



## 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](mailto: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](https://www.freeTV.org) and [Facebook LIVE](https://www.facebook.com/bismarckndgov). Agenda items can be found online at [www.bismarcknd.gov/agendacenter](http://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

- G. Consider the request to enter into executive session under NDCC 44-04-19.2 to receive attorney consultation regarding an imminent lawsuit.**

**Documents:**

R) AIR - Executive Session for Attorney Consultation.pdf

#### 4. OTHER BUSINESS

ADJOURN

Phone: 701-355-1300 | 221 North 5th Street | P.O. Box 5503 | Bismarck, ND 58501  
[www.bismarcknd.gov](http://www.bismarcknd.gov) | TDD 711 | An Equal Opportunity-Affirmative Action Employer





EQUAL OPPORTUNITY



## MEETING OF THE BOARD OF CITY COMMISSIONERS

5/14/2024 - Minutes

### 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.

- 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

- 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 Elk 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.

<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.

Phone: 701-355-1300 | 221 North 5th Street | P.O. Box 5503 | Bismarck, ND 58501  
[www.bismarcknd.gov](http://www.bismarcknd.gov) | TDD 711 | An Equal Opportunity-Affirmative Action Employer



## PERSONNEL ACTIONS FOR THE MEETING ON May 28, 2024

### Full-Time and Part-Time Appointments

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

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

### **Separations**

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

### **Others**

|   |        |   |
|---|--------|---|
| Benske, Cory<br>Community Service Officer | Police | Leave Without Pay<br>5/11/24                      |
| Bosch, Casey<br>Police Sergeant           | Police | Promotion-Salary Increase<br>@\$36.44/hr. 5/12/24 |
| Dollinger, Sydney<br>Records Technician   | Police | Leave Without Pay<br>5/11/24                      |
| Fredrickson, Chanc<br>Police Officer      | Police | Leave Without Pay<br>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](mailto: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<br>G- 0156            |
| License Year Ending<br>June 30, 2024 |

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| 1. Official, Legal Name of Organization (Do Not Abbreviate)<br>Amvets Post #9  |                                     | Business Telephone Number<br>701-258-8324  |   |
| Business Address (Street)<br>2402 Railroad Avenue  | City<br>Bismarck                    | State<br>N.Dak.  | ZIP Code<br>58501   |
| Mailing Address<br>Same as Above   | City                                | State  | ZIP Code  |
| Address Where Gaming Accounting Records Are Kept<br>2402 Railroad Avenue   | City<br>Bismarck                    | State<br>N.Dak.  | ZIP Code<br>58501   |
| E-mail Address<br>l.black61@yahoo.com  | Contact Person<br>Lorraine M. Black | Official Position of Contact Person<br>Gaming Manager                                |   |
| 2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  |                                     | 3. Provide Organization's Federal Employer Identification Number (EIN)<br>45-0373188 |   |
| 4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)<br>Dick Dever (Commander)   |                                     | Daytime Telephone Number<br>701-391-6330   |   |
| 5. Name of Gaming Manager<br>Lorraine M. Black   |                                     | Daytime Telephone Number<br>701-258-8324   |   |
| 6. Signature of Gaming Manager<br>Lorraine M. Black  |                                     | Date<br>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<br>Dick Dever   | Telephone Number<br>701-391-6330    | Name<br>Joe Bachmeier (Finance)  | Telephone Number<br>701-391-9267<br><del>701-226-1624</del> |
| Name<br>Phil Miller (1st Vice)   | Telephone Number<br>701-595-3132    | Name<br>Bob Olyneski (Adjutant)  | Telephone Number<br>701-226-1624                            |
| Name<br>Nikki Frohlich (2nd Vice)  | Telephone Number<br>701-214-8128    | Name   | Telephone Number  |
| Name<br>Ashley Cermar (3rd Vice)   | Telephone Number<br>701-400-8073    | Name   | Telephone Number  |
| Name<br>Scott Lungemo (Provost)  | Telephone Number<br>701-400-8400    | Name   | Telephone Number  |
| Name<br>John Adolf (Judge Adv.)  | Telephone Number<br>701-425-6812    | Name   | Telephone Number  |
| 8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?<br><input checked="" type="checkbox"/> Own <input type="checkbox"/> 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<br> | Date<br>5.14.2024 |
|--|---|-------------------|



# CURRENT GAMING EMPLOYEE LIST

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

|  |                                   |                          |
|--|-----------------------------------|--------------------------|
| Organization Name<br><i>Amvets Post #9</i>     |                                   |                          |
| Mailing Address<br><i>2402 Railroad Avenue</i> |                                   |                          |
| City<br><i>Bismarck</i>                        | State<br><i>N.Dak.</i>            | ZIP Code<br><i>58501</i> |
| Business Phone<br><i>701-258-8324</i>          | Cell Phone<br><i>701-426-4124</i> |                          |

License No. G- 0156

|  |   |
|--|---|
| Name of Gaming Manager<br><i>Lorraine M. Black</i>                             | Date of Hire<br><i>3/1/2016</i>   |
| NOTE: Volunteer Gaming Managers are required to have a record check completed. | Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Date of Birth<br><i>3/27/55</i>   |

|     | EMPLOYEE NAME<br>First Name, Middle Name, Last Name | JOB TITLE                   | DATE OF HIRE    | DATE OF BIRTH   | Check if Volunteer       |
|-----|---|-----------------------------|-----------------|-----------------|--------------------------|
| 1.  | <i>Tannie Anderson</i>                              | <i>Dealer/Cashier</i>       | <i>12/14/20</i> | <i>10/20/58</i> | <input type="checkbox"/> |
| 2.  | <i>Dawn Doll</i>                                    | <i>Shift Mgr/Dealer</i>     | <i>11/29/90</i> | <i>3/15/61</i>  | <input type="checkbox"/> |
| 3.  | <i>Kevin Bailly</i>                                 | <i>Dealer/Cashier</i>       | <i>5/4/22</i>   | <i>4/23/70</i>  | <input type="checkbox"/> |
| 4.  | <i>Donna Miller</i>                                 | <i>Dealer/cashier/count</i> | <i>5/21/15</i>  | <i>11/13/50</i> | <input type="checkbox"/> |
| 5.  | <i>Charlie Price</i>                                | <i>Cash Count</i>           | <i>8/27/21</i>  | <i>11/27/54</i> | <input type="checkbox"/> |
| 6.  | <i>Lois Smith</i>                                   | <i>Dealer/Cashier</i>       | <i>4/28/11</i>  | <i>10/31/64</i> | <input type="checkbox"/> |
| 7.  |   |                             |                 |                 | <input type="checkbox"/> |
| 8.  |   |                             |                 |                 | <input type="checkbox"/> |
| 9.  |   |                             |                 |                 | <input type="checkbox"/> |
| 10. |   |                             |                 |                 | <input type="checkbox"/> |
| 11. |   |                             |                 |                 | <input type="checkbox"/> |
| 12. |   |                             |                 |                 | <input type="checkbox"/> |
| 13. |   |                             |                 |                 | <input type="checkbox"/> |
| 14. |   |                             |                 |                 | <input type="checkbox"/> |
| 15. |   |                             |                 |                 | <input type="checkbox"/> |
| 16. |   |                             |                 |                 | <input type="checkbox"/> |
| 17. |   |                             |                 |                 | <input type="checkbox"/> |
| 18. |   |                             |                 |                 | <input type="checkbox"/> |
| 19. |   |                             |                 |                 | <input type="checkbox"/> |
| 20. |   |                             |                 |                 | <input type="checkbox"/> |
| 21. |   |                             |                 |                 | <input type="checkbox"/> |
| 22. |   |                             |                 |                 | <input type="checkbox"/> |
| 23. |   |                             |                 |                 | <input type="checkbox"/> |
| 24. |   |                             |                 |                 | <input type="checkbox"/> |

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 Armets Post #9  
(full legal name of eligible organization)  
\_\_\_\_\_ will be conducting games of chance at the following locations:

|    | <u>SITE</u>           | <u>ADDRESS</u>   |
|----|-----------------------|--|
| 1. | <u>Armets Post #9</u> | <u>2402 Railroad Avenue</u><br><u>Bismarck, ND Dak 58501</u> |
| 2. | _____                 | _____  |
| 3. | _____                 | _____  |
| 4. | _____                 | _____  |
| 5. | _____                 | _____  |
| 6. | _____                 | _____  |

\_\_\_\_\_ Date  
\_\_\_\_\_ City Chief of Police or County Sheriff

CONSENT BY ELIGIBLE ORGANIZATION

Armets 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 5.14.2009 Date  
X [Signature] Chief Executive (i.e., Cmdr., Pres., etc.)

