the equipment is available and shipped.

What date did the company quote for delivery of the equipment?

Current lead time to have the equipment Shipped is 1-2 weeks. If the equipment is to be installed by Spray Sync, the tentative timeframe is late April to beginning of May for installation.

__X__ Applicant understands there will be a cost share of 25% to the county and 75% to the state.
__X__ Applicant has attached a quote if purchasing equipment from a company other than what is included on the state contract with Spray Sync
__X__ Applicant agrees to work with the Dept. of Agriculture GIS specialist to analyze data.

NOTICE OF GRANT AWARD-FEDERAL SOURCE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

SFN 60710 (6-2023)

North Dakota Department of Agriculture
600 E Boulevard Ave, Dept 602
Bismarck ND 58505-0020

Grant Number	CFDA Number	Grant Period
24-170	10.680	From: 05/15/2024 Through: 09/30/2024

This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Federal Awarding Agency		Title of Project/Program	
USDA - Forest Service		Cooperative Weed Management Cost Share Program	
Federal Agreement Date	**Federal Agreement Amount**	**Federal Agreement Number**	**NDDOA Grant Code**
06/09/2023	$45,000.00	23-DG-11010000-005	DA07226

Subgrantee Name and Address	Grantee Name and Address
Bismarck City Weed Board 601 S. 26th Street Bismarck, ND 58506	ND Department of Agriculture 600 E. Boulevard Ave., Dept. 602 Bismarck, ND 58505-0020

Subgrantee Contact Name	Telephone Number	Grantee Contact Name	Telephone Number
John Arlien	(701) 220-0365	Samantha Brunner	(701) 328-4765

Financial Information	Subgrantee Amount	Subgrantee Share Required	Total Project Cost
Amount of Financial Assistance	$2,161.40	$2,161.40	$4,322.80

Scope of Service

Subgrantee agrees to complete the project activities and budget to control noxious and invasive weeds in the City of Bismarck as outlined in the attached proposal. Subgrantee agrees to reimbursement of expenses on a quarterly basis, provided all financial documentation found within the reporting requirements have been received. Reimbursement requests must be made in writing and are due the 15th of the month following each quarter. Subgrantee agrees that any changes in budget or scope need prior written approval.

Reporting Requirements

A final project report is due upon completion of the project, no later than September 30, 2024. The final project report must include; project title, activities performed, funding expended to date, and the acres surveyed, treated, restored, and monitored.

Subrantee will upload data in EDDMapS.

Special Conditions

Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following: (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Subgrantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only ☐ Requirements Received] (2.) Applicable Federal and State regulations.

Evidence of Subgrantee's Acceptance		**Evidence of Departmental Acceptance**	
Signature	Date	Signature	Date
Typed Name of Authorized Representative		Typed Name of Authorized Representative Jeannie Jacobs-Kopp	
Title		Title Grants and Contracts Officer	

North Dakota Department of Agriculture
U.S. Forest Service Weed Control Cost-Share Funding Request

Section 1. Applicant Details

Project Coordinator:	Jon Arlien	**Project Agency:**	City of Bismarck		
Address:	601 south 26th Street				
City:	Bismarck	**State:**	ND	**Zip Code:**	58506
Telephone Number:	701-220-0365	**Email Address:**	Jarlien@bismarcknd.gov		

Section 2. Cost-share Request Details

Project Title:	Ash Coulee				
Project Location: (address, GPS coordinates, or TRS description)	46°51'21.6"N 100°48'34.0"W				
Project Purpose:	The purpose of the grant is to further the control of noxious weeds in the district with the additional funds we will be better able to control problem areas.				
Total Cost of Project:	4322.80	**Amount of Funding Requested:**	2161.4		
Funding Period:	Start date: 5/4/24	End date: 9/20/24			
Approx. Acres to be treated or controlled:	31.84				
Methods of Control (check all that apply):	**Herbicide** ☑	**Biological** ☐	**Cultural** ☐	**Mechanical** ☐	**Reseeding** ☐
Other (describe):					
Weeds targeted in proposed project:	Wormwood, Thistle, and leafy Spurge.				

Section 3. Funding Requirements

Before your project is considered, please note the below requirements:

1. Project area must have a minimum 10% forest cover or consist of infested lands adjacent to or associated with weed-threatened forested lands.
   a. **Does your project meet the forested requirement?** ☑ **YES** ☐ **NO**
2. Federal cost-share required is 50%.
3. Funding can include a percentage of labor, supplies, and equipment. Equipment purchased must be pre-approved and detailed in the project description.
4. Treatment acres must be reported annually. Treatment is defined as herbicide, biological control, cultural control, mechanical, or reseeding.

Do you agree to the above requirements? ☑ **YES** ☐ **NO**

Section 4. Detailed Project Description

Spray Valley Drive Park with aerial drone, for control of noxious weeds to include Canadian Thistle, Wormwood, Leafy Spurge and other noxious weeds present.

	5/3/24
Applicant Signature	**Date**

Public Works Service Operations

DATE: April 9, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM:
Permission for the Weeds Division to assist the Bismarck Parks and Recreation Board, as a subrecipient, in the application for two grants for noxious weeds management on Parks property.

REQUEST:
Permission for the Weeds Division to assist the Bismarck Parks and Recreation Board, as a subrecipient, in the application for two grants for noxious weeds management on Parks property.

BACKGROUND INFORMATION:
Bismarck Parks and Recreation would like to apply for two grants which will help them manage noxious weeds throughout the Park District. Because the City of Bismarck has its own Weed Board and Weed Officer, the City needs to submit these applications to the State Department of Agriculture and Bismarck Parks and Recreation would be the subrecipient. One grant from the ND Department of Agriculture will provide funding for the purchase mapping technology which will allow Parks and Recreation to record and manage their pesticide applications across the park district. The second grant will provide funding which will allow Parks and Recreation to hire a contractor to perform herbicide application via drone in difficult to manage areas in the coulees along Valley Drive Park.

RECOMMENDED CITY COMMISSION ACTION:
Grant permission to the Weeds Division to assist Bismarck Parks and Recreation in the application of two grants which will provide technology and resources for the management of noxious weeds on Parks and Recreation property.

STAFF CONTACT INFORMATION:
Douglas Wiles, City Forester, 701-355-1722, dwiles@bismarcknd.gov

ATTACHMENTS:
1. Aerial Drone Spraying Grant
2. Noxious Weed Mapping Technology Grant Application_ (003) (003)

North Dakota Department of Agriculture
U.S. Forest Service Weed Control Cost-Share Funding Request

Section 1. Applicant Details

Project Coordinator:	Mike Sullivan/David Mayer	**Project Agency:**	Bismarck Parks and Recreation		
Address:	627 West Arbor Ave				
City:	Bismarck	**State:**	ND	**Zip Code:**	58504
Telephone Number:	701-222-6464	**Email Address:**	msullivan@bisparks.org		

Section 2. Cost-share Request Details

Project Title:	Bismarck Parks and Recreation				
Project Location: (address, GPS coordinates, or TRS description)	46°51'18.3"N 100°48'32.8"W				
Project Purpose:	The Purpose of the grant application is to further the control of noxious weeds in the district. With the additional funds we will be better able to control problem areas.				
Total Cost of Project:	6825.60	**Amount of Funding Requested:**	3412.80		
Funding Period:	Start date: 3/19/24	End date: 9/20/24			
Approx. Acres to be treated or controlled:	31.84 Acres				
Methods of Control (check all that apply):	**Herbicide** ☑	**Biological** ☐	**Cultural** ☐	**Mechanical** ☐	**Reseeding** ☐
Other (describe):					
Weeds targeted in proposed project:	Wormwood, Thistle, and Leafy Spurge.				

Section 3. Funding Requirements

Before your project is considered, please note the below requirements:

1. Project area must have a minimum 10% forest cover or consist of infested lands adjacent to or associated with weed-threatened forested lands.
   a. **Does your project meet the forested requirement?** ☑ **YES** ☐ **NO**
2. Federal cost-share required is 50%.
3. Funding can include a percentage of labor, supplies, and equipment. Equipment purchased must be pre-approved and detailed in the project description.
4. Treatment acres must be reported annually. Treatment is defined as herbicide, biological control, cultural control, mechanical, or reseeding.

Do you agree to the above requirements? ☑ **YES** ☐ **NO**

u

Section 4. Detailed Project Description

Spray Valley Drive Park with Aerial Done, for control of noxious weeds to include Canadian Thistle, Leafy Spurge, and other noxious weeds present.

Michael Sullivan	3/22/24
Applicant Signature	**Date**

Noxious Weed Mapping Technology Grant Application

Applicant Weed Board:
Primary Contact: City of Bismarck (Bismarck Parks and Recreation District)
Address:
Phone Number:
Email:
Amount Requested (75% but no more than $7,600):
Match Amount (at least 25%):
Total Equipment cost (100%):
Project Purpose
Why is this grant important to your program?

Purchasing this new software and hardware it would enable our staff to better manage record and track herbicide/pesticide applications. The GPS tracking would ensure better application coverage and assist in not over applying due to inadvertent overlap.

If your county currently is using similar technology, what is being used?

We are not currently using this technology; this would be an improvement for our system of recordkeeping. The software will allow applications to be tracked electronically and improve efficiency.

How will this benefit your county?

This will increase efficiency in retrieving documentation for applications in areas where requests are made.

In what ways will the data/information be utilized?

The data will be used to track areas that have been treated. Dates, time, chemical types, weather, etc. will be more accurately tracked and documented.

Does your county have the funds to pay the continuing costs of the chosen equipment, such as subscriptions (Note: TAG funds can be used for this purpose)? Yes, this will be accounted for in our annual budget.

Noxious Weed Mapping Technology Grant Application

Project Goals

How many mapping units is your county requesting?

We would be requesting 1 initially.

Where will these units be installed? (Vehicle, ATV/UTV, Backpack)

The unit would be installed on a UTV

What company are you planning on purchasing from?

We were planning on purchasing from Spray Sync.

By what date do you plan on having these installed?

We plan to have it installed by June or earlier, depending on when the equipment is available and shipped.

What date did the company quote for delivery of the equipment?

Current lead time to have the equipment shipped is 1-2 weeks. If the equipment is to be installed by Spray Sync, the tentative timeframe is late April to beginning of May for installation.

_DM__Applicant understands there will be a cost share of 25% to the county and 75% to the state.
_DM__Applicant has attached a quote if purchasing equipment from a company other than what is included on the state contract with Spray Sync
_DM__ Applicant agrees to work with the Dept. of Agriculture GIS specialist to analyze data.

Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Noxious Weed Control Targeted Assistance Grant (TAG) Award

REQUEST:
Permission to accept the Targeted Assistance Grant (TAG) Award from the North Dakota Department of Agriculture.

BACKGROUND INFORMATION:
The Board of City Commissioners approved our request to apply for a grant from the North Dakota Department of Agriculture at the February 27, 2024, meeting. TAG is a cost-share program that will be used to assist with local noxious weed control. Funds may be used for the purchase of chemicals, materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. This grant is a 75:25 match with a maximum grant amount of $2,500 and a match of $833.33.

RECOMMENDED CITY COMMISSION ACTION:
Approve the request to accept the Targeted Assistance Grant Award from the North Dakota Department of Agriculture to aid in the management of noxious weed control in the City of Bismarck.

STAFF CONTACT INFORMATION:
Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Christy Ames-Davis, Forestry Programs Coordinator, 701-355-1723, cames@bismarcknd.gov

ATTACHMENTS:
1. Weed TAG Notice of Grant Award-State Source
2. Weed Control Grant with ND Dept of Agriculture - TAG Weed Control

NOTICE OF GRANT AWARD-STATE SOURCE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
SFN 60385 (6-2023)

North Dakota Department of Agriculture
600 E Boulevard Ave, Dept 602
Bismarck ND 58505-0020

Grant Number	CFDA Number	Grant Period
23-254	N/A	From: 07/01/2023 Through: 12/31/2024

This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Title of Project/Program			NDDOA Fund Number	NDDOA Grant Code
Targeted Assistance Grant (TAG)			9100.376	DA00927
Grantee Name			**Grantor Name**	
Bismarck City Weed Board			North Dakota Department of Agriculture	
Address			**Address**	
601 S 26th Street			600 E. Boulevard Ave., Dept. 602	
City	**State**	**ZIP Code**	**City**	**State** / **ZIP Code**
Bismarck	ND	58504	Bismarck	ND 58505-0020
Grantee Contact Name	**Telephone Number**		**Grantor Contact Name**	**Telephone Number**
John Arlien	(701) 220-0365		Richard Weisz	(701) 328-2250
Financial Information	**Grant Amount**		**Grantee Share Required**	**Total Project Cost**
Amount of Financial Assistance	$2,500.00		$833.33	$3,333.33

Scope of Service
TAG is a cost-share program that shall be used to assist with local noxious weed control. Grantee agrees funds must used for weed control or the purchase of materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. Grantee agrees to reimbursement of expenses either on a quarterly, semiannual, or annual basis, provided all financial documentation found within the reporting requirements has been received. Reimbursement requests must be made in writing using SFN 58676 TAG Voucher for Payment. Reimbursement of expenses is 75% of actual expenditures, up to the total grant amount.

Reporting Requirements
Reimbursement requests must include all financial documentation. Quarterly reimbursement requests are due the 15th of the month following each quarter; ex. October 15, 2023 (for the period of July 1 - September 30, 2023). Semiannual reimbursement requests are due the month following every six month period; ex January 15, 2024 (for the period July 1 - December 31, 2023). Annual reimbursement requests are due during the same state fiscal year they were expended; ex FY24 (July 1, 2023 - June 30, 2024) due July 11, 2024. FY25 (July 1, 2024 - December 31, 2024) due January 15, 2025.

Special Conditions
Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following: (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Grantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only [X] Requirements Received] (2.) Applicable Federal and State regulations.

Evidence of Grantee's Acceptance		Evidence of Departmental Acceptance	
Signature: John Arlien	Date: 3-4-24	Signature: Jeannie Jacobs-Kopp Digitally signed by Jeannie Jacobs-Kopp Date: 2024.03.07 11:32:40 -06'00'	Date
Typed Name of Authorized Representative: John Arlien		Typed Name of Authorized Representative: Jeannie Jacobs-Kopp	
Title: City Weed Officer		Title: Grants and Contracts Officer	

GRANTEE CERTIFICATIONS FOR REQUIREMENTS
FOR NOTICE OF GRANT AWARDS
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025

I hereby certify that our organization/agency has agreed upon the conditions of the Requirements for Notice of Grant Awards applicable to funding received through all grants issued by the ND Department of Agriculture and will ensure all program managers are aware of and will comply with the requirements.

I certify that the person(s) responsible for authorizing, expending, or accounting for grant funds will be provided access to the grant requirements as specified in Section 27 State Audit Requirements of the Requirements for Notice of Grant Awards.

If my organization/agency has grant(s) in place that extends past June 30, 2025, I agree that this Certification Requirements will become a part of the grant(s).

Signature: _____

Name of Authorized Representative: John Arlien

Date: 3-4-24

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

GRANT REVIEW FORM

☒ **Application** ☐ **Fast Track Application** ☐ **Award** ☐ **Subrecipient Agreement**

Granting Agency: North Dakota Department of Agriculture

Description and Purpose of Grant:
TAG is a cost-share program to assist with local noxious weed control. Funds for weed control or purchase materials, machinery, equip, computer hardware/software, training to assist in weed control.