AUTHORIZATION TO INSPECT BANK RECORDS

Armets 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 5.14.2009 Date  
X [Signature] 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.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> New Contact                            | <input type="checkbox"/> Replacing Previous Contact | <input type="checkbox"/> Additional Contact                 |
| Official, Legal Name of Gaming Organization<br>0 Amvets Post #9 |   |   |
| Name of the Contact Person<br>0 Lorraine M. Black               |   | Title of Contact Person<br>0 Gaming Manager                 |
| Contact Person's E-mail<br>0 l.black61@yahoo.com                |   | Contact Person's Daytime Telephone Number<br>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<br>Lorraine M. Black   | Date<br>0 5/1/24 |
| <p><b>RETURN TO:</b><br/>         Email: agolicensing@nd.gov<br/>         Fax: (701) 328-3535<br/>         OFFICE OF ATTORNEY GENERAL<br/>         LICENSING SECTION<br/>         600 EAST BOULEVARD AVENUE - DEPT 125<br/>         BISMARCK ND 58505-0040</p> <p><b>Questions Regarding Licensing</b><br/>         (701) 328-2329</p> |                  |

AMVETS POST 39  
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        |
| IV.     | Accounting.....                           | 5        |
| V.      | Master Inventory Control.....             | 17       |
| VI.     | Count Team Procedures.....                | 24       |
| VII.    | Bingo.....                                | 28       |
| VIII.   | Pull Tabs.....                            | 34       |
| IX.     | Twenty-One.....                           | 43       |
| X.      | Prize Boards.....                         | 52       |
| XI.     | Seal Boards.....                          | 61       |
| XII.    | Sports Pools.....                         | 70       |
| XIII.   | E-Tabs.....                               | 71       |
| XIV.    | Updating the Internal Control Manual..... | 79       |



**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 organization 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<br><b>2402 Railroad Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58501</b> | County<br><b>Burleigh</b> |
|---------------------------------------|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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**)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Bingo                             | <input checked="" type="checkbox"/> Club Special       | <input checked="" type="checkbox"/> Sports Pools  |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input checked="" type="checkbox"/> Tip Board          | <input checked="" type="checkbox"/> Twenty-One    |
| <input checked="" type="checkbox"/> Raffles                           | <input checked="" type="checkbox"/> Seal Board         | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input checked="" type="checkbox"/> Pull Tab Jar                      | <input checked="" type="checkbox"/> Prize Board        | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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:**

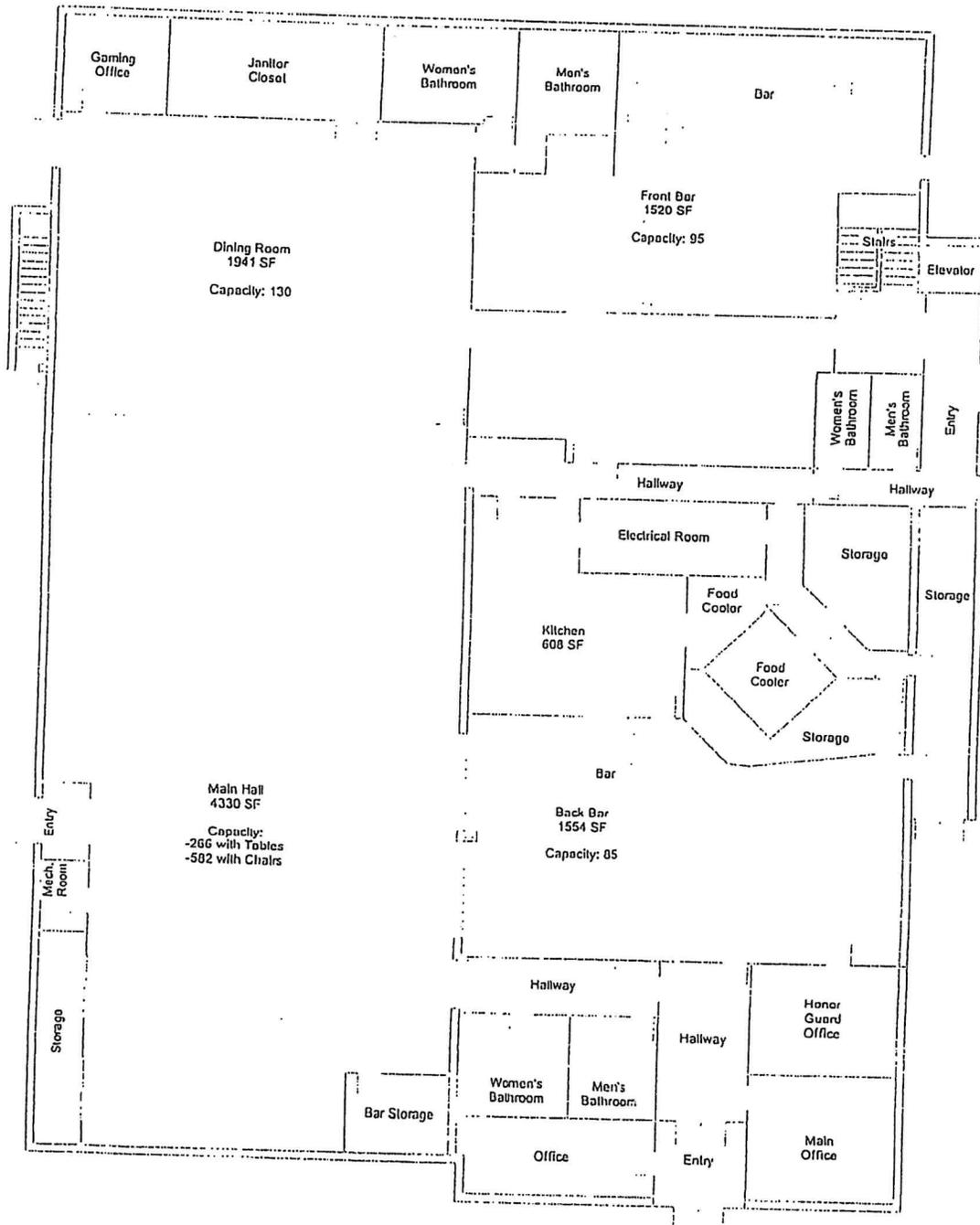
Office of Attorney General  
 Licensing Section  
 600 E Boulevard Ave, Dept. 125  
 Bismarck, ND 58505-0040  
 Telephone: 701-328-2329 OR 800-326-9240

# 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





**STATE GAMING LICENSE -  
REAPPLICATION FORM**  
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
LICENSING SECTION  
SFN 53838 (7-2023)

|                                       |
|---------------------------------------|
| License Number<br>G-                  |
| License Year Ending<br>June 30, _____ |

|  |   |   |   |
|--|---|---|---|
| 1. Official, Legal Name of Organization (Do Not Abbreviate)<br><b>Fort Abraham Lincoln Foundation</b>  |   | Business Telephone Number<br><b>701-663-4758</b>  |   |
| Business Address (Street)<br><b>400 E. Broadway #417</b>   | City<br><b>Bismarck</b>                     | State<br><b>ND</b>  | ZIP Code<br><b>58501</b>                |
| Mailing Address<br><b>400 E. Broadway #417</b>   | City<br><b>Bismarck</b>                     | State<br><b>ND</b>  | ZIP Code<br><b>58501</b>                |
| Address Where Gaming Accounting Records Are Kept<br><b>400 E. Broadway #417</b>  | City<br><b>Bismarck</b>                     | State<br><b>ND</b>  | ZIP Code<br><b>58501</b>                |
| E-mail Address<br><b>kin@fortlincoln.org</b>   | Contact Person<br><b>Kimberly Sanderson</b> | Official Position of Contact Person<br><b>Manager</b>                                       |   |
| 2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | 3. Provide Organization's Federal Employer Identification Number (EIN)<br><b>45-0372813</b> |   |
| 4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)<br><b>Aaron Barth</b>   |   | Daytime Telephone Number<br><b>701-663-4758</b>   |   |
| 5. Name of Gaming Manager<br><b>Kimberly Sanderson</b>   |   | Daytime Telephone Number<br><b>701-226-9552</b>   |   |
| 6. Signature of Gaming Manager<br><i>Kimberly Sanderson</i>  |   | 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<br><b>Jason Matthews</b>  | Telephone Number<br><b>701-471-0311</b>     | Name<br><b>Keith Elmer</b>  | Telephone Number<br><b>701-202-9008</b> |
| Name<br><b>Katie Fitzsimmons</b>   | Telephone Number<br><b>503-853-5063</b>     | Name<br><b>Brent Kleinjan</b>   | Telephone Number<br><b>701-221-2387</b> |
| Name<br><b>Chad Anderson</b>   | Telephone Number<br><b>701-400-5566</b>     | Name<br><b>Chris Dopson</b>   | Telephone Number<br><b>701-426-7876</b> |
| Name<br><b>Mandy Geiger</b>  | Telephone Number<br><b>701-527-5677</b>     | Name<br><b>Dawn Kopp</b>  | Telephone Number<br><b>701-226-6818</b> |
| Name<br><b>LuAnn Poitra</b>  | Telephone Number<br><b>701-221-1387</b>     | Name<br><b>Jason Schmidt</b>  | Telephone Number<br><b>701-226-2282</b> |
| Name<br><b>Justin Weichel</b>  | Telephone Number<br><b>701-527-1783</b>     | Name<br><b>Aaron Barth</b>  | Telephone Number<br><b>701-425-7342</b> |
| 8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?<br><input type="checkbox"/> Own <input checked="" type="checkbox"/> 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<br><i>Aaron L Barth</i> | Date<br><b>5/14/2024</b> |
|--|---|--------------------------|