Grant Amount: $2,500.00 Grant Match: In-Kind

Grant Period: 1/15/2025 submittal deadline FTE: N/A

Funding Source: ND Forest Service Project Code: TBD

Requirements & Ongoing Cost of Phase-Out: N/A

Comments: Commission Approval to apply for grant at 2.27.2024 meeting.
Grant Period: 7.1.2023-12.31.2024, Grant Amt $2500, Grantee Share Required $833.33. Total Project Cost $3,333.33

Please check all that apply:

☐ IT / GIS-Related

☒ Commission Approval

☐ Online Application / Award Submission (No Mayor Signature)

Doug Wiles, City Forester DS DW 3/4/2024

APPROVALS:

Department Director DS SS Date: 3/4/2024

Grants Coordinator DS KD Date: 3/4/2024

☐ Subrecipient Risk Assessment Attached

Comments: Project code will be determined with Manager when docusign complete

IT / GIS (if needed) Date:

City Attorney Date:

Finance Director DS DC Date: 3/4/2024

Comments: OK

Administrator DS kH Date: 3/6/2024

Comments: Okay

Mayor's Approval for Online Submission: Date:

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

City Administration

TO: Steve Salwei, P.E., Public Works Service Operations Director

DATE: March 1, 2024

FROM: Jason Tomanek, City Administrator

SUBJECT: Targeted Assistance Grant Application

The Board of City Commissioners met on Tuesday, February 27, 2024, and considered the request for permission to apply for the Targeted Assistance Grant (TAG) from the North Dakota Department of Agriculture to aid in noxious weed control in the City of Bismarck.

The Weeds Division has applied for this grant from the North Dakota Department of Agriculture many times over the years. TAG is a cost-share program that shall be used to assist with local noxious weed control. Funds may be used for the purchase of chemicals, materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. This grant is a 75:25 match with a maximum grant amount of $2,500 and a match of $833.33.

The Commission considered the request and approved it as presented.

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

Public Works Service Operations

DATE: February 27, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Permission for the Forestry Division to apply for a grant from the North Dakota Department of Agriculture to aid in noxious weed control in the City of Bismarck.

REQUEST:
Request for permission to apply for the Targeted Assistance Grant (TAG) from the North Dakota Department of Agriculture.

BACKGROUND INFORMATION:
The Weeds Division has applied for this grant from the North Dakota Department of Agriculture many times over the years. TAG is a cost-share program that shall be used to assist with local noxious weed control. Funds may be used for the purchase of chemical, materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. This grant is a 75:25 match with maximum grant amount of $2,500 and a match of $833.33.

RECOMMENDED CITY COMMISSION ACTION:
Approve the request to apply for the Targeted Assistance Grant from the North Dakota Department of Agriculuture to aid in the management of noxious weed control in the City of Bismarck.

STAFF CONTACT INFORMATION:
Douglas Wiles, City Forester, 701-355-1722, dwiles@bismarcknd.gov
Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov

ATTACHMENTS:
1. 2024 TAG

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

NOTICE OF GRANT AWARD-STATE SOURCE

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

SFN 60385 (6-2023)

North Dakota Department of Agriculture
600 E Boulevard Ave, Dept 602
Bismarck ND 58505-0020

Grant Number	CFDA Number	Grant Period
23-254	N/A	From: 07/01/2023 Through: 12/31/2024

This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Title of Project/Program			NDDOA Fund Number	NDDOA Grant Code
Targeted Assistance Grant (TAG)			9100.376	DA00927
Grantee Name			**Grantor Name**	
Bismarck City Weed Board			North Dakota Department of Agriculture	
Address			**Address**	
601 S 26th Street			600 E. Boulevard Ave., Dept. 602	
City	**State**	**ZIP Code**	**City**	**State** / **ZIP Code**
Bismarck	ND	58504	Bismarck	ND 58505-0020
Grantee Contact Name	**Telephone Number**		**Grantor Contact Name**	**Telephone Number**
John Arlien	(701) 220-0365		Richard Weisz	(701) 328-2250
Financial Information	**Grant Amount**		**Grantee Share Required**	**Total Project Cost**
Amount of Financial Assistance	$2,500.00		$833.33	$3,333.33

Scope of Service

TAG is a cost-share program that shall be used to assist with local noxious weed control. Grantee agrees funds must used for weed control or the purchase of materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. Grantee agrees to reimbursement of expenses either on a quarterly, semiannual, or annual basis, provided all financial documentation found within the reporting requirements has been received. Reimbursement requests must be made in writing using SFN 58676 TAG Voucher for Payment. Reimbursement of expenses is 75% of actual expenditures, up to the total grant amount.

Reporting Requirements

Reimbursement requests must include all financial documentation. Quarterly reimbursement requests are due the 15th of the month following each quarter; ex. October 15, 2023 (for the period of July 1 - September 30, 2023). Semiannual reimbursement requests are due the month following every six month period; ex January 15, 2024 (for the period July 1 - December 31, 2023). Annual reimbursement requests are due during the same state fiscal year they were expended; ex FY24 (July 1, 2023 - June 30, 2024) due July 11, 2024. FY25 (July 1, 2024 - December 31, 2024) due January 15, 2025.

Special Conditions

Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following: (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Grantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only ☐ Requirements Received] (2.) Applicable Federal and State regulations.

Evidence of Grantee's Acceptance		Evidence of Departmental Acceptance	
Signature (DocuSigned by: DB23347C43514F0...)	Date 3/6/2024	Signature	Date
Typed Name of Authorized Representative: Michael T Schmitz		Typed Name of Authorized Representative: Jeannie Jacobs-Kopp	
Title: President, Board of City Commissioners		Title: Grants and Contracts Officer	

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

GRANTEE CERTIFICATIONS FOR REQUIREMENTS
FOR NOTICE OF GRANT AWARDS
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025

I hereby certify that our organization/agency has agreed upon the conditions of the Requirements for Notice of Grant Awards applicable to funding received through all grants issued by the ND Department of Agriculture and will ensure all program managers are aware of and will comply with the requirements.

I certify that the person(s) responsible for authorizing, expending, or accounting for grant funds will be provided access to the grant requirements as specified in Section 27 State Audit Requirements of the Requirements for Notice of Grant Awards.

If my organization/agency has grant(s) in place that extends past June 30, 2025, I agree that this Certification Requirements will become a part of the grant(s).

Signature: DocuSigned by: DB23347C43514F0...

Name of Authorized Representative: Michael T Schmitz, President, Board of City Commissioners

Date: 3/6/2024

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

Ideas for Using TAG Funds

- Noxious weed mapping equipment
- Spray equipment - new or repairs/parts
- Personal protective equipment
- Pesticide spill kits
- Biological control and related equipment
- Safety, calibration, or other pre-approved training for noxious weed staff (no food purchases)
- Computer hardware or software for county weed board duties
- Educational/Outreach material or newsletters
- Lab testing fees (ex. Palmer amaranth, herbicide resistance)

If unsure if something qualifies for targeted access grant assistance, please consult North Dakota Department of Agriculture in advance of the purchase.

DocuSign Envelope ID: F8862D09-99E0-42CB-B507-F250D422BD9D

REQUIREMENTS FOR NOTICE OF GRANT AWARDS BETWEEN STATE OF NORTH DAKOTA ACTING THROUGH ITS NORTH DAKOTA DEPARTMENT OF AGRICULTURE (Department) AND GRANTEE FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025

1. EVALUATION

The Department of Agriculture (Department) shall, throughout the effective dates on the Notice of Grant Award, conduct an ongoing evaluation of the Grantee performance in carrying out the Scope of Service as stated in the Notice of Grant Award (Grant Award). Compliance with Requirements for Grant Award will also be monitored. Such evaluation may include, but not be limited to, periodic site visits by the Department representatives to review progress made by the Grantee in accomplishing stated goals/objectives.

2. GRANTEE'S UNDERSTANDING OF TERM OF FUNDING

Grantee understands that this grant is a one-time grant, and acknowledges that it has received no assurances that this grant may be extended beyond its expiration date.

3. RENEWAL

This Grant Award will not automatically renew.

4. PREPAYMENT

Department will not make any advance payments before performance or delivery by Grantee under this Grant Award. Department shall make payment under this Grant Award within forty-five (45) calendar days after receipt of invoice.

5. PAYMENT OF TAXES BY DEPARTMENT

Department is not responsible for and will not pay local, state, or federal taxes. State sales tax exemption number is E-2001, Department will furnish certificates of exemption upon request by the Grantee.

6. MERGER AND MODIFICATION, CONFLICT IN DOCUMENTS

This Grant Award constitutes the entire agreement between the parties. There are no understandings, agreements, or representations, oral or written, not specified within the Grant Award. The Grant Award may not be modified, supplemented or amended, in any manner, except by written agreement signed by both parties.

7. INDEPENDENT GRANTEE

It is agreed by the parties hereto that the Grantee in performing the duties under the Grant Award is functioning as an independent Contractor and the grantor/grantee arrangements between the parties hereto in no way shall be construed as giving rise to an employer/employee relationship or any other relationship that is beyond a grantor/grantee relationship.

Grantee is an independent entity under this Grant Award and is not a Department employee for any purpose, including the application of the Social Security Act, the Fair Labor Standards Act, the Federal Insurance Contribution Act, the North Dakota Unemployment Compensation Law, and the North Dakota Workforce Safety and Insurance Act. Grantee retains sole and absolute discretion in the manner and means of carrying out Grantee's activities and responsibilities

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under this Grant Award, except to the extent specified in this Grant Award.

8. ASSIGNMENT AND SUBCONTRACTS

Grantee may not assign or otherwise transfer or delegate any right or duty without Department's express written consent, provided, however, that Grantee may assign its rights and obligations hereunder in the event of a change of control or sale of all or substantially all of its assets related to this Grant Award, whether by merger, reorganization, operation of law, or otherwise. Should Assignee be a business or entity with whom Department is prohibited from conducting business, Department shall have the right to terminate in accordance with the Termination for Cause section of this Grant Award.

Grantee may enter subcontracts provided that any subcontract acknowledges the binding nature of this Grant Award and incorporates this Grant Award, including any attachments. Grantee is solely responsible for the performance of any subcontractor with whom Grantee contracts. Grantee does not have authority to contract for or incur obligations on behalf of the Department.

10. TERMINATION OF GRANT AWARD

a. **Termination by Mutual Agreement**. This Grant Award may be terminated by mutual consent of both parties executed in writing.

b. **Early Termination in the Public Interest.** Department is entering into this Grant Award for the purpose of carrying out the public policy of the State of North Dakota, as determined by its Governor, Legislative Assembly, Agencies, and Courts. If this Grant Award ceases to further the public policy of the State of North Dakota, Department, in its sole discretion, by written notice to Grantee, may terminate this Grant Award in whole or in part.

c. **Termination for Lack of Funding or Authority**. Department, by written notice to Grantee, may terminate the whole or any part of this Grant Award under any of the following conditions:

   (1) If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the services or goods in the indicated quantities or term.
   (2) If federal or state laws or rules are modified or interpreted in a way that the services are no longer allowable or appropriate for purchase under this Grant Award or are no longer eligible for the funding proposed for payments authorized by this Grant Award.
   (3) If any license, permit, or certificate required by law or rule, or by the terms of this Grant Award, is for any reason denied, revoked, suspended, or not renewed.

   Termination of this Grant Award under this subsection is without prejudice to any obligations or liabilities of either party already accrued prior to termination.

d. **Termination for Cause**. Department may terminate this Grant Award effective upon delivery of written notice to Grantee, or any later date stated in the notice:

   (1) If Grantee fails to provide services or goods required by this Grant Award within the time specified or any extension agreed to by Department; or
   (2) If Grantee fails to perform any of the other provisions of this Grant Award, or so fails to pursue the work as to endanger performance of this Grant Award in accordance

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with its terms.

The rights and remedies of Department provided in this subsection are not exclusive and are in addition to any other rights and remedies provided by law or under this Grant Award.

11. SPECIAL CONDITIONS

Grantee shall meet all applicable special conditions as specified in the Grant Award. Grantee understands that failure to meet the applicable special conditions of this Grant Award may result in the Department revocation of the Grant Award and Grantee repayment to Department of previously dispensed Grant funds.

12. FORCE MAJEURE

Neither Party shall be held responsible for delay or default caused by fire, riot, terrorism, pandemic (excluding COVID-19), acts of God, or war if the event was not foreseeable through the exercise of reasonable diligence by the affected Party, the event is beyond the Party's reasonable control, and the affected Party gives notice to the other Party promptly upon occurrence of the event causing the delay or default or that is reasonably expected to cause a delay or default. If Grantee is the affected Party and does not resume performance within fifteen (15) days or another period agreed between the Parties, then Department may seek all available remedies, up to and including termination of this Grant Award pursuant to its Termination Section, and Department shall be entitled to a pro-rata refund of any amounts paid for which the full value has not been realized, including amounts paid toward software subscriptions, maintenance, or licenses.

13. WORK PRODUCT, EQUIPMENT, AND MATERIALS

All work product, equipment or materials created or purchased under this Grant Award belong to Grantee.

14. NOTICE

All notices or other communications required under this Grant Award must be given by registered, certified, or electronic mail and are complete on the date mailed when addressed to the parties contained on the Grant Award.

Notice provided under this provision does not meet the notice requirements for monetary claims against the Department found at N.D.C.C. § 32-12.2-04.

15. CONFIDENTIALITY

Grantee shall not use or disclose any information it receives from Department under this Grant Award that Department has previously identified as confidential or exempt from mandatory public disclosure except as necessary to carry out the purposes of this Grant Award or as authorized in advance by Department. Department shall not disclose any information it receives from Grantee that Grantee has previously identified as confidential and that Department determines in its sole discretion is protected from mandatory public disclosure under a specific exception to the North Dakota public records law, N.D.C.C. CH. 44-04. The duty of Department and Grantee to maintain confidentiality of information under this section continues beyond the term of this Grant Award.

16. COMPLIANCE WITH PUBLIC RECORDS LAW

Under the North Dakota public records law and subject to the Confidentiality clause (section 15) of this Grant Award, certain records may be open to the public upon request.

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Public records may include: (a) records Department receives from Grantee under this Grant Award, (b) records obtained by either Party under this Grant Award, and (c) records generated by either Party under this Grant Award.

Grantee agrees to contact Department promptly upon receiving a request for information under the public records law and to comply with Department's instructions on how to respond to the request.

17. SPOLIATION – PRESERVATION OF EVIDENCE

Grantee shall promptly notify Department of all potential claims that arise or result from this Grant Award. Grantee shall also take all reasonable steps to preserve all physical evidence and information that may be relevant to the circumstances surrounding a potential claim, while maintaining public safety, and grants to Department the opportunity to review and inspect the evidence, including the scene of an accident.

18. SEVERABILITY

If any term of this Grant Award is declared to be illegal or unenforceable by a court having competent jurisdiction, the validity of the remaining terms is unaffected and, if possible, the rights and obligations of the Parties are to be construed and enforced as if this Grant Award did not contain that term .

19. APPLICABLE LAW AND VENUE

This Grant Award is governed by and construed in accordance with the laws of the State of North Dakota. Any action to enforce this Grant Award must be adjudicated exclusively in the State District Court of Burleigh County, North Dakota. Each party consents to the exclusive jurisdiction of such court and waives any claim of lack of jurisdiction or forum non conveniens.

20. ALTERNATIVE DISPUTE RESOLUTION – JURY TRIAL

Department does not agree to any form of binding arbitration, mediation, or any other form of mandatory Alternative Dispute Resolution. The parties have the right to enforce their rights and remedies in judicial proceedings. Department does not waive any right to a jury trial.

21. ATTORNEY FEES

In the event a lawsuit is instituted by Department to obtain performance due under this Grant Award, and Department is the prevailing party, Grantee shall, except when prohibited by N.D.C.C. § 28-26-04, pay Department's reasonable attorney fees and costs in connection with the lawsuit.

22. NONDISCRIMINATION AND COMPLIANCE WITH LAWS

Grantee agrees to comply with all applicable federal and state laws, rules, and policies, including those relating to nondiscrimination, accessibility, and civil rights. (See N.D.C.C. Title 34 – Labor and Employment, specifically N.D.C.C. ch. 34-06.1 Equal Pay for Men and Women.)

Grantee agrees to timely file all required reports, make required payroll deductions, and timely pays all taxes and premiums owed, including sales and use taxes, unemployment compensation and workers' compensation premiums.

Grantee shall have and keep current all licenses and permits required by law during the term of this Grant Award all licenses and permits required by law.

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Grantee's failure to comply with this section may be deemed, in the discretion of Department, a material breach by Grantee entitling Department to terminate in accordance with the Termination for Cause section of this Grant Award.

23. APPLICABLE COSTS

Unless otherwise authorized by federal law, the charges to be made by Grantee do not include costs financed by federal monies other than those generated by this grant.

24. CASH MANAGEMENT/ALLOWABLE COSTS/APPLICABLE REGULATIONS

Grantee shall maintain accounting and project records that are sufficient to prepare required reports, track funds to level of expenditure, provide internal control by progress, provide budget control, and assure allowable costs.

25. DEBARMENT/SUSPENSION

Grantee is advised that the signature on the Grant Award form certifies that the Grantee or any person associated therewith is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal or state agency. Grantee agrees to comply with 2 CFR Part 200.213 – Suspension and Debarment and 2 CFR Part 417 – Nonprocurement Debarment and Suspension; has not been suspended, debarred, voluntary excluded, or determined ineligible by any federal or state agency within the past three years; and has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction on any matter involving fraud or official misconduct within the past three years. These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

26. RETENTION OF RECORDS

Grantee hereby agrees to comply to maintain financial records, supporting documents, statistical records, and other pertinent records for a period of at least three (3) years after submission and acceptance of final report officially closing out the Grant Award. In cases where litigation, a claim, or an audit is initiated prior to expiration of the three (3) year period, records must be retained until completion of the action and resolution of issues or the end of the three year period, whichever is later. Retention is required for purposes of State examination or audit and is subject to examination

27. STATE AUDIT REQUIREMENTS

Pursuant to NDCC CH 54-10-19, all records, regardless of physical form, and the accounting practices and procedures of Grantee relevant to this Grant Award are subject to examination by the Department, North Dakota State Auditor, or the Auditor's designee, or Federal auditors, if required. Grantee shall maintain all these records for at least three (3) years following completion of this Grant Award and be able to provide them at any reasonable time. Department, North Dakota State Auditor, or the Auditor's designee shall provide reasonable notice to Grantee prior to conducting examination.

28. EFFECTIVENESS OF GRANT AWARD

This Grant Award is not effective until fully executed by both parties.

DocuSign

Certificate Of Completion

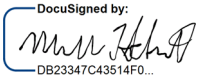
Envelope Id: F8862D0999E042CBB507F250D422BD9D
Status: Completed
Subject: Weed Control Grant with ND Dept of Agriculture - TAG Weed Control
Source Envelope:
Document Pages: 11
Signatures: 2
Certificate Pages: 2
Initials: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
Gale Nicholson
221 N 5th Street
Bismarck, ND 58501
gnicholson@bismarcknd.gov
IP Address: 165.234.252.11

Record Tracking

Status: Original
2/13/2024 11:28:22 AM
Holder: Gale Nicholson
gnicholson@bismarcknd.gov
Location: DocuSign

Signer Events	Signature	Timestamp
Douglas Wiles dwiles@bismarcknd.gov Acting Director of Service Operations Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	Sent: 3/3/2024 4:35:32 PM Viewed: 3/4/2024 11:01:31 AM Signed: 3/4/2024 11:01:39 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Steven Salwei ssalwei@bismarcknd.gov Steven Salwei Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	Sent: 3/4/2024 11:01:41 AM Viewed: 3/4/2024 11:24:23 AM Signed: 3/4/2024 12:32:46 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Kim Ohnell kimohnell@bismarcknd.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	Sent: 3/4/2024 12:32:48 PM Viewed: 3/4/2024 12:35:53 PM Signed: 3/4/2024 12:43:27 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Dmitriy Chernyak dchernyak@bismarcknd.gov Finance Director City of Bismarck Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 172.59.229.33 Signed using mobile	Sent: 3/4/2024 12:43:41 PM Viewed: 3/4/2024 2:51:25 PM Signed: 3/4/2024 2:51:33 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
Keith Hunke khunke@bismarcknd.gov City Administrator Administrator Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	 Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	Sent: 3/4/2024 2:51:46 PM Viewed: 3/6/2024 12:04:00 PM Signed: 3/6/2024 12:04:18 PM
Michael Schmitz mschmitz@bismarcknd.gov President Board of Commissioners/Mayor City of Bismarck Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	 Signature Adoption: Drawn on Device Using IP Address: 174.229.184.22 Signed using mobile	Sent: 3/6/2024 12:04:33 PM Viewed: 3/6/2024 12:13:47 PM Signed: 3/6/2024 12:13:57 PM

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Fiscal Services fiscalservices@bismarcknd.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 3/6/2024 12:14:00 PM Viewed: 3/6/2024 2:17:31 PM
Christy Ames-Davis cames@bismarcknd.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 3/6/2024 12:14:01 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/3/2024 4:35:32 PM
Certified Delivered	Security Checked	3/6/2024 12:13:47 PM
Signing Complete	Security Checked	3/6/2024 12:13:57 PM
Completed	Security Checked	3/6/2024 12:14:01 PM

Payment Events	Status	Timestamps

Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Sale of Bismarck Parking Authority Pickup

REQUEST:
Permission for Fleet Services to sell Bismarck Parking Authority's 2012 Chevrolet Silverado 4x4 Pickup at public online auction.

BACKGROUND INFORMATION:
Bismarck Parking Authority has requested Fleet Services sell the following vehicle at a public online auction.

Yr/Make/Model: 2012 Chevrolet Silverado 4x4 Pickup
VIN: 1GCRKPEASCZ250989
Mileage: 89,807

RECOMMENDED CITY COMMISSION ACTION:
Approve Fleet Services to sell Bismarck Parking Authority's 2012 Chevrolet Silverado 4x4 Pickup at public online auction.

STAFF CONTACT INFORMATION:
Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Kurt Ohnell, Fleet Manager, 701-355-1711, kohnell@bismarcknd.gov

ATTACHMENTS:
None

Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Sale of Truck Boxes at Public Auction

REQUEST:
Permission for the Fleet Services Division to sell truck boxes at public auction.

BACKGROUND INFORMATION:
Fleet Services requests permission to sell the following at a public auction.
(1) New, take-off Pickup Box 6.5' 2023 Ford ½ Ton, removed from Unit 1628 Roads and Streets
(1) Used, take-off Pickup Box 8' 2016 Ford ¾ Ton, removed from Unit 1741 Roads and Streets
(1) New, take-off Pickup Box 8' 2023 Ford 1 Ton SRW, removed from Unit 3239 SW Disposal

RECOMMENDED CITY COMMISSION ACTION:
Approval for the Fleet Services Division to sell truck boxes at public auction.

STAFF CONTACT INFORMATION:
Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Kurt Ohnell, Fleet Manager, 701-355-1711, kohnell@bismarcknd.gov

ATTACHMENTS:
None

Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Sale/Disposal of Solid Waste Division Items at Public Online Auction

REQUEST:
Permission to sell/dispose of items from the Solid Waste Division at Public Online Auction.

BACKGROUND INFORMATION:
Request permission to sell-off/dispose of the items listed below at public online auction. These items are from the Solid Waste Disposal Division.

Qty/Property Description
1 ea 710 International 8 Bottom Plow & 12 Foot Leveler, Serial #: 1050000V005375
5 ea (Used) 32 ply General 33.25-29 Tires
1 ea (Used) 26 ply Firestone 33.25-29 Tire
1 ea (Used) 38 ply Titan 33.25-29 Tire
1 ea (Used) 32 ply Firestone 33.25-29 Tire
1 ea (Used) 16 ply 23.5-25 L-5 Firestone Tire
1 ea (Used) 20 ply 26.5-25 L-5 Firestone Tire and Rim
1 ea (Used) 33.25-29SL-100 Titan Tire

RECOMMENDED CITY COMMISSION ACTION:
Approve sale/disposal of items from Solid Waste Division at Public Online Auction.

STAFF CONTACT INFORMATION:
Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Kurt Ohnell, Fleet Manager, 701-355-1711, kohnell@bismarcknd.gov

ATTACHMENTS:
None

Public Works Utility Operations

DATE: May 28, 2024

FROM: Michelle Klose, Director Public Works Utilities

ITEM: Change Order No. 1 to BEK Consulting Inc for Hay Creek Interceptor Project

REQUEST:
Change Order No. 1 to BEK Consulting Inc contract for the Hay Creek Interceptor Project (SU90), Century Ave to Calgary Ave.

BACKGROUND INFORMATION:
Change order No. 1 to BEK Consulting Inc's contract for the Hay Creek Interceptor Project, Century Ave to Calgary Ave, covers a time extension from June 30 to July 14, 2024, to accommodate for weather delays, as well as an increase in the amount of $15,425 to address terrain restoration after construction.

RECOMMENDED CITY COMMISSION ACTION:
Approve Change Order No. 1 to BEK Consulting Contract for the Hay Creek Interceptor Project (SU90), Century Ave to Calgary Ave.

STAFF CONTACT INFORMATION:
Amber Araujo, Executive Assistant, 701-355-1739, aaraujo@bismarcknd.gov

ATTACHMENTS:
1. Change Order No. 1 - BEK Consulting

CHANGE ORDER NO.: 1

Owner:	City of Bismarck	Owner's Project No.:	SU 90
Engineer:	Apex Engineering Group, Inc.	Engineer's Project No.:	21.118.0019
Contractor:	BEK Consulting, Inc.	Contractor's Project No.:	
Project:	**Hay Creek Interceptor – Century Avenue to Calgary Avenue**		
Contract Name:	General		
Date Issued:	5/8/2024	Effective Date of Change Order:	5/6/2024

The Contract is modified as follows upon execution of this Change Order:

Description:

Install approximately 12,900 sf of sod around Hole #5, 1,300 sf of sod around the tee box nearest Hole #6, 7,100 sf of sod around Hole #6, and 1,600 sf of straw blanket on the steep bank of Hay Creek by Hole #5. See attached figure. The original bid contained a $20,000 allowance. $8,000 was spent to add geotextile fabric to the golf cart path, leaving $12,000. The amount of this change order is the difference between the proposal and the remainder of the allowance.

Attachments:

1. **Figure of sod areas.**
2. **Proposal for sod and straw blanket.**

Change in Contract Price	**Change in Contract Times**
Original Contract Price: $ 3,345,057.79	Original Contract Times: Substantial Completion: Dec. 30, 2023 Ready for final payment: June 20, 2024
[Increase] [Decrease] from previously approved Change Orders No. 1 to No. **[Number of previous Change Order]**: $ NA	**[Increase] [Decrease]** from previously approved Change Orders No.1 to No. **[Number of previous Change Order]**: Substantial Completion: NA Ready for final payment: NA
Contract Price prior to this Change Order: $ 3,345,057.79	Contract Times prior to this Change Order: Substantial Completion: Dec. 30, 2023 Ready for final payment: June 30, 2024
[Increase] this Change Order: $ 15,425.00	**[Increase] [Decrease]** this Change Order: Substantial Completion: NA Ready for final payment: 14 days
Contract Price incorporating this Change Order: $ 3,360,482.79	Contract Times with all approved Change Orders: Substantial Completion: NA Ready for final payment: July 14, 2024

	Recommended by Engineer	Accepted by Contractor
By:	Susan Faszholz	Jack Saty
Title:	Engineer	Project Coordinator
Date:	5/8/24	5/8/2024

	Authorized by Owner	
By:		
Title:		Date:

EJCDC® C-941, Change Order EJCDC® C-941, Change Order, Rev.1.
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N

0 100' 200'

SCALE: 1 INCH = 200 FEET

Apex Engineering Group

PEBBLE CREEK GOLF COURSE
BISMARCK, ND

LANDSCAPING AREAS

DATE: 04/23/2024

K:\Projects\2021\21.118.0019 BIS – HC Interceptor, Century to Village\Water\Design\Drawings\21.118.0019–Approx.Sodding.dwg

Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Public hearing for a new Class C-2: Hotel or Motel Alcohol License

REQUEST:
Public hearing on a request for a new Class C-2: Hotel or Motel Alcohol license for Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND at 1300 E Capitol Ave.

BACKGROUND INFORMATION:
Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND is requesting the issuance of a new Class C-2: Hotel or Motel Alcohol license at 1300 E Capitol Ave.

Class C-2. To a hotel or motel that provides at least forty-five rooms for transient guests, to provide on-sale or complementary alcoholic beverages to registered customers and their guests in their rooms or in a common room designated for that purpose. The value of the alcoholic beverages sold shall not exceed the value of the alcoholic beverages given to or otherwise provided to registered customers and their guests. Any alcoholic beverage sold or provided under this license shall not be mixed or dispensed in the direct view of a minor.

RECOMMENDED CITY COMMISSION ACTION:
Hold a public hearing on the request for a new Class C-2: Hotel or Motel Alcohol license, from Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND at 1300 E Capitol Ave, with the public hearing scheduled for Tuesday, May 28, 2024, and approve the new license.