**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 organization 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<br><b>180 E Bismarck Expy</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58504</b> | County<br><b>Burleigh</b> |
|--------------------------------------|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bingo  | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One    |
| <input type="checkbox"/> Raffles                                      | <input type="checkbox"/> Seal Board                    | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input type="checkbox"/> Pull Tab Jar                                 | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input type="checkbox"/> Pull Tab Dispensing Device                   | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>Bdh3-Bismarck LLC</b>   |  | Site Name<br><b>EverSpring Lounge</b>                 |   | Site Phone Number<br><b>(701) 222-3311</b> |
| Site Address<br><b>180 E. Expressway</b>  |  | City<br><b>Bismarck</b>                               | State<br><b>ND</b>                      | Zip Code<br><b>58504</b>                   |
| Organization<br><b>Fort Abraham Lincoln Foundation</b>  |  | Rental Period<br><b>July 1, 2024 to June 30, 2025</b> |   | County<br><b>Burleigh</b>                  |
| 1. Is Bingo going to be conducted at the site?  |  | <input checked="" type="checkbox"/> No                | <input type="checkbox"/> Yes            |  |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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. |  | <input type="checkbox"/> No                           | <input type="checkbox"/> Yes            | \$   |
| 2. Is Twenty-One conducted at this site?  |  | <input type="checkbox"/> No                           | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____  |  |   |   |  |
| Number of Tables with wagers over \$5 <b>1</b> X Rent per Table \$ <b>300</b>   |  | \$ <b>300</b>   |   |  |
| 3. Is Paddlewheels conducted at this site?  |  | <input checked="" type="checkbox"/> No                | <input type="checkbox"/> 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?  |  | <input checked="" type="checkbox"/> No                | <input type="checkbox"/> Yes            | \$   |
| Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device  |  |   |   |  |
| 5. Are Electronic Pull-Tabs conducted at this site?   |  | <input type="checkbox"/> No                           | <input checked="" type="checkbox"/> Yes | \$   |
| If "Yes" please indicate the number of devices <u>3</u>   |  | \$ <b>525</b>   |   |  |
| <b>Total Monthly Rent</b>   |  |   |   | \$ <b>825</b>                              |

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 | <b>Gerald Hanger</b>      | Date | <b>3/28/24</b>    |
| Signature of Lessee |  | Title | <b>Executive Director</b> | Date | <b>01/23/2024</b> |

### 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.

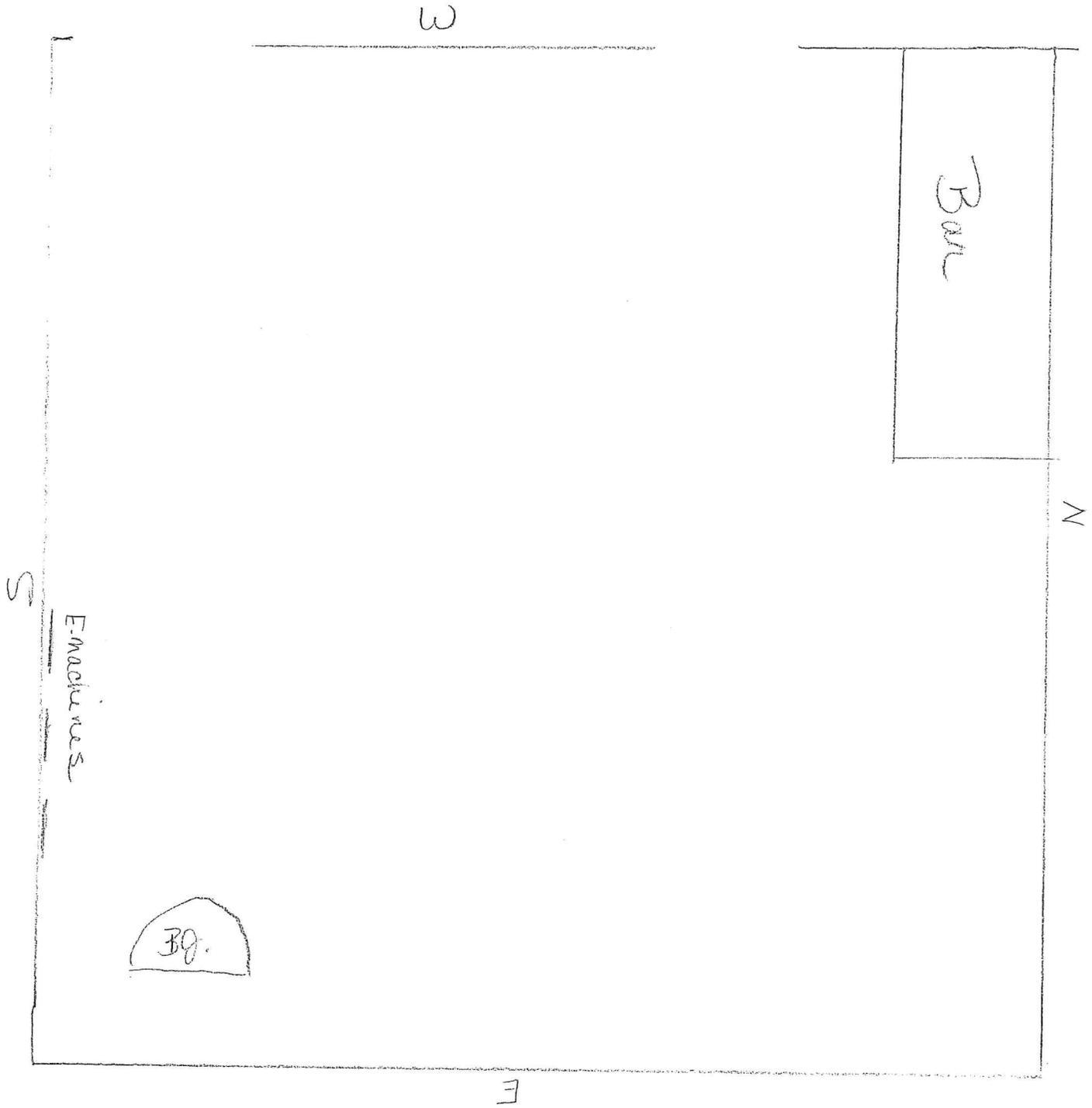
Special considerations are:

    - (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 Requirements)

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 organization 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<br><b>1023 East Front Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58504</b> | County<br><b>Burleigh</b> |
|---|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bingo                                 | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo    | <input type="checkbox"/> Tip Board                     | <input type="checkbox"/> Twenty-One               |
| <input type="checkbox"/> Raffles                               | <input type="checkbox"/> Seal Board                    | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle        | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input type="checkbox"/> Pull Tab Jar                          | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>Laughing Sun Brewing</b>   |  | Site Name<br><b>Laughing Sun Brewing</b>                            |                    | Site Phone Number<br><b>(701) 751-3881</b> |
| Site Address<br><b>1023 East Front Avenue</b>  |  | City<br><b>Bismarck</b>   | State<br><b>ND</b> | Zip Code<br><b>58504</b>                   |
| Organization<br><b>Fort Abraham Lincoln Foundation</b>   |  | Rental Period<br><b>July 1, 2024 to June 30, 2025</b>               |                    | County<br><b>Burleigh</b>                  |
| 1. Is Bingo going to be conducted at the site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  |   |                    | \$ <u>    </u>                             |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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. <input type="checkbox"/> No <input type="checkbox"/> Yes |  |   |                    |  |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>   |  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    | \$ <u>    </u>                             |
| Number of Tables with wagers over \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>  |  |   |                    | \$ <u>    </u>                             |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables <u>0</u> X Rent per Table \$ <u>N/A</u>   |  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    | \$ <u>    </u>                             |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device  |  | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |                    | \$ <b>400</b>                              |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <u>0</u>   |  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    | \$ <u>    </u>                             |
| <b>Total Monthly Rent</b>  |  |   |                    | \$ <b>400</b>                              |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>  |  |   |                    |  |