STAFF CONTACT INFORMATION:
Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:
1. Days Inn Application

Bismarck
ADMINISTRATION

APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 6/20/2022

Note: The $200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

License Type:	☐ Individual	☐ Corporation	☑ Partnership
☑ New Application	☐ Renewal	☐ Transfer	☐ Relocation

A-Nationally Organized Fraternal Order or Club $3,700.00 ☐	B-Airport Terminal Building $650.00 ☐	C-Hotel or Motel Full Service $3,800.00 ☐	C2-Hotel or Motel $1,000.00 ☑	D-Sale at Retail of Alcoholic Beverages $4,100.00 ☐
E-Sale at Retail of Beer Only $800.00 ☐	F1-Restaurant - Alcoholic Beverages - 55/45 Split $3,600.00 ☐	F2-Restaurant - Beer/Wine Only - 55/45 Split $1,500.00 ☐	F3-Restaurant - Beer Only - 55/45 Split $900.00 ☐	G-Concession Bismarck Municipal Country Club $725.00 ☐
H-Commercial vessels on the Missouri River $725.00 ☐	I1-Restaurant - Alcoholic Beverages - 70/30 Split $3,450.00 ☐	I2-Restaurant - Beer and Wine Only - 70/30 Split $1,450.00 ☐	I3-Restaurant - Beer Only - 70/30 Split $800.00 ☐	J-Non-profit Organization Club or Establishment $100.00 ☐
K-Beer and Wine at the Bismarck Event Center $650.00 ☐	L-Beer & Wine at Parks & Recreation Locations $350.00 ☐	M-Catered Retail Beer, Wine, & Liquor $650.00 ☐	N-Domestic Winery $800.00 ☐	O-Microbrewery $800.00 ☐
P-Event Site $650.00 ☐	Q-Restaurant On-Sale and Off-Sale Wine $3,800.00 ☐	R-Commercial Airline $75.00 ☐	S-Beer Arcade $850.00 ☐	T-Senior Living Community $350.00 ☐
U-Domestic Distillery $800.00 ☐				

Location Information:

Name of Partnership or Corporation:			Date of Incorporation:	State Business ID Number:
Merlin Hotel Group			05/18/2022	[redacted]
Name of business for which license is requested (DBA):			**If out of state corporation, is corporation registered in North Dakota? Yes ☐ No ☐**	
Days Inn Bismarck, ND - Merlin Hotel Group				
Location Address:	**City:**	**State:**	**Zip:**	**Phone Number:**
1300 E. Capitol Ave	Bismarck	North Dakota	58501	(701) 223-9151
Owner of Building or Premises:				
No				

Correspondence Information (Where correspondence is to be sent):

Primary Contact:	Phone Number:	Email Address:	
Eric Hjelmstad	[redacted]	[redacted]	
Mailing Address:	**City:**	**State:**	**Zip:**
1300 East Capitol Ave	Bismarck	North Dakota	58501

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name:		Date of Birth:	Percentage of Ownership:
Eric Hjelmstad		[redacted]1983	0
Driver's License Number: [redacted]	State Issued: ND	Gender: Male	Race: Caucasion
Home Address: [redacted]	City: Bismarck	State: ND	Zip: 58503
Occupation: Hospitality Manager	Phone Number: [redacted]	Title: GM	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
Naveen Aggarwal		[redacted]/1974	100%
Driver's License Number: [redacted]	State Issued: WA	Gender: Male	Race: Asian
Home Address: [redacted]	City: Sammamish	State: WA	Zip: 98075
Occupation: Managing Partner	Phone Number: [redacted]	Title: Managing Partner	Email Address: [redacted]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents o the United States? Yes [✓] No [ ] If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes [ ] No [✓]
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes [✓] No [ ]

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes [ ] No [✓] If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes [ ] No [✓] If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes [ ] No [✓] If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes [ ] No [✓] If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes [ ] No [✓]
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes [ ] No [✓] If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes [ ] No [✓] If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes [✓] No [ ]
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of

Burleigh

County of

N. Aggarwal

Signature of Applicant

NAVEEN AGGARWAL

Print Name

License transfers require signatures from both parties.

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current Owner of Liquor License

Signature of Applicant

Subscribed and sworn to before me this_____

day of _____

Note: Each application needs to be signed and notarized.

Notary Public

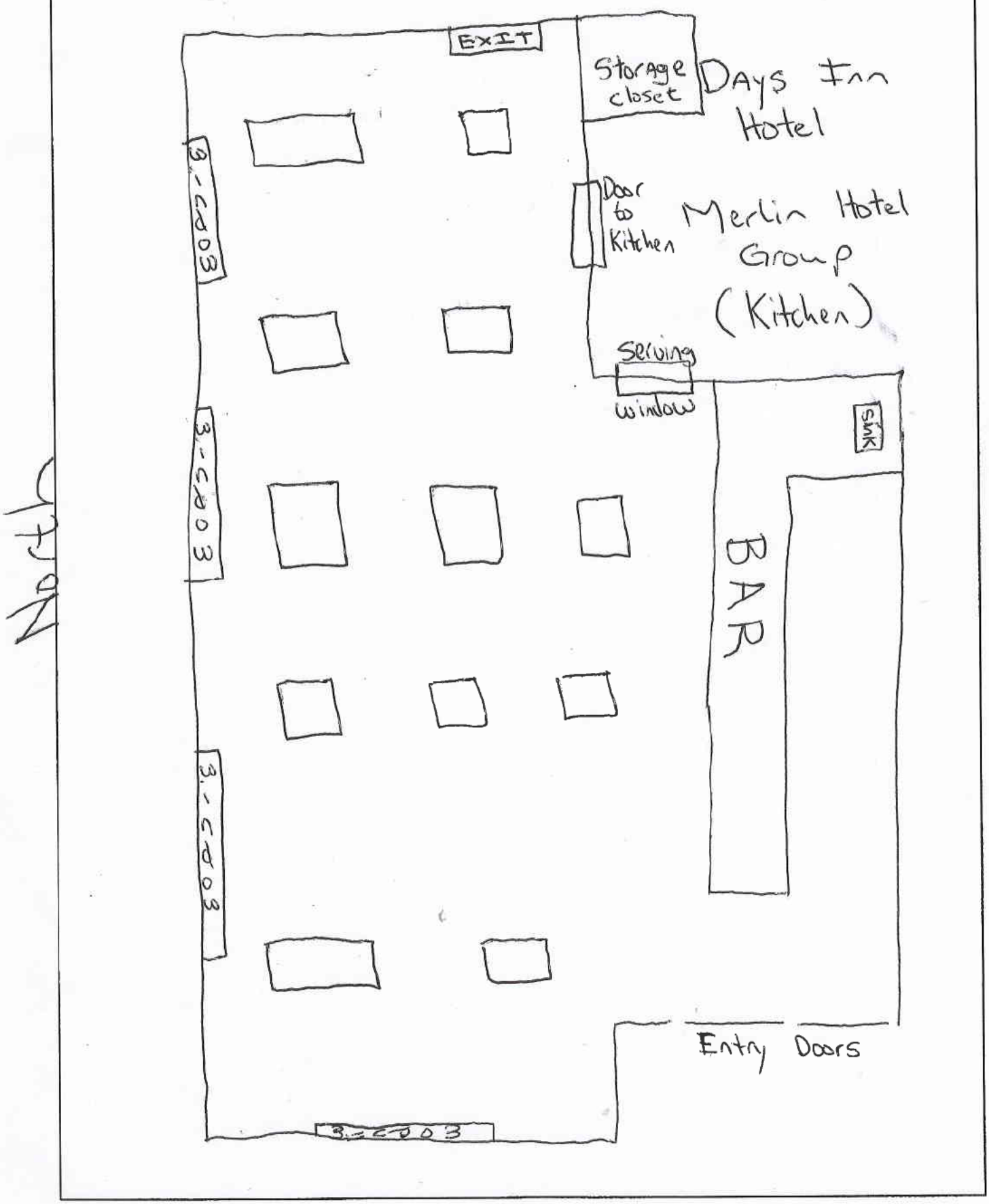
Restaurant Requirements:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- ☐ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- ☐ The licensed area shall be identified within the margins.
- ☐ The agency name shall be included on the diagram.
- ☐ The direction "North" shall be included on the diagram.
- ☐ The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- ☐ The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- ☐ If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- ☐ Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Site Diagram



Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Public Hearing on a new Class E - Sale at Retail of Beer Only Liquor License.

REQUEST:
Public hearing on a request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue.

BACKGROUND INFORMATION:
Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway is requesting the issuance of a new Class E - Sale at Retail of Beer Only Liquor License at 3801 East Rosser Avenue.

Class E. To any applicant for the sale at retail of beer only. The total number of Class E licenses issued in any year may not exceed sixteen plus one additional license for each 2,500 people in excess of 60,000 people, as shown by the most recent official estimated census. New Class E licenses or Class E licenses revoked or not renewed may be issued only pursuant to section 5-01-06.

RECOMMENDED CITY COMMISSION ACTION:
Hold a public hearing on the request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue, and approve the new license.

STAFF CONTACT INFORMATION:
Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:
1. Tri-Energy Cooperative Application

Print

Retail Alcohol Beverage License - Submission #22753

Date Submitted: 5/1/2024

License Information:

Application Type*

New License Application

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [x] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [ ] Class I-2: Complimentary - $350

Location Information:

Legal Business Name:*

Tri-Energy Cooperative

Doing Business As (DBA) Name, if Applicable:*

Tri-Energy Cenex - Expressway

Date of Incorporation:*
1-1-1989

State of ND Liquor License No.:

If out of state corporation, is corporation registered in North Dakota?
- ( ) Yes
- ( ) No
- (•) N/A

Location Address:*
3801 E Rosser Ave

City:*
Bismarck

State:*
ND

Zip:*
58501

Phone No.:*
701-222-2300

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):
Sarah Tschider - Retail Operations Manager

Contact Information (Where correspondence is to be sent):

Primary Contact:*
Sarah Tschider

Email Address:*
[redacted]

Mailing Address:*
[redacted]

City:*
Bismarck

State:*
ND

Zip:*
58502

Phone No.:*
[redacted]

Manager's Name:*
Mike Goldade

Date of Birth:*
[redacted]-1975

Percentage of Ownership:*
0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* Mandan

State:* ND

Zip:* 58554

Phone No.:* [redacted]

Occupation:* Retail

Title:* District Manager

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* Dan Belohlavek

Date of Birth:* [redacted]-1959

Percentage of Ownership:* 0

Driver's License No.:* [redacted]

State Issued:* ND

Gender: Male

Race: White

Home Address:* [redacted]

City:* Mandan

State:* ND

Zip:* 58554

Phone No.:* [redacted]

Occupation:* Agriculture

Title:* Farmer

Email Address:

Name: George Ferderer

Date of Birth: [redacted]-1961

Percentage of Ownership: 0

Driver's License No.:

State Issued: ND

Gender: Male

Race: White

Home Address: [redacted]

City: Mandan

State: ND

Zip: 58554

Phone No.: [redacted]

Occupation: Agriculture

Title: Farmer

Email Address:

Name: Kevin Schmidt

Date of Birth: [redacted]-1957

Percentage of Ownership: 0

Driver's License No.:

State Issued: ND

Gender: Male

Race: White

Home Address:

[redacted]

City: Mandan

State: ND

Zip: 58554

Phone No.: [redacted]

Occupation: Agriculture

Title: Rancher

Email address: [redacted]

Please submit all officers that will not fit on this form.

Board of Directors.docx

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ○ Yes
- ◉ No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ◉ Yes
- ○ No
- ○ N/A

If yes please, give details:

We currently sell alcohol at five of our other convenience stores.

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ◉ Yes
- ○ No

If yes please, give details:

We have 5 other c-stores that sell beer in Bismarck, Mandan, Sterling, and Lincoln, ND.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ◉ Yes
- ○ No

If yes please, give details:

Retail Convenience Store & Gas Station

11. Have all property taxes and special assessments currently due been paid?*

- ◉ Yes
- ○ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File No file chosen

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [x] The agency name shall be included on the diagram.
- [x] The direction "North" shall be included on the diagram.
- [x] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [x] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [x] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Expressway Floorplan.docx

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Sarah Tschider

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

5/1/2024

Payment Options:*

Credit Card Authorization Form

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

CC auth form.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Board of Directors

Dan Belohlavek

[redacted]

Mandan, ND 58554

Elwood Barth

[redacted]

Solen, ND 58570

George Ferderer

[redacted]

Mandan, ND 58554

James Schmidt

[redacted]

Menoken, ND 58558

Kevin Schmidt

[redacted]

Mandan, ND 58554

Jeff Perkins

[redacted]

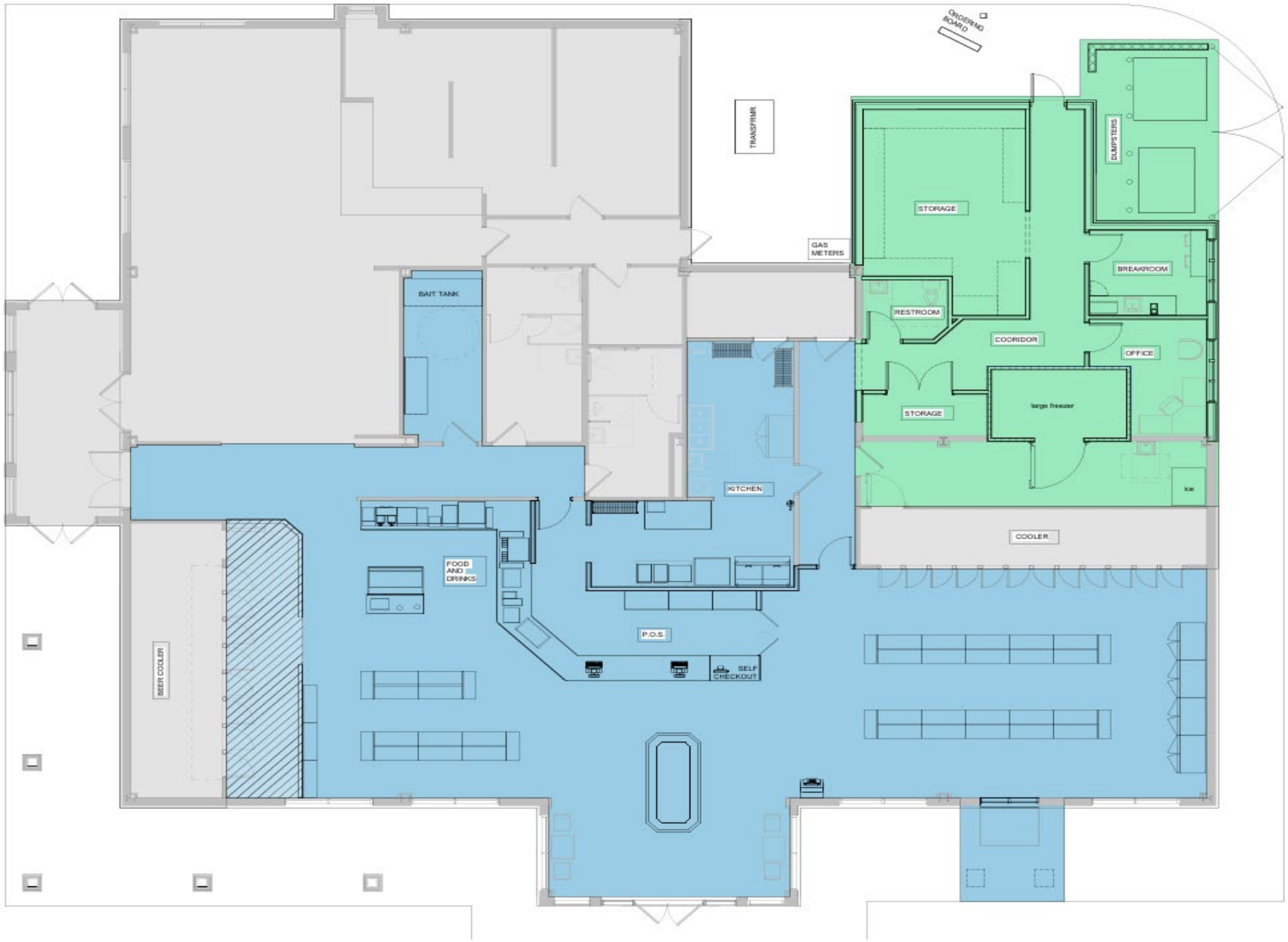
Bismarck, ND 58503

Doug Boehm

[redacted]

Bismarck, ND 58501

Tri-Energy Cenex - Expressway



North

Bismarck
ADMINISTRATION

October 9, 2023

Tri-Energy Cooperative
ATTN: Sarah Tschider
219 North 20th Street
Bismarck, ND 58501

Dear Ms. Tschider,

Please accept this letter as acknowledgment of the submitted bid for the Class E Beer-Only On/Off-Sale alcohol license. Bids were received and opened on Friday, October 6, 2023. The bid submitted by Tri-Energy Cooperative in the amount of $51,000 is the highest bid received. Two additional bids were also submitted in the amounts of $38,001 and $40,000.