**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<br> | Title<br><b>Owner</b>              | Date<br><b>2.26.24</b>    |
| Signature of Lessee<br> | Title<br><b>Executive Director</b> | Date<br><b>01/23/2024</b> |

## 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.

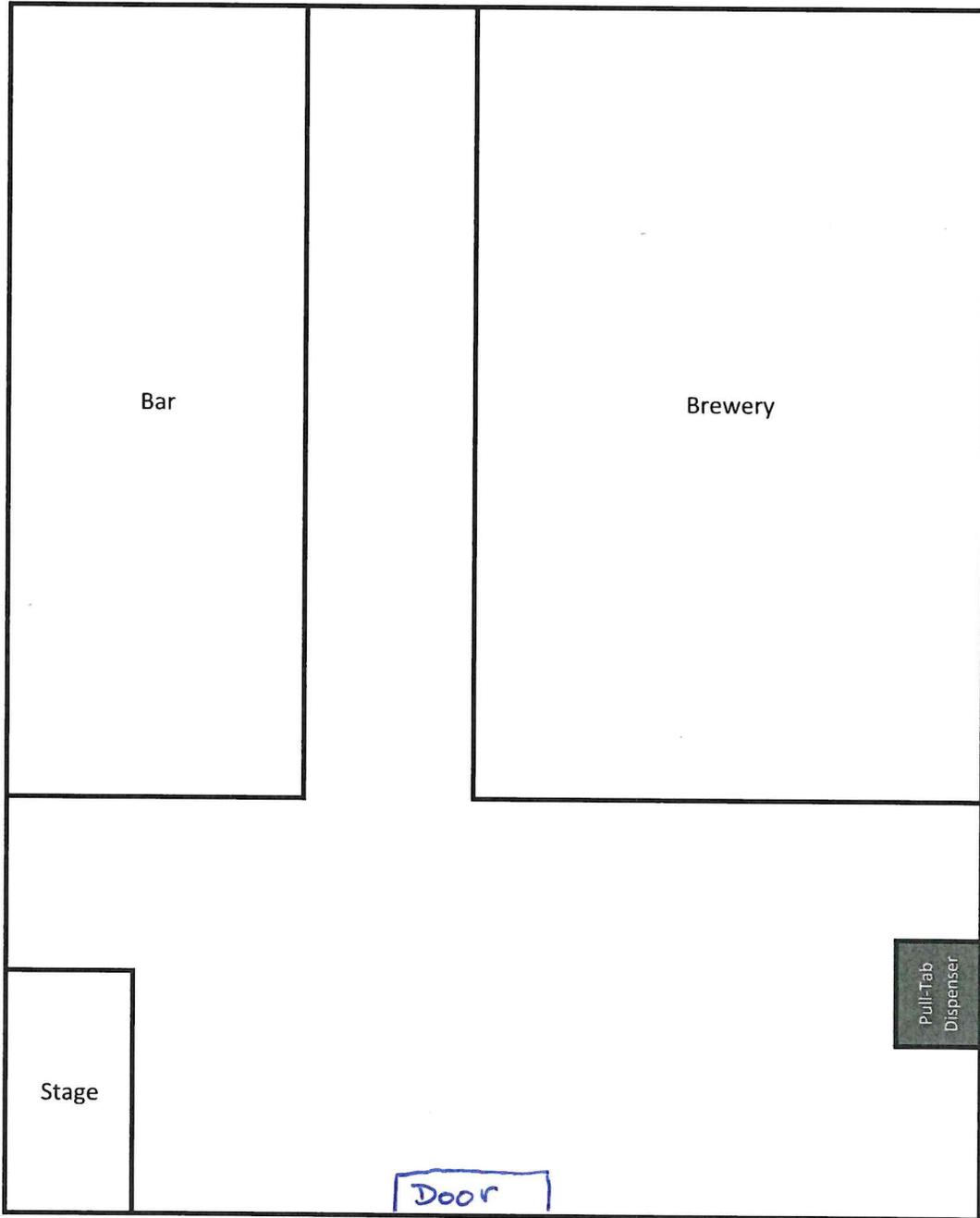
Special considerations are:

    - (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 Requirements)

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 organization 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<br><b>405 North 4th Street</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58504</b> | County<br><b>Burleigh</b> |
|---------------------------------------|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Bingo                                 | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo    | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One    |
| <input type="checkbox"/> Raffles                               | <input type="checkbox"/> Seal Board                    | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle        | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input type="checkbox"/> Pull Tab Jar                          | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>CraftCade llc</b>   |  | Site Name<br><b>The CraftCade</b>                            |  | Site Phone Number<br><b>(701) 450-1414</b> |                           |
| Site Address<br><b>405 N. 4th Street</b>  |  | City<br><b>Bismarck</b>                                      | State<br><b>ND</b>                     | Zip Code<br><b>58504</b>                   | County<br><b>Burleigh</b> |
| Organization<br><b>Fort Abraham Lincoln Foundation</b>  |  | Rental Period<br><b>July 1, 2024</b> to <b>June 30, 2025</b> |  | Monthly Rent Amount                        |                           |
| 1. Is Bingo going to be conducted at the site?  |  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes               |                           |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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. |  |  | <input type="checkbox"/> No            | <input type="checkbox"/> Yes               | \$ <u>Ø</u>               |
| 2. Is Twenty-One conducted at this site?  |  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes               | \$ <u>Ø</u>               |
| Number of Tables with wagers up to \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>  |  |  |  |  |                           |
| Number of Tables with wagers over \$5 <u>1</u> X Rent per Table \$ <u>300</u>   |  |  |  |  | \$ <b>300</b>             |
| 3. Is Paddlewheels conducted at this site?  |  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes               | \$ <u>Ø</u>               |
| Number of Tables <u>0</u> X Rent per Table \$ <u>N/A</u>  |  |  |  |  |                           |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?  |  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes    | \$ <b>400</b>             |
| Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device   |  |  |  |  |                           |
| 5. Are Electronic Pull-Tabs conducted at this site?   |  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes               | \$ <u>Ø</u>               |
| If "Yes" please indicate the number of devices <u>0</u>   |  |  |  |  |                           |
| Total Monthly Rent  |  |  |  |  | \$ <b>700</b>             |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>   |  |  |  |  |                           |

**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<br> | Title<br><b>Owner</b>              | Date<br><b>2.26.24</b>    |
| Signature of Lessee<br> | Title<br><b>Executive Director</b> | Date<br><b>01/23/2024</b> |

### **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 Requirements)**

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

---

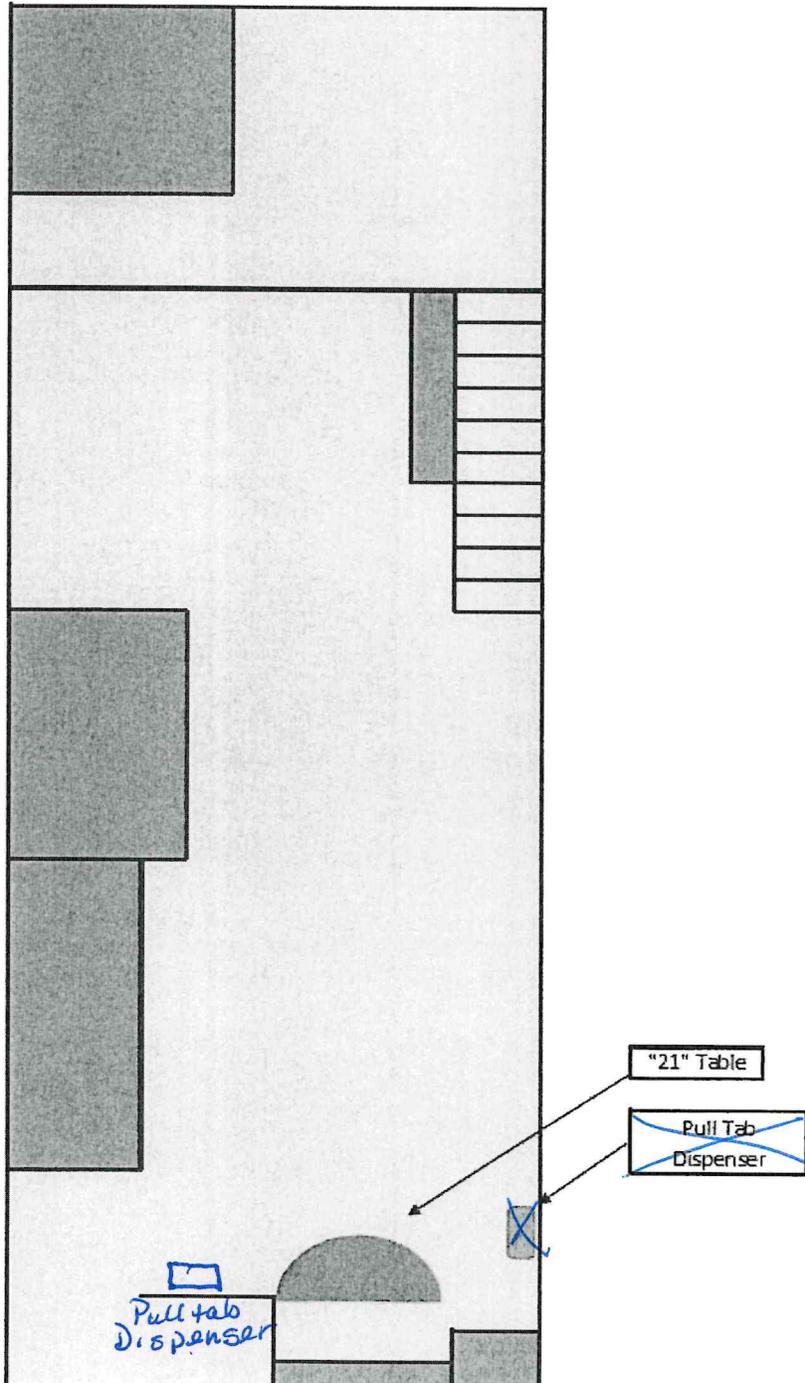
From:

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 organization 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<br><b>1601 East Main Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58501</b> | County<br><b>Burleigh</b> |
|--|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Bingo                                 | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo    | <input type="checkbox"/> Tip Board                     | <input type="checkbox"/> Twenty-One               |
| <input type="checkbox"/> Raffles                               | <input type="checkbox"/> Seal Board                    | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle        | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input type="checkbox"/> Pull Tab Jar                          | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>Sixteen03 Main Event</b>   |  | Site Name<br><b>Sixteen03 Main Event</b>                            |                    | Site Phone Number<br><b>(701) 255-6246</b>  |
| Site Address<br><b>1603 East Main Avenue</b>   |  | City<br><b>Bismarck</b>   | State<br><b>ND</b> | Zip Code<br><b>58501</b>  |
| Organization<br><b>Fort Abraham Lincoln Foundation</b>   |  | Rental Period<br><b>July 1, 2024 to June 30, 2025</b>               |                    | County<br><b>Burleigh</b>   |
| 1. Is Bingo going to be conducted at the site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  |   |                    | \$   |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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. <input type="checkbox"/> No <input type="checkbox"/> Yes |  |   |                    |   |
| 2. Is Twenty-One conducted at this site?   |  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    | \$   |
| Number of Tables with wagers up to \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>   |  |   |                    |   |
| Number of Tables with wagers over \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>  |  |   |                    | \$   |
| 3. Is Paddlewheels conducted at this site?   |  | <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?   |  | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |                    | \$ <b>400</b>   |
| Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device  |  |   |                    |   |
| 5. Are Electronic Pull-Tabs conducted at this site?  |  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                    | \$  |
| If "Yes" please indicate the number of devices <u>0</u>  |  |   |                    |   |
| <b>Total Monthly Rent</b>  |  |   |                    | \$ <b>400</b>   |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>  |  |   |                    |   |

**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.

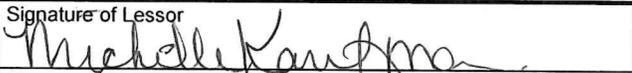
The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

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<br> | Title<br><b>President</b>          | Date<br><b>1/24/24</b>    |
| Signature of Lessee<br> | Title<br><b>Executive Director</b> | Date<br><b>01/23/2024</b> |

### **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.

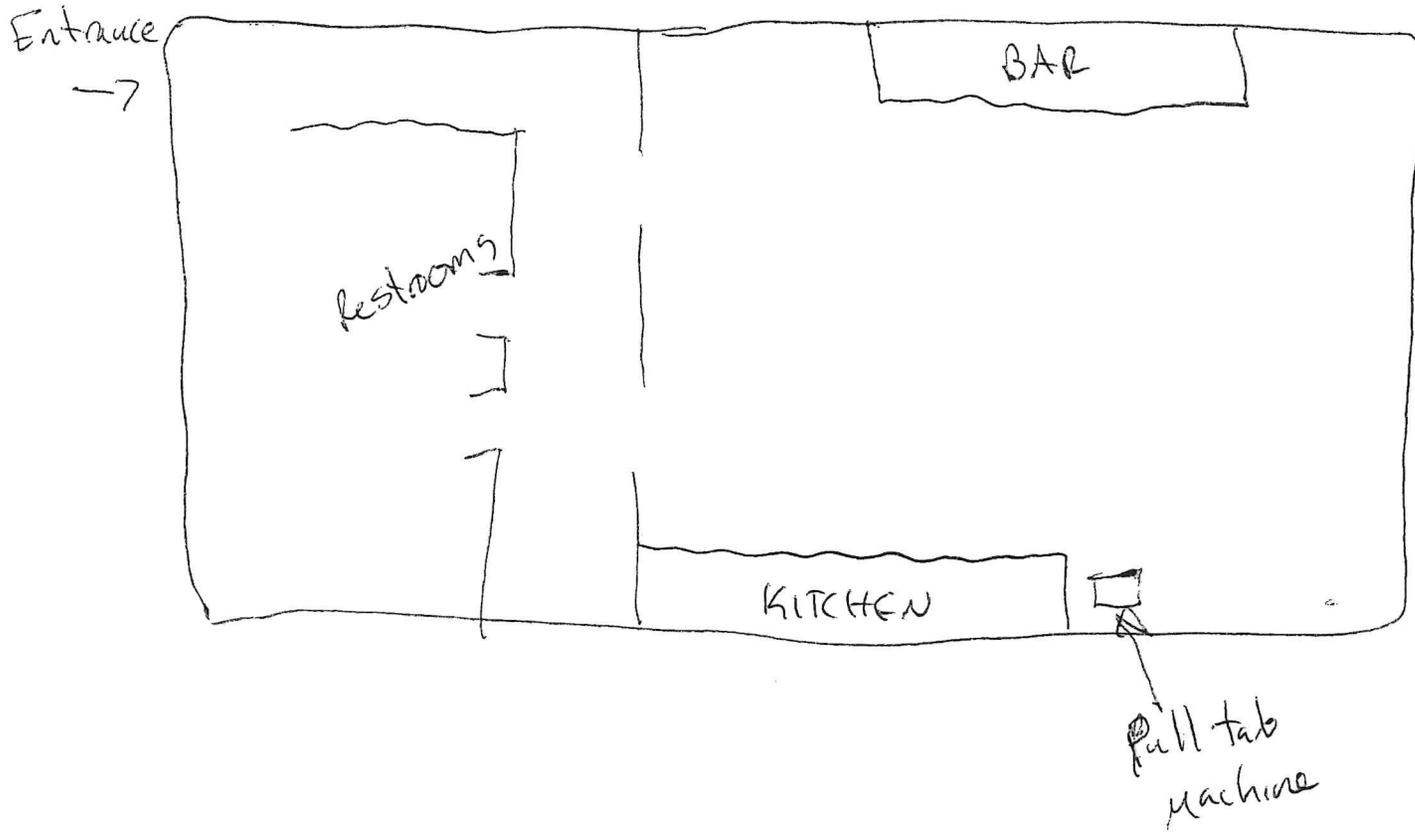
Special considerations are:

    - (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 Requirements)**

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 organization 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<br><b>512 East Main Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58501</b> | County<br><b>Burleigh</b> |
|---------------------------------------|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bingo  | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One    |
| <input type="checkbox"/> Raffles                                      | <input type="checkbox"/> Seal Board                    | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input checked="" type="checkbox"/> Pull Tab Jar                      | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>The Mob Menu LLC</b>   |                         | Site Name<br><b>Jimmy V's</b>                                |   | Site Phone Number<br><b>701-557-7676</b> |
| Site Address<br><b>512 E. Main</b>   | City<br><b>Bismarck</b> | State<br><b>ND</b>   | Zip Code<br><b>58501</b>                | County<br><b>Burleigh</b>                |
| Organization<br><b>Fort Abraham Lincoln Foundation</b>   |                         | Rental Period<br><b>July 1, 2024</b> to <b>June 30, 2025</b> |   | Monthly Rent Amount                      |
| 1. Is Bingo going to be conducted at the site?   |                         | <input type="checkbox"/> No                                  | <input checked="" type="checkbox"/> Yes |  |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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.      |                         | <input checked="" type="checkbox"/> No                       | <input type="checkbox"/> Yes            | \$                                       |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____   |                         | <input type="checkbox"/> No                                  | <input checked="" type="checkbox"/> Yes | \$                                       |
| Number of Tables with wagers over \$5 <b>1</b> X Rent per Table \$ <b>300</b>  |                         |  |   | \$ <b>300</b>                            |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables _____ X Rent per Table \$ _____   |                         | <input checked="" type="checkbox"/> No                       | <input type="checkbox"/> Yes            | \$                                       |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input checked="" type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device |                         | <input type="checkbox"/> No                                  | <input checked="" type="checkbox"/> Yes | \$ <b>325</b>                            |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <u>2</u>   |                         | <input type="checkbox"/> No                                  | <input checked="" type="checkbox"/> Yes | \$ <b>350</b>                            |
| Total Monthly Rent   |                         |  |   | \$ <b>975</b>                            |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>  |                         |  |   |  |

**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<br><i>[Signature]</i> | Title<br><i>Member</i>             | Date<br><i>5-7-2024</i>   |
| Signature of Lessee<br><i>[Signature]</i> | Title<br><i>Executive Director</i> | Date<br><i>05/07/2024</i> |

### **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:

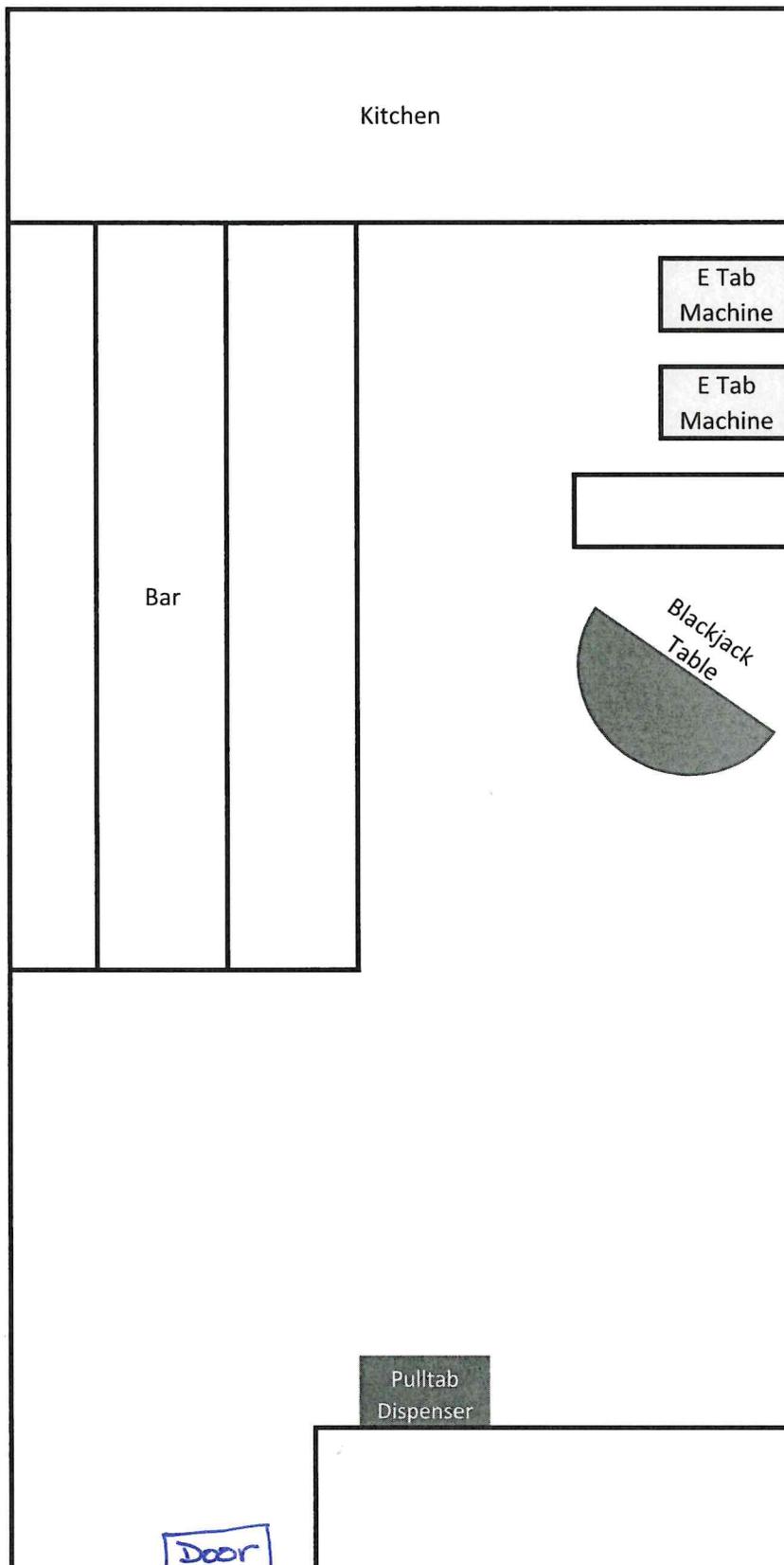
    - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of 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 Requirements)**

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)<br><b>American Legion Loyd Spetz Post 1</b> |  | Business Telephone Number<br><b>701-258-3101</b>                   |                          |
| Business Address (Street)<br><b>2402 Railroad Ave</b>   | City<br><b>Bismarck</b>                | State<br><b>ND</b>   | ZIP Code<br><b>58501</b> |
| Mailing Address<br><b>P.O. Box 753</b>  | City<br><b>Bismarck</b>                | State<br><b>ND</b>   | ZIP Code<br><b>58502</b> |
| Address Where Gaming Accounting Records Are Kept<br><b>2402 Railroad Ave</b>                            | City<br><b>Bismarck</b>                | State<br><b>ND</b>   | ZIP Code<br><b>58501</b> |
| E-mail Address<br><b>info@americanlegionbismarck.org</b>  | Contact Person<br><b>Mamie Havelka</b> | Official Position of Contact Person<br><b>Post Executive Chair</b> |                          |

|   |   |
|---|---|
| 2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. Provide Organization's Federal Employer Identification Number (EIN)<br><b>45-0214007</b> |
|---|---|

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

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    |
|-----------------------|---------------------|------------------------|---------------------|
| <b>Mamie Havelka</b>  | <b>701-340-1621</b> | <b>Daniel Rustvang</b> | <b>701-740-5954</b> |
| <b>Russ Kroshus</b>   | <b>701-426-5102</b> |                        |                     |
| <b>Jennette Fetch</b> | <b>701-471-1693</b> |                        |                     |
| <b>Bob Weisold</b>    | <b>701-595-2401</b> |                        |                     |
| <b>Wayne Marusik</b>  | <b>701-226-5571</b> |                        |                     |
| <b>Ed Stern</b>       | <b>701-989-2433</b> |                        |                     |

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<br><i>Mamie Havelka</i> | Date<br><b>9 May 2024</b> |
|--|---|---------------------------|





# CURRENT GAMING EMPLOYEE LIST

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

License No. G- 0 0 1 9

|   |                    |                                     |
|---|--------------------|-------------------------------------|
| Organization Name<br><b>American Legion Loyd Spetz Post 1</b> |                    |                                     |
| Mailing Address<br><b>P.O. Box 753</b>                        |                    |                                     |
| City<br><b>Bismarck</b>                                       | State<br><b>ND</b> | ZIP Code<br><b>58502</b>            |
| Business Phone  |                    | Cell Phone<br><b>(701) 340-1621</b> |

|   |                                    |
|---|------------------------------------|
| Name of Gaming Manager<br><b>Mamie Havelka</b>  | Date of Hire<br><b>15 Nov 2022</b> |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>03/26/1952</b> |