The high bid submitted by Tri-Energy Cooperative will be presented to the Board of City Commissioners at the Tuesday, October 24, 2023 commission meeting for review and acceptance.

Tri-Energy Cooperative will need to submit an application to implement the license before it can become active. For more information on this process, please feel free to contact Whitnie Olsen at wolsen@bismarcknd.gov or by calling 355.1300.

Respectfully,

Jason Tomanek
Assistant City Administrator
City of Bismarck

Bismarck

BID FORM
CLASS E ALCOHOL LICENSE

To: The Bismarck Board of City Commissioners.

1800-29

From: Tri-Energy Cooperative

I hereby submit my bid for a Class E Liquor License to be issued by the City of Bismarck. I understand that award of the license will be based upon the highest sum bid that meets or exceeds the minimum bid of $30,000 and upon meeting the qualifications for licensure and approval of my application. I agree to honor my bid for a period of 60 days after the time of opening. I certify that I have not submitted or participated in more than one bid and that I am submitting this bid on my own behalf or in my official capacity as an employee or owner of a company. I have included a certified check or money order in the amount of $200 as bond security.

Amount of Bid: $ $ 51,000.00

Dated this 25 day of October, 2023.

Tri-Energy Cooperative
Company name

219 N 20th St, Bismarck, ND 58501
Address (Street, City, State, Zip)

(701) 223-8707
Telephone Number

sarah.tschider@trienergycoop.com
Email

Sarah Tschider
Printed Name

Sarah Tschider
Signature

Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Public hearing for a new Class I-2: Complementary Alcohol License

REQUEST:
Public hearing on a request for a new Class I-2: Complementary Alcohol license for Rainbow Nails & Spa, LLC at 722 South 26th Street, Units A & B.

BACKGROUND INFORMATION:
Rainbow Nails & Spa, LLC is requesting the issuance of a new Class I-2: Complementary Alcohol license at 722 South 26th Street, Units A & B.

Class I-2. To an applicant for the complementary provision of “on-sale” only beer, wine, and liquor, subject to the following conditions:

A. The applicant must be a business with a permanent location within the City of Bismarck.
B. The dispensing of alcohol is only to customers on the licensed premises without any additional charge for the alcoholic beverage.
C. The license is for “on-sale” only, and “off-sale” is not permitted. A cessation of business at a licensed location for a period of ninety days or longer shall constitute cause to revoke such license pursuant to Section 5-01-09.
D. Once a license has been established at a particular location, the license may not be transferred to another location.
E. A licensee may not obtain an event permit pursuant to Section 5-01-13 except on real property owned in the name of the licensee.
F. The licensee must obtain and keep in effect off-premises alcohol liability insurance and provide the City proof of insurance with its license application.

RECOMMENDED CITY COMMISSION ACTION:
Hold a public hearing on the request for a new Class I-2, Complementary Alcohol, from Rainbow Nails & Spa, LLC at 722 South 26th Street, Units A & B, and approve the new license.

STAFF CONTACT INFORMATION:
Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Rainbow Nails & Spa Application

License Type*

Please select the type(s) of license(s) you are applying for.

- [ ] Class A: Nationally Organized Fraternal Order or Club - $3,700
- [ ] Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - $650
- [ ] Class B-2: Concession at the Bismarck Municipal Country Club - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-3: Commercial passenger vessels on the Missouri River - $650
- [ ] Class B-4: Sale of Beer & Wine at the Bismarck Event Center - $650
- [ ] Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - $650
- [ ] Class B-6 : Commercial Airline - $650
- [ ] Class C-1: Hotel or Motel Full Service - $3,800
- [ ] Class C-2: Hotel or Motel - $1,000
- [ ] Class D: Sale at Retail of Alcoholic Beverages - $4,100
- [ ] Class E: Sale at Retail of Beer Only - $800
- [ ] Class F-1: Restaurant - Alcoholic Beverages - $3,500
- [ ] Class F-2: Restaurant - Beer & Wine Only - $1,100
- [ ] Class G: Catered Retail Beer, Wine, & Liquor - $650
- [ ] Class H-1: Domestic Winery - $800
- [ ] Class H-2: Domestic Brewery - $800
- [ ] Class H-3: Domestic Distillery - $800
- [ ] Class I-1: Senior Living Community - $350
- [x] Class I-2: Complimentary - $350

Location Information:

Legal Business Name:*

RAINBOW NAILS & SPA LLC

Doing Business As (DBA) Name, if Applicable:*

RAINBOW NAILS & SPA LLC

Date of Incorporation:*

03/21/2022

State of ND Liquor License No.:

If out of state corporation, is corporation registered in North Dakota?

- ○ Yes
- ○ No
- ◉ N/A

Location Address:*

722 S 26TH ST UNIT A&B

City:*	State:*	Zip:*	Phone No.:*
BISMARCK	NORTH DAKOTA	58504	[redacted]

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

ERIC TRINH (PARTNER)

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Ann Nguyen

Email Address:*

[redacted]

Mailing Address:*

722 S 26TH ST UNIT A&B

City:*

BISMARCK

State:*

NORTH DAKOTA

Zip:*

58554

Phone No.:*

[redacted]

Manager's Name:*

ANN NGUYEN

Date of Birth:*

[redacted]/1975

Percentage of Ownership:*

50%

Driver's License No.:*

[redacted]

State Issued:*

NORTH DAKOTA

Gender:

FEMALE

Race:

ASIAN

Home Address:*

4720 MELLOWSUN DR

City:*	State:*	Zip:*	Phone No.:*
BISMARCK	NORTH DAKOTA	58503	[redacted]

Occupation:* NAILS TECHNICIAN

Title:* MANAGER

Email Address:* [redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:* ERIC TRINH

Date of Birth:* [redacted]/1987

Percentage of Ownership:* 50%

Driver's License No.:* [redacted]

State Issued:* NORTH DAKOTA

Gender: MALE

Race: ASIAN

Home Address:* [redacted]

City:* BISMARCK

State:* NORTH DAKOTA

Zip:* 58503

Phone No.:* [redacted]

Occupation:* NAILS TECHNICIAN

Title:* CEO

Email Address: [redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email address:

Please submit all officers that will not fit on this form.

Choose File no file selected

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- (●) Yes
- ( ) No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- ( ) Yes
- (●) No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- (●) Yes
- ( ) No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- ( ) Yes
- (●) No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- ( ) Yes
- ( ) No
- (●) N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- ○ Yes
- ◉ No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- ○ Yes
- ◉ No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- ○ Yes
- ◉ No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- ○ Yes
- ◉ No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- ○ Yes
- ◉ No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- ○ Yes
- ◉ No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Choose File no file selected

Select Language

Google Translate

Liquor License Site Diagram Requirements:

- [x] Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- [ ] The agency name shall be included on the diagram.
- [ ] The direction "North" shall be included on the diagram.
- [ ] The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- [ ] The diagram may be hand drawn, but it must be neat and reasonably accurate.
- [ ] If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Choose File no file selected

Upload Site Diagram: is required.

Liquor License Transfers

Download Required Form for License Transfer:

Alcoholic Beverage License Transfer Form

Upload Notarized Alcoholic Beverage License Transfer Form

Choose File no file selected

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

- [x] I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

- [x] I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

- [x] I agree

Signature of Applicant:*

Eric trinh

By checking this box I acknowledge that I am electronically signing this liquor license application.*

☑ Electronic Signature

Date:*

04/24/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The $200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File | no file selected

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

☑ Receive an email copy of this form.

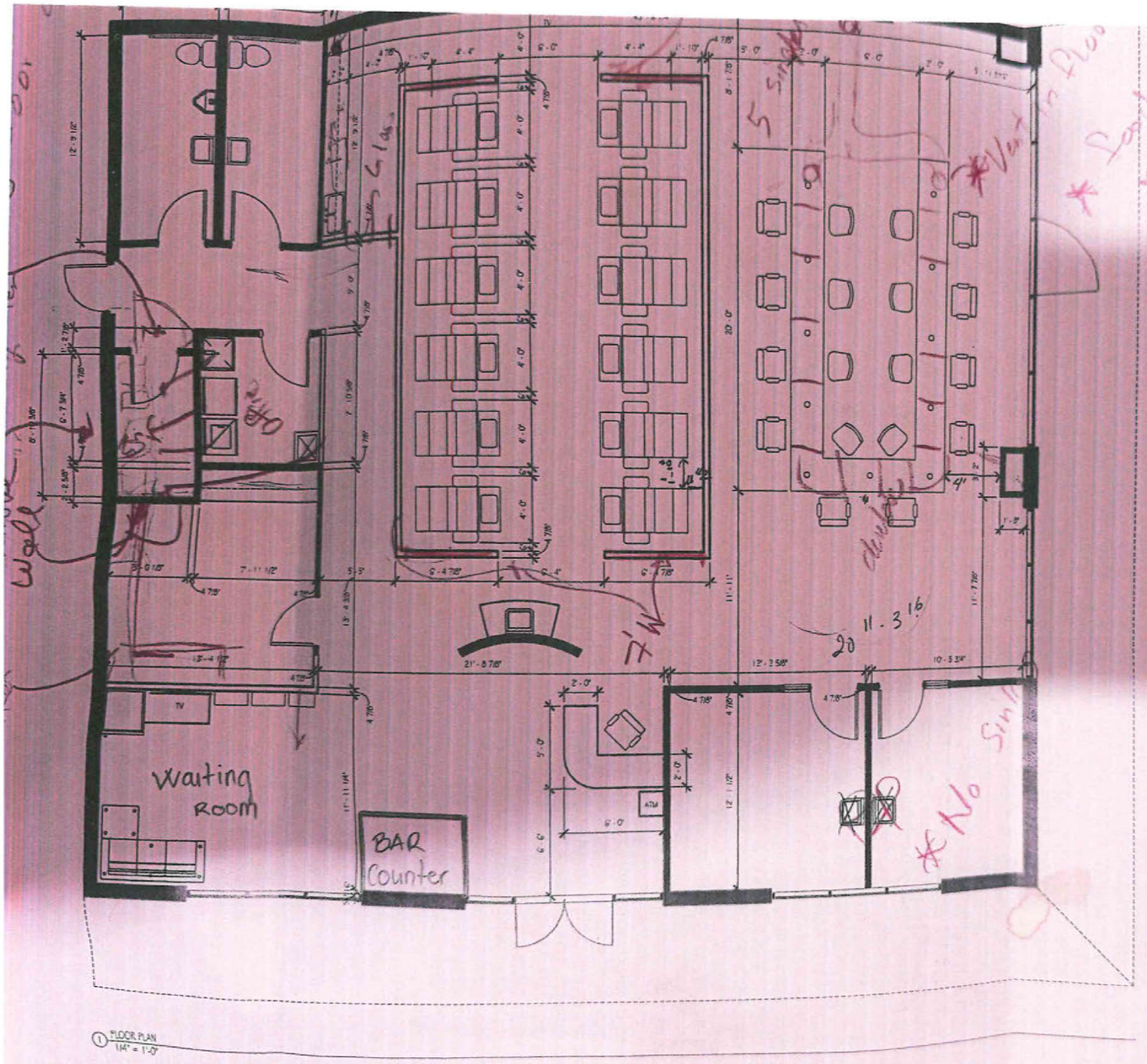
Email address

ericbaotrinh@gmail.com

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Submit | Submit and Print

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Waiting Room
BAR Counter
ATM
TV
11 - 3 16
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1'W
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Sin
5 Single
Clock
FLOOR PLAN
1/4" = 1'-0"

Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Half Cent Sales Tax Update & Tyler Parkway Extension

REQUEST:
Consider request to receive update on half cent sales tax and assign Tyler Parkway Extension as the next half-cent sales tax funded project and begin preliminary engineering.

BACKGROUND INFORMATION:
Tyler Parkway from Valley Dr to Cogburn Rd is recommended to be the next half-cent sales tax-funded arterial road reconstruction project. Half-cent sales tax has been used in part or entirely for:

- 2020 construction of 43rd Avenue NE from Washington Street to State Street
- 2022 construction of 43rd Avenue NE from State Street to N 26th Street
- 2022 construction of Tyler Parkway from Cogburn Drive to 57th Avenue NW
- 2022 construction of 43rd Avenue NE from Roosevelt Drive to 52nd Street NE
- 2023 construction of Ash Coulee Dr from Tyler Parkway to N Washington Street
- 2023 construction of US 83/64th Avenue NE intersection improvements
- 2024 construction of S Washington Street from Burleigh Avenue to the south Bismarck drainage ditch
- 2025 planned construction of E Century Avenue from Centennial Rd to 52nd Street

The project would construct approximately 3000 feet of Tyler Parkway between Valley Dr and Cogburn Rd. Currently, Tyler Parkway extends approximately one mile south of Valley Dr connecting to I-94 at Exit 157 before transitioning into Divide Avenue. To the north, it extends approximately two miles beyond Cogburn Rd, intersecting with ND 1804 and continuing as 15th Street NW, with approximately a mile of paved roadway followed by approximately nine miles of gravel road. This proposed extension would cross Tyler Coulee and would integrate with regional stormwater detention improvements currently in design within the coulee. No municipal water or sewer is anticipated to be extended across Tyler Coulee.

This project has been recommended in numerous planning studies. The earliest mention of this corridor was the 1996 Long Range Transportation Plan showing a potential connection of a north-south roadway between Country West Rd and ND 1804. It continued to be further

analyzed and recommended in the 2003 Fringe Area Road Master Plan, 2011 NW Bismarck Subarea Study and 2014 Fringe Area Road Master Plan. It has been included as a "future arterial" in functional classification maps with right of way dedicated during adjacent platting actions from the mid-1990s to present along the corridor.

This project would improve connectivity in NW Bismarck and allow residents another option for their trip selection. This improved connectivity also decreases Fire Department and other emergency services response times through a more direct connection to areas of Promontory Pointe, Elk Ridge, Eagle Crest and Heritage Park and Heritage Ridge Additions. This project would seek to mitigate increases in traffic by evaluating and deploying traffic calming, traffic operation and traffic safety improvements both within the extension area and also as far south as Century Ave and as far north as Ash Coulee Dr. Additionally, the project will assess opportunities for pedestrian and bicycle enhancements along Tyler Parkway and connectivity to the trail network within the coulee.

This project would be 100% locally funded with no programmed federal or state funding. As such, some of the processes required by federal funding would not need to be performed. However, this roadway is a functionally classified roadway and in order to not jeopardize future federal funding eligibility, coordination with North Dakota Department of Transportation (NDDOT) will occur to the degree the NDDOT desires. Right of way would need to be acquired from two primary landowners through the extension area and easements or right of way may be necessary from properties adjacent to existing Tyler Parkway depending on the scope and scale of the traffic calming improvements considered.