| EMPLOYEE NAME<br>First Name, Middle Name, Last Name | JOB TITLE       | DATE OF HIRE      | DATE OF BIRTH     | Check if Volunteer                  |
|---|-----------------|-------------------|-------------------|-------------------------------------|
| 1. <b>Melissa Long</b>                              | <b>Runner</b>   | <b>1 Aug 2023</b> | <b>20 July 73</b> | <input checked="" type="checkbox"/> |
| 2. <b>Evelyn Sims</b>                               | <b>Runner</b>   | <b>1 Jan 2024</b> | <b>18 May 00</b>  | <input checked="" type="checkbox"/> |
| 3.  |                 |                   |                   | <input type="checkbox"/>            |
| 4.  |                 |                   |                   | <input type="checkbox"/>            |
| 5.  |                 |                   |                   | <input type="checkbox"/>            |
| 6.  |                 |                   |                   | <input type="checkbox"/>            |
| 7.  |                 |                   |                   | <input type="checkbox"/>            |
| 8.  |                 |                   |                   | <input type="checkbox"/>            |
| 9.  |                 |                   |                   | <input type="checkbox"/>            |
| 10.   |                 |                   |                   | <input type="checkbox"/>            |
| 11.   |                 |                   |                   | <input type="checkbox"/>            |
| 12.   | <b>Bismarck</b> |                   |                   | <input type="checkbox"/>            |
| 13.   |                 |                   |                   | <input type="checkbox"/>            |
| 14.   |                 |                   |                   | <input type="checkbox"/>            |
| 15.   |                 |                   |                   | <input type="checkbox"/>            |
| 16.   |                 |                   |                   | <input type="checkbox"/>            |
| 17.   |                 |                   |                   | <input type="checkbox"/>            |
| 18.   |                 |                   |                   | <input type="checkbox"/>            |
| 19.   |                 |                   |                   | <input type="checkbox"/>            |
| 20.   |                 |                   |                   | <input type="checkbox"/>            |
| 21.   |                 |                   |                   | <input type="checkbox"/>            |
| 22.   |                 |                   |                   | <input type="checkbox"/>            |
| 23.   |                 |                   |                   | <input type="checkbox"/>            |
| 24.   |                 |                   |                   | <input type="checkbox"/>            |

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

# GAMING INTERNAL CONTROL MANUAL

## TABLE OF CONTENTS

| <u>Section</u> | <u>Description</u>                   | <u>Page No.</u> |
|----------------|--------------------------------------|-----------------|
| I.             | Position Descriptions                | 1               |
| II.            | Organizational Flow Chart            | 3               |
| III.           | Updating the Internal Control Manual | 4               |
| IV.            | Accounting                           | 5               |
| 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  
**Lloyd Spetz Post No 1, The American Legion, Department Of North Dakota**

This organization 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<br><b>2205 Tyler Parkway</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58503</b> | County<br><b>Burleigh</b> |
|-------------------------------------|-------------------------|--------------------------|---------------------------|

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

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 thoroughly 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bingo  | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input type="checkbox"/> Twenty-One               |
| <input type="checkbox"/> Raffles                                      | <input type="checkbox"/> Seal Board                    | <input type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input type="checkbox"/> Pull Tab Jar                                 | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input type="checkbox"/> Pull Tab Dispensing Device                   | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> Pull Tab Device |  |   |

|  |   |
|--|---|
| Days of week of gaming operations (if restricted)<br><b>All days available according to State &amp; Local Laws</b> | Hours of gaming (if restricted)<br><b>All hours allowed by State &amp; Local laws</b> |
|--|---|

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)<br><b>Parkland USA</b>   |                         | Site Name<br><b>On The Run</b>                             |   | Site Phone Number<br><b>(701)255-1216</b> |
| Site Address<br><b>2205 Tyler Parkway</b>  | City<br><b>Bismarck</b> | State<br><b>ND</b>   | Zip Code<br><b>58503</b>                | County<br><b>Burleigh</b>                 |
| Organization<br><b>American Legion Loyd Spetz Post 1</b>   |                         | Rental Period<br><b>1 July 2024</b> to <b>30 June 2025</b> |   | Monthly Rent Amount                       |
| 1. Is Bingo going to be conducted at the site?   |                         | <input checked="" type="checkbox"/> No                     | <input type="checkbox"/> Yes            |   |
| 1a. If "Yes" to number 1 above, is Bingo the primary game conducted?<br>- 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. |                         | <input type="checkbox"/> No                                | <input type="checkbox"/> Yes            | \$  |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____   |                         | <input checked="" type="checkbox"/> No                     | <input type="checkbox"/> Yes            | \$  |
| Number of Tables with wagers over \$5 _____ X Rent per Table \$ _____  |                         |  |   | \$  |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables _____ X Rent per Table \$ _____   |                         | <input checked="" type="checkbox"/> No                     | <input type="checkbox"/> Yes            | \$  |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device           |                         | <input checked="" type="checkbox"/> No                     | <input type="checkbox"/> Yes            | \$  |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <u>4</u>   |                         | <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes | \$ <b>700.00</b>                          |
| Total Monthly Rent   |                         |  |   | \$ <b>700.00</b>                          |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>  |                         |  |   |   |

**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.

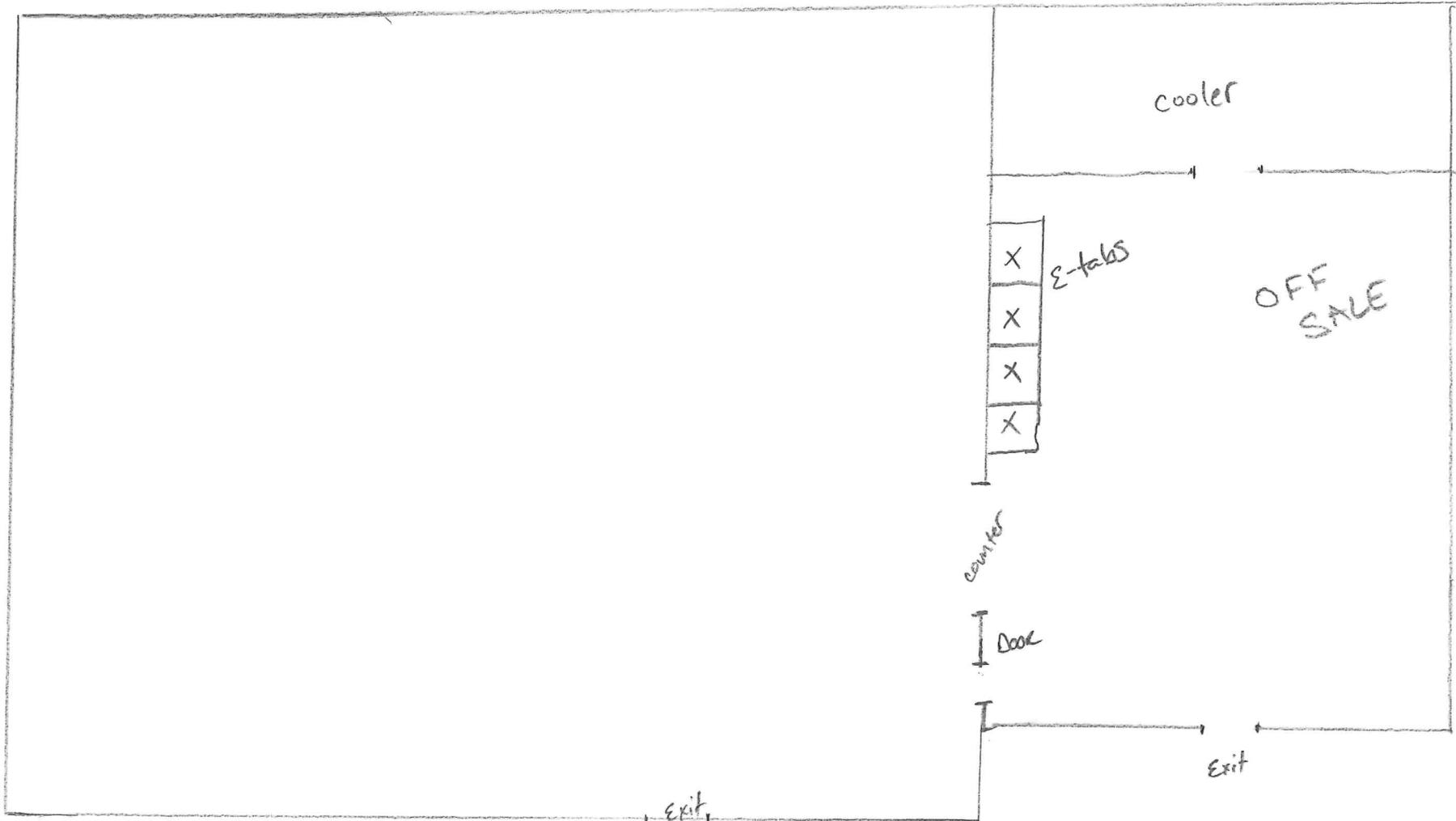
|  |  |                           |
|--|--|---------------------------|
| Signature of Lessor<br><i>Danny Amstrong</i> | Title<br><b>Authorized Controller</b>                        | Date<br><b>9 May 2024</b> |
| Signature of Lessee<br><i>Maria H. ...</i>   | Title <b>Post 1 Executive Chair</b><br><b>Gaming Manager</b> | Date<br><b>9 May 2024</b> |