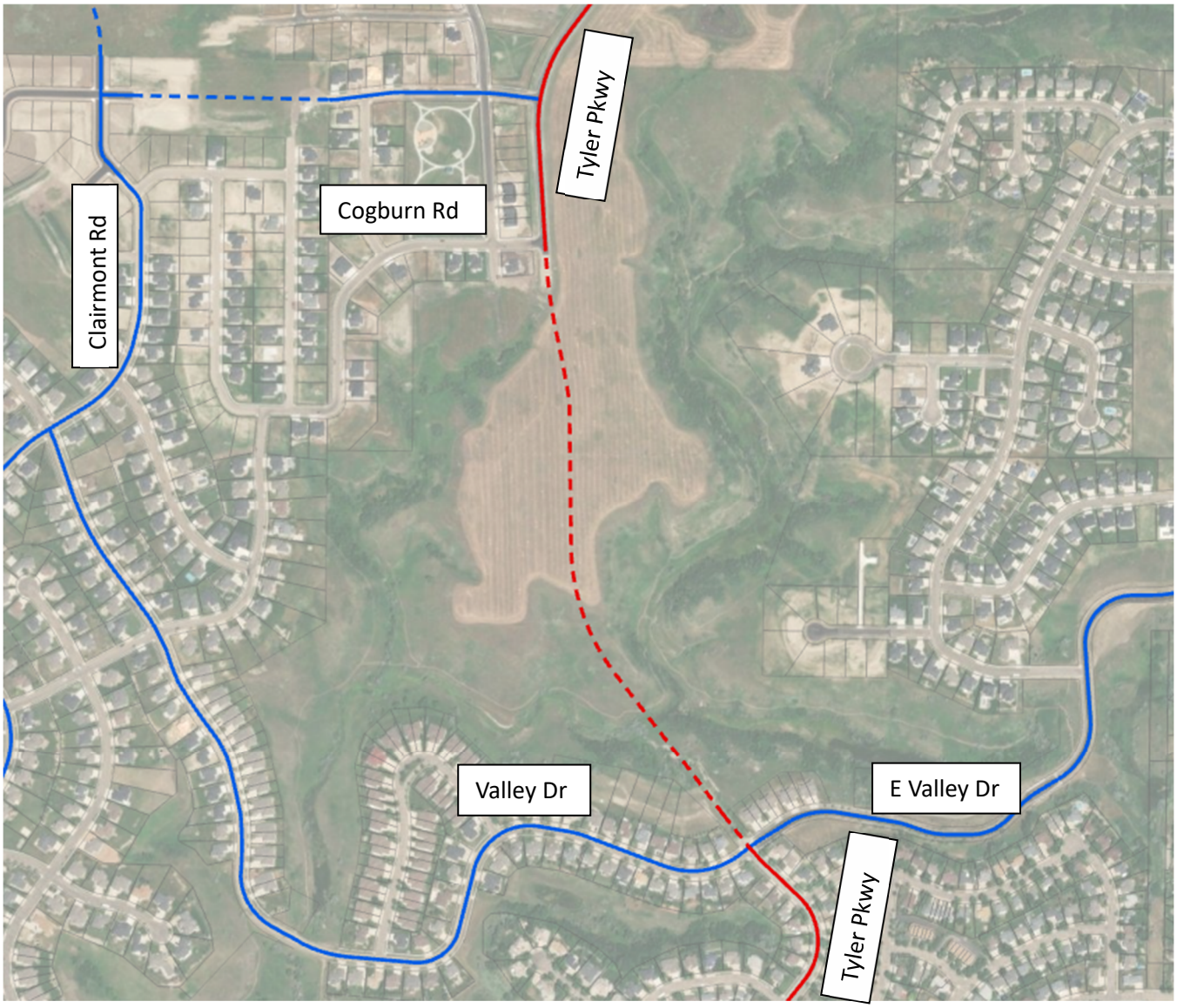
If it is desired by this Board, staff would issue a request for proposals (RFP) from qualified consulting engineering firms to assist with the preliminary engineering phase with the ability to amend the agreement to include design engineering and construction observation services if approved. Construction would be planned for the 2026 construction season and this project would be included in the upcoming 2025 budget.

RECOMMENDED CITY COMMISSION ACTION:
Approve request to assign Tyler Parkway Extension as the next half-cent sales tax-funded project and procure engineering services

STAFF CONTACT INFORMATION:
Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:
1. Location Map

Location Map – Tyler Parkway Extension



Bismarck Event Center

DATE: May 28, 2024

FROM: Amanda Yellow, Interim Director

ITEM: Bismarck Event Center Update

REQUEST:
Consider the request to receive an update regarding the Bismarck Event Center.

BACKGROUND INFORMATION:
The City Commission requested a 30, 60, 90 day outlook on the Event Center and an update on the past 30 days.

RECOMMENDED CITY COMMISSION ACTION:
Receive the report.

STAFF CONTACT INFORMATION:
Amanda Yellow, Interim Director, 701-355-1376, ayellow@bismarcknd.gov

ATTACHMENTS:
None

Airport

DATE: May 28, 2024

FROM: Greg Haug, Airport Director

ITEM: Executive Air Taxi Corporation Development Agreement Amendment

REQUEST:
Consider an Executive Air Taxi Corporation (EATC) request to Amend its Development Agreement Hangar size from 260’ x 120’ to 280’ x 120’.

BACKGROUND INFORMATION:
Executive Air Taxi Corporation (EATC) is one of two Fixed Base Operators (FBO) providing aeronautical services at the Bismarck Airport. The Commission approved entering into a development agreement with EATC on October 11, 2022 (Enclosure 1). The agreement spells out specific commitments by the Bismarck Airport to support the development. Those actions include entering into an amendment to the existing lease to add the new 260’ x 120’ hangar building, construction of an apron, reconfiguring a vehicle access gate, and associated actions such as extending existing parcel leases, fuel farm leases, and fueling permit to 30 years. The development agreement approved a 260’ x 120’ hangar. EATC has requested the Board approve a hangar size of 280’ x 120’ (Enclosure 2). EATC Chief Operating Officer Paul Vetter plans to attend the meeting to answer any questions the Board may have. Airport staff will also be available.

RECOMMENDED CITY COMMISSION ACTION:
Approve the Executive Air Taxi Corporation request to amend its Development Agreement Hangar size from 260’ x 120’ to 280’ x 120’.

STAFF CONTACT INFORMATION:
Tim Thorsen, Assistant Airport Director, 701-355-1806, tthorsen@bismarcknd.gov

ATTACHMENTS:
1. EATC Development Agreement
2. EATC request letter dated May 6, 2024

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CONTRACT REVIEW FORM

Contract between the City of Bismarck and Executive Air Taxi Corporation (EATC)

Purpose of Contract: Development Agreement to Construct a hangar

Contract Amount: NA

Contract Period: When Signed through October 31, 2025

Department: Airport Budget Number (if applicable): NA

Revenue / Funding Source: NA Project Number: NA

Comments: This Development Agreement is on the October 11, 2022 agenda. The purpose of the agreement is to construct a hangar. The agreement spells out specific commitments by EATC and Bismarck Airport.

Please check all that apply:

- ☒ Regular Contract Review
- ☐ Change Order
- ☐ Grant Funded
- ☐ Subrecipient/Vendor Determination
- ☐ IT / GIS-Related
- ☐ Mayor's Signature Only
- ☒ Commission Approval and Mayor's Signature
- ☒ Attestation of Mayor's Signature

Procurement Attached:

- ☐ Three Quotes
- ☐ RFP/RFQ/Bids
- ☐ Cooperative Agreement/ State Contract

APPROVALS:

Department Director DocuSigned by: 9F240CBC4F5C4A5... Date: October 5, 2022

Grants Coordinator (if needed) Date:

Comments:

IT/GIS (if needed) Date:

Comments:

City Attorney DS JL Date: October 5, 2022

Comments: OK

Finance Director DS DC Date: October 5, 2022

Comments: OK

Administrator DS KH Date: October 6, 2022

Comments: OK

ENCL 1

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DEVELOPMENT AGREEMENT

The City of Bismarck (the "**City**"), and Executive Air Taxi Corporation, ("**EATC**") make the following Development Agreement for construction of one hangar building between the summer 2024 through October 31, 2025. Construction of buildings generally as depicted in Enclosures to this document.

Development Summary and Timeline

The purpose of this agreement is for a hangar expansion in a parcel North of Hangar 48C replacing the existing Hangar Building 38 (Former Waypoint/Fargo Jet hangar). A 260 foot by 120 foot hangar will be constructed in 2024-2025 following demolition of Hangar 38. Construction of parking and apron are part of this development.

Building

EATC Responsibilities

The following items 1-11 below will be accomplished and paid for by EATC.

1. Sign a new lease agreement prior to starting the construction of new hangar. Lease may be the name of a holding/investment entity. Lease language will include the 50 feet of concrete apron, in front of lease space measured from the front of each building on the parcel as an additional "maintenance area". Lease language will require EATC to pay maintenance costs on the apron "maintenance area". City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.

2. Provide an Exhibit A, drawing of the Leased Premises.

3. Provide information to the City as requested supporting associated environmental actions conducted by the City.

4. Coordinate Plat work. Obtain lot modification approval from Community Development.

5. Submit airspace study to OEAAA site. https://oeaaa.faa.gov/oeaaa/external/portal.jsp.

6. Provide a site plan and submit it to the Airport for review prior to submission to the Community Development Department. The exact boundary description of the site plan will be determined upon completion of the survey of the area. The site plan will include details of storm sewer, sanitary sewer, water, landscaping, parking, and other items as required by Community Development and City Engineering in the Site Plan Review and Approval process.

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7. Complete a grading plan of the Leased Premises for Airport approval and perform grading pursuant to the approved plan as required for appropriate drainage of the Leased Premises.

8. Obtain all permits and approvals necessary to construct the new hangar.

9. Demolish hangar building 38 and prep site for hangar construction starting November 1, 2023.

10. Construct a 31,200 square foot hangar building (hangar 6D) suitable for commercial aeronautical uses on the Leased Premises before end of CY 2025 (Enclosure 1).

11. Provide as builts of building, sanitary sewer, storm sewer, water electrical, cable, parking lot, sidewalks, and other items added as a result of the Hangar Development to the City. Three (3) as builts in CAD latest version distributed to City Engineering, City GIS, and Airport. One paper copy of as builts to Bismarck Airport.

City Responsibilities

Items 1-4 below will be accomplished by and paid for by the City.

1. Engage a consulting Engineer who will complete a survey of the Leased Premises and provide building corner locations and corner elevation to EATC.

2. Review and coordinate site plan and plat modification and Exhibit A., with EATC.

3. Prepare new Lease Agreement and/or an amendment to the Hangar 48 complex lease. Lease/amendment start date for reconfigured parcel shall be November 1, 2023. New building leases or amendment will have term of 30 years from November 1, 2023.

4. Complete Environmental Action (CATX).

Water Service

EATC Responsibilities

The following item 1 below will be accomplished and paid for by EATC.

1. Install a new water service line in compliance with City Code to the new hangar building. The connection point shall be on the water main along Eclipse Way as specified by the City. This installation shall be accomplished by and paid for by EATC. If EATC does not utilize the existing connection point (if applicable) and the City determines the existing connection point needs to be abandoned, EATC will be responsible for properly abandoning the existing connection point per the City's requirements.

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City Responsibilities

Items 1 below will be accomplished by and paid for by the City.

1. Install a hydrant if required by code.

Sanitary Sewer

EATC Responsibilities

The following item 1 below will be accomplished by EATC.

1. Install sanitary sewer connection meeting city code from sewer main along Eclipse Way to the new hangar building. This installation shall be accomplished by and paid for by EATC. If EATC does not utilize the existing connection point (if applicable) and the City determines the existing connection point needs to be abandoned, EATC will be responsible for properly abandoning the existing connection point per the City's requirements.

City Responsibilities

None.

Street/Ramp/Lighting Improvements

EATC Responsibilities

The improvements described in items 1-7 will be accomplished by and paid for by EATC.

1. Provide a seven-foot concrete ramp section to connect the new hangar building to the City constructed ramp. Maintain the concrete strip.

2. Provide building mounted light fixtures to provide lighting for the entire length of the building on the apron side and extending 50 feet out from the building. Required lighting levels within this area are a minimum average of 3 footcandles and a uniformity ratio of 4:1(average to minimum). Light fixtures used are to be low-glare, cut-off type fixtures. Provide documentation to the City's Consulting Engineer that includes proposed light fixture product cut sheets and lighting calculations confirming required lighting levels.

3. Install all electric, gas, cable, phone or other utility connections not covered by this Development Agreement to the new hangar building.

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4. Install sidewalk, parking, green space improvements as required on the approved site plan. Parking provided shall also include temporary replacement of building 22 parking stalls lost to accommodate the EATC hangar building parcel. Temporary paved parking lot shall be on the North West end of the new hangar and have a sidewalk connecting to Building 22 and a connection to Eclipse Way. The temporary parking lot shall replace all parking stalls lost in existing parking or the number of temporary stalls required by Community Development if the number needed is determined to be greater. Permanent hangar parking may include a continuous lot from the North end of the new building behind Building 48C and joining to existing parking behind Building 48B.

5. Install permanent fence in between hangar and adjacent hangar buildings. Install temporary fence to accommodate construction of hangar building.

6 Pay for 50% of the cost of the first 43 feet of apron constructed by the City in front of the leased parcel for new hangar building.

7. Install necessary modifications to maintain power and utilities to Building 22 until demolished.

City Responsibilities

The improvements described in items 1-4 below will be accomplished by and paid for by the City.

1. Remove/replace any Street lights and power poles necessary to accommodate the new hangar.

2. Install apron in front of the new hangar building. Install apron from the edges of existing apron in front of the new hangar building when constructed. City is not responsible for seasonal differential movement between EATC concrete (first 7 feet), and concrete apron installed by the City.

3. Install keycard-controlled access Gate to replace Gate #35. Construct paved approach to replacement gate.

Extension of Fuel Farm Lease and Fueling Permit

EATC Responsibilities

The improvements described in items 1 below will be accomplished and paid by EATC.

1. Sign an amendment extending the Fuel Farm lease matching term of new hangar building.

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City Responsibilities

The improvements described in items 1 below will be accomplished by and paid for by the City.

1. Extend Fuel Farm ground lease and fuel farm permit to mirror new hangar Building term.

Amend parcel lease for building 48, 48B and 48C

EATC Responsibilities

The improvements described in items 1 will be accomplished by EATC.

1. Agree to amend parcel leases for building 48, 48B and 48C to include the 43 feet of concrete apron, in front of lease space (lease includes first 7 feet of apron) measured from the front of each building on the parcel as an additional "maintenance area" (total of 50 feet). Amendment language will require EATC to pay maintenance costs on the apron "maintenance area". City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.

City Responsibilities

The improvements described in items 1 and 2 below will be accomplished by the City.

1. Amend parcel leases for building 48, 48B and 48C to add maintenance areas as described in EATC responsibilities above.

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Coordination Items

EATC Responsibilities

Completion of site plan for new hangar.

Secure Site plan and Lot Modification approval from Community Development.

Submit OEAAA airspace study and receive approval.

Delivery of Exhibit A and B to City for building lease/lease amendment

Approve/sign leases and amendments.

Submit requested information needed by City for environmental submission (CATX)

Demolition of Building 38

Construction of hangar building, temp parking, permanent parking, and sidewalks.

Payment of 50% of the first 43 feet of apron cost constructed by City.

City Responsibilities

Engage Consulting Engineer

Coordinate grant funding

Provide building survey information to EATC. (Corners of building and finished floor elevation)

Submit Environmental (CATX)

Review of plat changes and site plan

Provide draft then final Lease amendment to EATC for new building.

Provide Lease Amendment for Building 48, 48B, 48C.

Coordinate approval actions with Board of City Commissioners

Ramp, utility and gate bids

Construction of Ramp & utilities under ramp.

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The target dates shown in this document as City responsibilities are subject to circumstances beyond the City's control (such as completion of Environmental approvals and funding approvals by FAA and ND Aeronautics Commission). The target dates shown in this document as EATC responsibly are subject to circumstances beyond EATC's control.

EATC agrees that if the hangar development does not proceed, EATC will reimburse the City for all of the consulting engineering costs directly related to and expended by the City's obligations under this Development Agreement, excepting survey costs.

Whether or not the City endeavors to do the work under this Agreement is contingent upon the City's ability to obtain all of the easements or dedications necessary to complete the project. The parties agree that this agreement supersedes any prior agreements with respect to this area to the extent that this Agreement may conflict with any prior agreements. All other provisions of those prior agreements remain in effect.

This Development Agreement shall bind the parties, their successors, assigns and heirs.

Dated this 4th day of Oct, 2022.

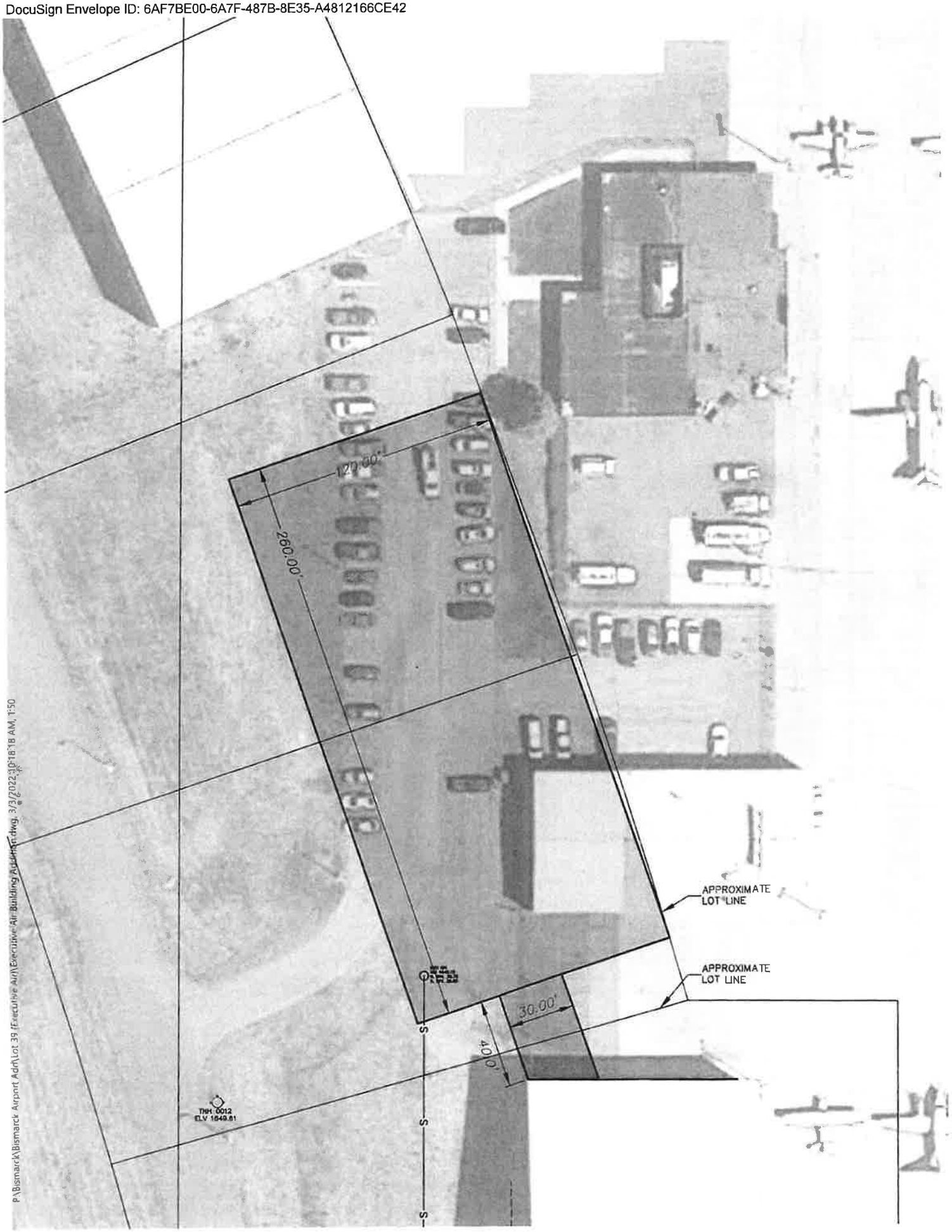
John Miller, CEO
Executive Air Taxi Corporation

Dated: October 12, 2022

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Michael T. Schmitz, President,
Board of City Commissioners

Attest DocuSigned by:
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Keith J. Hunke
City Administrator

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Bismarck

Bismarck Airport

DATE: October 4, 2022

FROM: Gregory Haug, Airport Director

ITEM: Consider a Development Agreement with Executive Air Taxi Corporation.

REQUEST:
Consider a Development Agreement with Executive Air Taxi Corporation.

Please place this item on the October 11, 2022, City Commission meeting agenda.

BACKGROUND INFORMATION:
Executive Air Taxi Corporation (EATC) is one of two Fixed Base Operators (FBO) providing aeronautical services on Bismarck Airport. EATC desires to enter into a development agreement with the City. The purpose of the agreement is for a hangar expansion in a parcel North of Hangar 48C replacing the existing Hangar Building 38 (Former Waypoint/Fargo Jet hangar). A 260 foot by 120 foot hangar would be constructed in 2024-2025 following demolition of Hangar 38 (Enclosure 1). Construction of parking and apron are part of this development.

Terms and language in this development agreement are similar to the development agreement recently approved by the Board with Simson Holding Company. This agreement would commit EATC to demolish Hangar 38 and prep the site for construction of a hangar, provide temporary and permanent parking, participate in apron costs as well as other associated actions. The Development Agreement states that EATC will participate in 50% of the initial costs of the first 43 feet of new apron in front of the new hangar buildings and we are proposing that the Airport participate in the other 50%. The estimated cost for the first 43 feet of apron in front of the hangar is approximately $400,000. The Airports proposed share of $200,000 will be funded with Airport and possible State funds. The lease language will require EATC to pay maintenance costs of a new "apron maintenance area" moving forward in front of all existing leased areas. The Airport will still determine when and how to conduct the maintenance in this new "apron maintenance area". The determination of need for maintenance is at the sole discretion of the Airport.

The agreement spells out specific commitments by Bismarck Airport to support the development. Those actions include entering into an amendment to the existing lease to add the new 260 foot x 120 foot hangar building, construction of apron, reconfiguring a vehicle

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access gate and associated actions such as extending existing parcel leases, fuel farm lease and fueling permit to 30 years. Apron beyond the 50 feet will be funded with a combination of Federal, State and Airport funds in a planned project – Expand GA Apron Phase 6.

The terms for future development agreements may be reconsidered by the Airport on future developments based on FAA and State rules for funding participation.

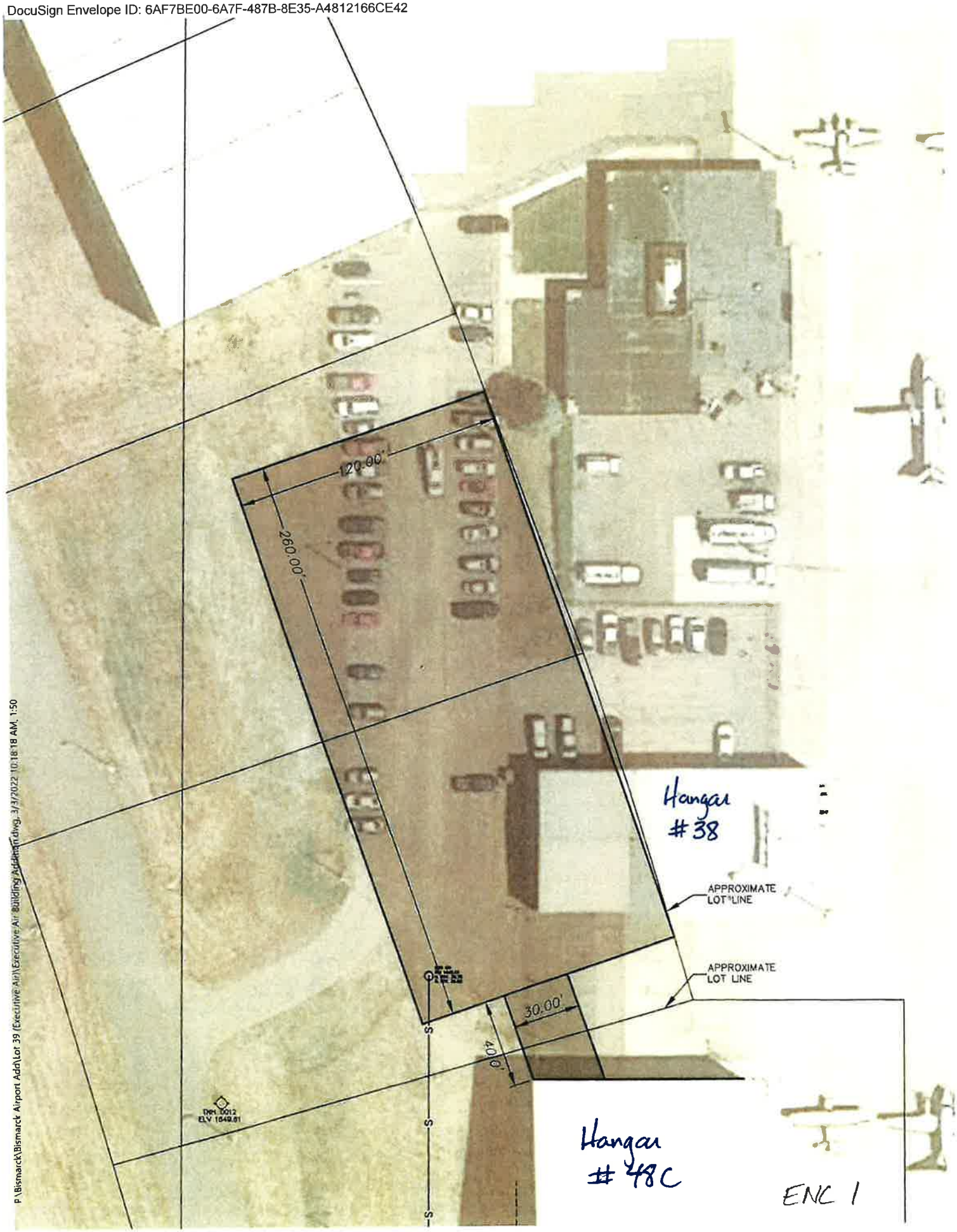
RECOMMENDED CITY COMMISSION ACTION:
Approve the Development Agreement with EATC at Enclosure 2.

STAFF CONTACT INFORMATION:
Greg Haug | Airport Director | 701-355-1808 | ghaug@bismarcknd.gov

Enclosure

1. Diagram.
2. Development Agreement.

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DEVELOPMENT AGREEMENT

The City of Bismarck (the "**City**"), and Executive Air Taxi Corporation, ("**EATC**") make the following Development Agreement for construction of one hangar building between the summer 2024 through October 31, 2025. Construction of buildings generally as depicted in Enclosures to this document.

Development Summary and Timeline

The purpose of this agreement is for a hangar expansion in a parcel North of Hangar 48C replacing the existing Hangar Building 38 (Former Waypoint/Fargo Jet hangar). A 260 foot by 120 foot hangar will be constructed in 2024-2025 following demolition of Hangar 38. Construction of parking and apron are part of this development.

Building

EATC Responsibilities

The following items 1-11 below will be accomplished and paid for by EATC.

1. Sign a new lease agreement prior to starting the construction of new hangar. Lease may be the name of a holding/investment entity. Lease language will include the 50 feet of concrete apron, in front of lease space measured from the front of each building on the parcel as an additional "maintenance area". Lease language will require EATC to pay maintenance costs on the apron "maintenance area". City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.

2. Provide an Exhibit A, drawing of the Leased Premises.

3. Provide information to the City as requested supporting associated environmental actions conducted by the City.

4. Coordinate Plat work. Obtain lot modification approval from Community Development.

5. Submit airspace study to OEAAA site. https://oeaaa.faa.gov/oeaaa/external/portal.jsp.

6. Provide a site plan and submit it to the Airport for review prior to submission to the Community Development Department. The exact boundary description of the site plan will be determined upon completion of the survey of the area. The site plan will include details of storm sewer, sanitary sewer, water, landscaping, parking, and other items as required by Community Development and City Engineering in the Site Plan Review and Approval process.

ENC 2

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7. Complete a grading plan of the Leased Premises for Airport approval and perform grading pursuant to the approved plan as required for appropriate drainage of the Leased Premises.

8. Obtain all permits and approvals necessary to construct the new hangar.

9. Demolish hangar building 38 and prep site for hangar construction starting November 1, 2023.

10. Construct a 31,200 square foot hangar building (hangar 6D) suitable for commercial aeronautical uses on the Leased Premises before end of CY 2025 (Enclosure 1).

11. Provide as builts of building, sanitary sewer, storm sewer, water electrical, cable, parking lot, sidewalks, and other items added as a result of the Hangar Development to the City. Three (3) as builts in CAD latest version distributed to City Engineering, City GIS, and Airport. One paper copy of as builts to Bismarck Airport.

City Responsibilities

Items 1-4 below will be accomplished by and paid for by the City.

1. Engage a consulting Engineer who will complete a survey of the Leased Premises and provide building corner locations and corner elevation to EATC.

2. Review and coordinate site plan and plat modification and Exhibit A., with EATC.

3. Prepare new Lease Agreement and/or an amendment to the Hangar 48 complex lease. Lease/amendment start date for reconfigured parcel shall be November 1, 2023. New building leases or amendment will have term of 30 years from November 1, 2023.

4. Complete Environmental Action (CATX).

Water Service

EATC Responsibilities

The following item 1 below will be accomplished and paid for by EATC.

1. Install a new water service line in compliance with City Code to the new hangar building. The connection point shall be on the water main along Eclipse Way as specified by the City. This installation shall be accomplished by and paid for by EATC. If EATC does not utilize the existing connection point (if applicable) and the City determines the existing connection point needs to be abandoned, EATC will be responsible for properly abandoning the existing connection point per the City's requirements.

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City Responsibilities

Items 1 below will be accomplished by and paid for by the City.

1. Install a hydrant if required by code.

Sanitary Sewer

EATC Responsibilities

The following item 1 below will be accomplished by EATC.

1. Install sanitary sewer connection meeting city code from sewer main along Eclipse Way to the new hangar building. This installation shall be accomplished by and paid for by EATC. If EATC does not utilize the existing connection point (if applicable) and the City determines the existing connection point needs to be abandoned, EATC will be responsible for properly abandoning the existing connection point per the City's requirements.

City Responsibilities

None.

Street/Ramp/Lighting Improvements

EATC Responsibilities

The improvements described in items 1-7 will be accomplished by and paid for by EATC.

1. Provide a seven-foot concrete ramp section to connect the new hangar building to the City constructed ramp. Maintain the concrete strip.

2. Provide building mounted light fixtures to provide lighting for the entire length of the building on the apron side and extending 50 feet out from the building. Required lighting levels within this area are a minimum average of 3 footcandles and a uniformity ratio of 4:1(average to minimum). Light fixtures used are to be low-glare, cut-off type fixtures. Provide documentation to the City's Consulting Engineer that includes proposed light fixture product cut sheets and lighting calculations confirming required lighting levels.

3. Install all electric, gas, cable, phone or other utility connections not covered by this Development Agreement to the new hangar building.

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4. Install sidewalk, parking, green space improvements as required on the approved site plan. Parking provided shall also include temporary replacement of building 22 parking stalls lost to accommodate the EATC hangar building parcel. Temporary paved parking lot shall be on the North West end of the new hangar and have a sidewalk connecting to Building 22 and a connection to Eclipse Way. The temporary parking lot shall replace all parking stalls lost in existing parking or the number of temporary stalls required by Community Development if the number needed is determined to be greater. Permanent hangar parking may include a continuous lot from the North end of the new building behind Building 48C and joining to existing parking behind Building 48B.

5. Install permanent fence in between hangar and adjacent hangar buildings. Install temporary fence to accommodate construction of hangar building.

6 Pay for 50% of the cost of the first 43 feet of apron constructed by the City in front of the leased parcel for new hangar building.

7. Install necessary modifications to maintain power and utilities to Building 22 until demolished.

City Responsibilities

The improvements described in items 1-4 below will be accomplished by and paid for by the City.

1. Remove/replace any Street lights and power poles necessary to accommodate the new hangar.

2. Install apron in front of the new hangar building. Install apron from the edges of existing apron in front of the new hangar building when constructed. City is not responsible for seasonal differential movement between EATC concrete (first 7 feet), and concrete apron installed by the City.

3. Install keycard-controlled access Gate to replace Gate #35. Construct paved approach to replacement gate.

Extension of Fuel Farm Lease and Fueling Permit

EATC Responsibilities

The improvements described in items 1 below will be accomplished and paid by EATC.

1. Sign an amendment extending the Fuel Farm lease matching term of new hangar building.

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City Responsibilities

The improvements described in items 1 below will be accomplished by and paid for by the City.

1. Extend Fuel Farm ground lease and fuel farm permit to mirror new hangar Building term.

Amend parcel lease for building 48, 48B and 48C

EATC Responsibilities

The improvements described in items 1 will be accomplished by EATC.

1. Agree to amend parcel leases for building 48, 48B and 48C to include the 43 feet of concrete apron, in front of lease space (lease includes first 7 feet of apron) measured from the front of each building on the parcel as an additional "maintenance area" (total of 50 feet). Amendment language will require EATC to pay maintenance costs on the apron "maintenance area". City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.

City Responsibilities

The improvements described in items 1 and 2 below will be accomplished by the City.

1. Amend parcel leases for building 48, 48B and 48C to add maintenance areas as described in EATC responsibilities above.

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Coordination Items

EATC Responsibilities

Completion of site plan for new hangar.

Secure Site plan and Lot Modification approval from Community Development.

Submit OEAAA airspace study and receive approval.

Delivery of Exhibit A and B to City for building lease/lease amendment

Approve/sign leases and amendments.

Submit requested information needed by City for environmental submission (CATX)

Demolition of Building 38

Construction of hangar building, temp parking, permanent parking, and sidewalks.

Payment of 50% of the first 43 feet of apron cost constructed by City.

City Responsibilities

Engage Consulting Engineer

Coordinate grant funding

Provide building survey information to EATC. (Corners of building and finished floor elevation)

Submit Environmental (CATX)

Review of plat changes and site plan

Provide draft then final Lease amendment to EATC for new building.

Provide Lease Amendment for Building 48, 48B, 48C.

Coordinate approval actions with Board of City Commissioners

Ramp, utility and gate bids

Construction of Ramp & utilities under ramp.

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The target dates shown in this document as City responsibilities are subject to circumstances beyond the City's control (such as completion of Environmental approvals and funding approvals by FAA and ND Aeronautics Commission). The target dates shown in this document as EATC responsibly are subject to circumstances beyond EATC's control.

EATC agrees that if the hangar development does not proceed, EATC will reimburse the City for all of the consulting engineering costs directly related to and expended by the City's obligations under this Development Agreement, excepting survey costs.

Whether or not the City endeavors to do the work under this Agreement is contingent upon the City's ability to obtain all of the easements or dedications necessary to complete the project. The parties agree that this agreement supersedes any prior agreements with respect to this area to the extent that this Agreement may conflict with any prior agreements. All other provisions of those prior agreements remain in effect.

This Development Agreement shall bind the parties, their successors, assigns and heirs.

Dated this ____ day of _____, 2022.

_____

John Miller, CEO
Executive Air Taxi Corporation

Dated: _____

_____
Michael T. Schmitz, President,
Board of City Commissioners

Attest_____
Keith J. Hunke
City Administrator

DocuSign

Certificate Of Completion

Envelope Id: 6AF7BE006A7F487B8E35A4812166CE42
Subject: DocuSign: EATC Development Agreement
Source Envelope:
Document Pages: 19
Certificate Pages: 2
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Signatures: 3
Initials: 3

Status: Completed

Envelope Originator:
Timothy Thorsen
221 N 5th Street
Bismarck, ND 58501
tthorsen@bismarcknd.gov
IP Address: 165.234.252.235

Record Tracking

Status: Original
10/4/2022 6:36:46 PM

Holder: Timothy Thorsen
tthorsen@bismarcknd.gov

Location: DocuSign

Signer Events	Signature	Timestamp
Gregory Haug ghaug@bismarcknd.gov Airport Director Security Level: Email, Account Authentication (None)	DocuSigned by: 9F240CBC4F5C4A5...	Sent: 10/4/2022 6:58:28 PM Viewed: 10/5/2022 10:05:21 AM Signed: 10/5/2022 10:07:40 AM
	Signature Adoption: Uploaded Signature Image Using IP Address: 165.234.252.235	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Jannelle Combs jcombs@bismarcknd.gov City Attorney City of Bismarck Security Level: Email, Account Authentication (None)	DS JC	Sent: 10/5/2022 10:07:42 AM Viewed: 10/5/2022 10:09:50 AM Signed: 10/5/2022 10:37:16 AM
	Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Dmitriy Chernyak dchernyak@bismarcknd.gov City of Bismarck Security Level: Email, Account Authentication (None)	DS DC	Sent: 10/5/2022 10:37:47 AM Viewed: 10/5/2022 4:51:32 PM Signed: 10/5/2022 4:51:54 PM
	Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Keith Hunke khunke@bismarcknd.gov City Administrator Administrator Security Level: Email, Account Authentication (None)	DS kH	Sent: 10/5/2022 4:51:56 PM Viewed: 10/6/2022 8:18:04 AM Signed: 10/6/2022 8:18:23 AM
	Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
Jason Tomanek jtomanek@bismarcknd.gov Asst City Administrator City of Bismarck Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	**Completed** Using IP Address: 165.234.252.11	Sent: 10/6/2022 8:18:37 AM Viewed: 10/11/2022 5:24:50 PM Signed: 10/11/2022 5:24:52 PM
Michael T Schmitz mschmitz@bismarcknd.gov President Board of Commissioners/Mayor City of Bismarck Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	DocuSigned by: DB23347C43514F0... Signature Adoption: Drawn on Device Using IP Address: 174.213.245.220 Signed using mobile	Sent: 10/11/2022 5:25:03 PM Viewed: 10/12/2022 7:25:51 AM Signed: 10/12/2022 7:26:06 AM
Keith Hunke khunke@bismarcknd.gov City Administrator Administrator Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	DocuSigned by: Keith Hunke D7FD22CCD603470... Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	Sent: 10/12/2022 7:26:16 AM Viewed: 10/12/2022 7:58:00 AM Signed: 10/12/2022 7:59:15 AM

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Fiscal Services fiscalservices@bismarcknd.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 10/12/2022 7:59:19 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/4/2022 6:58:28 PM
Certified Delivered	Security Checked	10/12/2022 7:58:00 AM
Signing Complete	Security Checked	10/12/2022 7:59:15 AM
Completed	Security Checked	10/12/2022 7:59:19 AM

Payment Events	Status	Timestamps

ExecutiveAir TaxiCorporation

May 6, 2024

Mr. Greg Haug
Airport Director
Bismarck Municipal Airport
PO Box 991
Bismarck, ND 58502

Dear Mr. Haug:

I am writing to request a change to the already approved development agreement's hangar size from 120' X 260' to 120' X 280'.

Executive Air Taxi Corporation has been requesting and needing to build a large hangar at the Bismarck Airport for years. We watched while others have built hangars. We need this hangar for ourselves and to meet customer demand.

Our proposed hangar will be the largest single span hangar in the upper Midwest. It will maximize the land lease footprint available at the proposed site, and it will maximize not only the lease revenue income for the airport but also increase the property value tax base.

The Bismarck Airport staff has worked hard for many decades on a master plan to develop the entire layout of the GA ramp area, this building project is part of that plan. It will replace our small and outdated hangar #38 and further modernize the amenities at the Bismarck Airport.

Executive Air Taxi Corporation has been a tenant at the Bismarck Airport for over 50 years and is locally owned and operated. We provide executive charter services (turboprop and jet), EMS air ambulance fixed wing and helicopter services, aircraft maintenance, avionics sales and service, parts and accessories, custom upholstery, flight training and aircraft rental, aircraft refueling and complete 24 hour service, aircraft management and more.

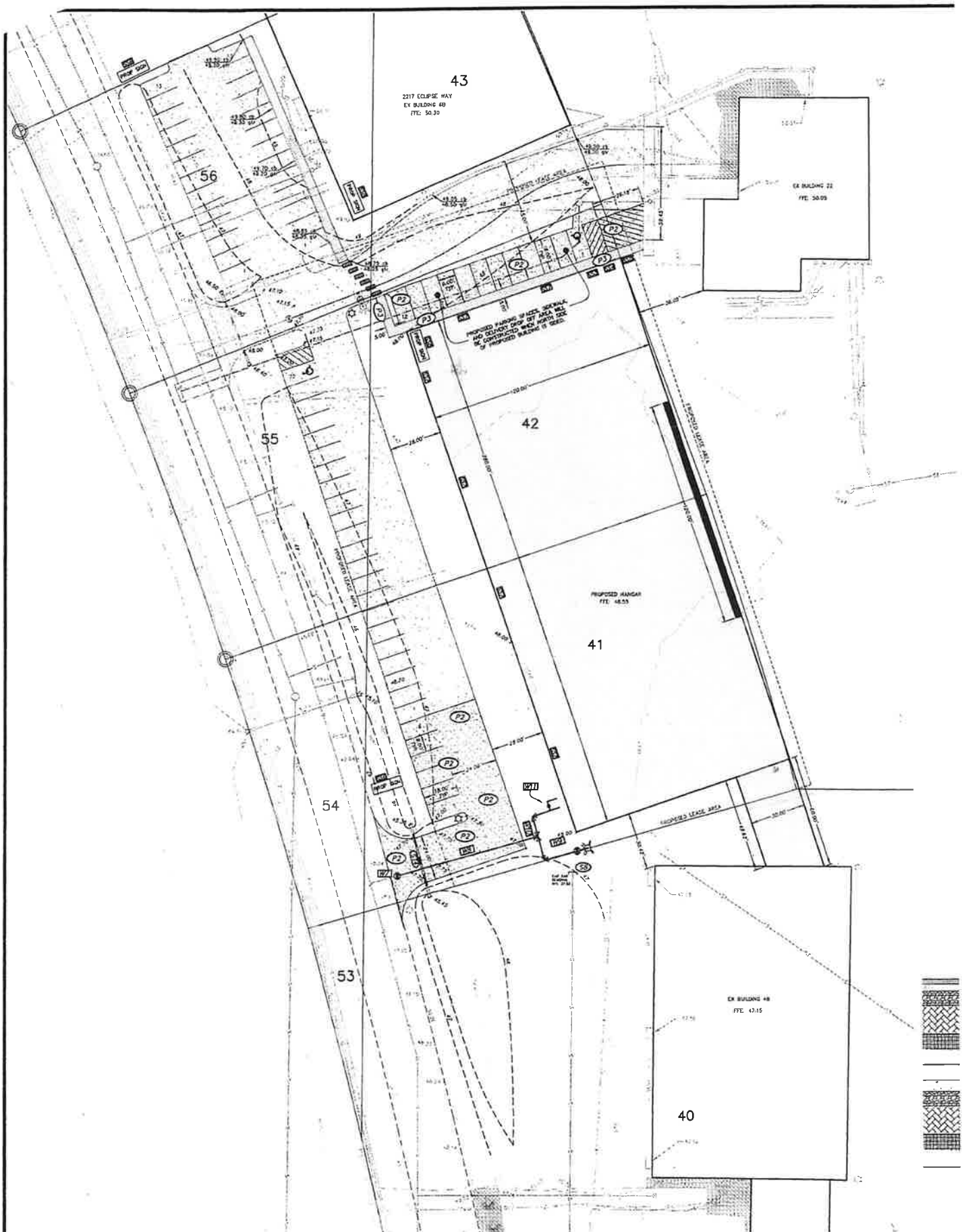
I look forward to your response.

Sincerely,

Paul Vetter, COO

PO Box 2273 • Bismarck, ND 58502 • phone 701-258-5024 • toll free 800-932-8924 • fax 701-258-2693 • www.executive-air.com

ENCL 2



WARRANTY / DISCLAIMER

The designs represented in these plans are in accordance with established practices of civil engineering. However, neither Swanson, Hagen & Co. nor its personnel can or do warrant these plans as constructed except in the specific cases where Swanson, Hagen & Co personnel inspect and control the physical construction on a full time basis.

SAFETY NOTICE TO CONTRACTOR

In accordance with generally accepted construction practices the contractor will be solely and completely responsible for conditions of the job site, including safety of all persons and property during performance of the work. This requirement will apply continuously and not be limited to normal business hours.

NOTICE TO CONTRACTOR

The location of existing underground utilities are shown in an approximate way only and have not been independently verified by the owner or its representatives. The Contractor shall determine the exact location of all existing utilities before commencing work, and agrees to be fully responsible for any and all damages which might be occasioned by the Contractor's failure to exactly locate and preserve any and all underground utilities.

CALL BEFORE YOU DIG
NORTH DAKOTA
UTILITIES UNDERGROUND LOCATION SERVICE
1-800-795-0555

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