# ON THE RUN

Bismarck

E

N



S

Exit

Exit

W



**STATE GAMING LICENSE -  
REAPPLICATION FORM**  
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
LICENSING SECTION  
SFN 53838 (7-2023)

|                                       |
|---------------------------------------|
| License Number<br><b>G-</b>           |
| License Year Ending<br>June 30, _____ |

|  |   |  |   |
|--|---|--|---|
| 1. Official, Legal Name of Organization (Do Not Abbreviate)<br><b>Matpac Wrestling Club, Inc.</b>  |   | Business Telephone Number<br><b>(701) 202-2657</b>   |   |
| Business Address (Street)<br><b>2600 E. Rosser Avenue</b>  | City<br><b>Bismarck</b>                   | State<br><b>ND</b>   | ZIP Code<br><b>58501</b>                  |
| Mailing Address<br><b>103 S. 3rd Street, No. 1</b>   | City<br><b>Bismarck</b>                   | State<br><b>ND</b>   | ZIP Code<br><b>58501</b>                  |
| Address Where Gaming Accounting Records Are Kept<br><b>103 S. 3rd Street, No. 1</b>  | City<br><b>Bismarck</b>                   | State<br><b>ND</b>   | ZIP Code<br><b>58501</b>                  |
| E-mail Address<br><b>alec.dkgcpa@midconetwork.com</b>  | Contact Person<br><b>Alec Kautzman</b>    | Official Position of Contact Person<br><b>Gaming Manager</b>                                 |   |
| 2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | 3. Provide Organization's Federal Employer Identification Number (EIN)<br><b>45-01410854</b> |   |
| 4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)<br><b>Richard Steidler, President</b>   |   | Daytime Telephone Number<br><b>(701) 226-8423</b>  |   |
| 5. Name of Gaming Manager<br><b>Alec Kautzman</b>  |   | Daytime Telephone Number<br><b>(701) 214-2278</b>  |   |
| 6. Signature of Gaming Manager<br>   |   | Date<br><b>4/30/24</b>   |   |
| 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<br><b>Richard Steidler</b>  | Telephone Number<br><b>(701) 226-8423</b> | Name<br><b>Amber Sandness</b>  | Telephone Number<br><b>(701) 400-2262</b> |
| Name<br><b>Mark Lardy</b>  | Telephone Number<br><b>(701) 391-8870</b> | Name<br><b>Dallas Hied</b>   | Telephone Number<br><b>(701) 220-3121</b> |
| Name<br><b>Jeremy Jangula</b>  | Telephone Number<br><b>(701) 471-5335</b> | Name<br><b>Jason Huber</b>   | Telephone Number<br><b>(701) 214-2555</b> |
| Name<br><b>Jeff Schumacher</b>   | Telephone Number<br><b>(701) 471-9237</b> | Name   | Telephone Number                          |
| Name<br><b>Chad Renner</b>   | Telephone Number<br><b>(701) 400-4689</b> | Name   | Telephone Number                          |
| Name<br><b>Jeb Williams</b>  | Telephone Number<br><b>(701) 220-3139</b> | Name   | Telephone Number                          |
| 8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?<br><input checked="" type="checkbox"/> Own <input type="checkbox"/> 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<br> | Date<br><b>5-3-24</b> |
|--|---|-----------------------|

| 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)

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

License No. G- 0 9 8 3

|   |                                 |
|---|---------------------------------|
| Name of Gaming Manager<br><b>Alec Kautzman</b>  | Date of Hire<br><b>10/1/15</b>  |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>6/10/87</b> |

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

**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<br><b>Matpac Wrestling Club, Inc.</b> |                    |                                     |
| Mailing Address<br><b>103 S. 3rd Street, No. 1</b>      |                    |                                     |
| City<br><b>Bismarck</b>                                 | State<br><b>ND</b> | ZIP Code<br><b>58501</b>            |
| Business Phone<br><b>(701) 255-6290</b>                 |                    | Cell Phone<br><b>(701) 214-2278</b> |

License No. G- 0 9 8 3

|   |                                 |
|---|---------------------------------|
| Name of Gaming Manager<br><b>Alec Kautzman</b>  | Date of Hire<br><b>10/1/15</b>  |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>6/10/87</b> |

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

**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<br><b>Matpac Wrestling Club, Inc.</b> |                                     |                          |
| Mailing Address<br><b>103 S. 3rd Street, No. 1</b>      |                                     |                          |
| City<br><b>Bismarck</b>                                 | State<br><b>ND</b>                  | ZIP Code<br><b>58501</b> |
| Business Phone<br><b>(701) 255-6290</b>                 | Cell Phone<br><b>(701) 214-2278</b> |                          |

License No. G- 0 9 8 3

|   |                                 |
|---|---------------------------------|
| Name of Gaming Manager<br><b>Alec Kautzman</b>  | Date of Hire<br><b>10/1/15</b>  |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>6/10/87</b> |

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

**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<br><b>Matpac Wrestling Club, Inc.</b> |                    |                                     |
| Mailing Address<br><b>103 S. 3rd Street, No. 1</b>      |                    |                                     |
| City<br><b>Bismarck</b>                                 | State<br><b>ND</b> | ZIP Code<br><b>58501</b>            |
| Business Phone<br><b>(701) 255-6290</b>                 |                    | Cell Phone<br><b>(701) 214-2278</b> |

License No. G- 0 9 8 3

|   |                                 |
|---|---------------------------------|
| Name of Gaming Manager<br><b>Alec Kautzman</b>  | Date of Hire<br><b>10/1/15</b>  |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>6/10/87</b> |

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

**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<br><b>Matpac Wrestling Club, Inc.</b> |                    |                                     |
| Mailing Address<br><b>103 S. 3rd Street, No. 1</b>      |                    |                                     |
| City<br><b>Bismarck</b>                                 | State<br><b>ND</b> | ZIP Code<br><b>58501</b>            |
| Business Phone<br><b>(701) 255-6290</b>                 |                    | Cell Phone<br><b>(701) 214-2278</b> |

License No. G- 0 9 8 3

|   |                                 |
|---|---------------------------------|
| Name of Gaming Manager<br><b>Alec Kautzman</b>  | Date of Hire<br><b>10/1/15</b>  |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>6/10/87</b> |

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

**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<br><b>Matpac Wrestling Club, Inc.</b> |                    |                                     |
| Mailing Address<br><b>103 S. 3rd Street, No. 1</b>      |                    |                                     |
| City<br><b>Bismarck</b>                                 | State<br><b>ND</b> | ZIP Code<br><b>58501</b>            |
| Business Phone<br><b>(701) 255-6290</b>                 |                    | Cell Phone<br><b>(701) 214-2278</b> |

License No. G- 0 9 8 3

|   |                                 |
|---|---------------------------------|
| Name of Gaming Manager<br><b>Alec Kautzman</b>  | Date of Hire<br><b>10/1/15</b>  |
| NOTE: Volunteer Gaming Managers are required to have a record check completed.<br>Record Check Completed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth<br><b>10/1/15</b> |

|     | EMPLOYEE NAME<br>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       | <input type="checkbox"/> |
| 2.  | Larry D. White                                      | Dealer    | 4/2/23       | 5/26/76       | <input type="checkbox"/> |
| 3.  | Travis Ryan Worrall                                 | Dealer    | 7/1/20       | 3/14/86       | <input type="checkbox"/> |
| 4.  | Megan R. Zander                                     | Dealer    | 6/9/22       | 5/13/01       | <input type="checkbox"/> |
| 5.  | Katie A. Zimmer                                     | Dealer    | 5/1/19       | 8/13/94       | <input type="checkbox"/> |
| 6.  |   |           |              |               | <input type="checkbox"/> |
| 7.  |   |           |              |               | <input type="checkbox"/> |
| 8.  |   |           |              |               | <input type="checkbox"/> |
| 9.  |   |           |              |               | <input type="checkbox"/> |
| 10. |   |           |              |               | <input type="checkbox"/> |
| 11. |   |           |              |               | <input type="checkbox"/> |
| 12. |   |           |              |               | <input type="checkbox"/> |
| 13. |   |           |              |               | <input type="checkbox"/> |
| 14. |   |           |              |               | <input type="checkbox"/> |
| 15. |   |           |              |               | <input type="checkbox"/> |
| 16. |   |           |              |               | <input type="checkbox"/> |
| 17. |   |           |              |               | <input type="checkbox"/> |
| 18. |   |           |              |               | <input type="checkbox"/> |
| 19. |   |           |              |               | <input type="checkbox"/> |
| 20. |   |           |              |               | <input type="checkbox"/> |
| 21. |   |           |              |               | <input type="checkbox"/> |
| 22. |   |           |              |               | <input type="checkbox"/> |
| 23. |   |           |              |               | <input type="checkbox"/> |
| 24. |   |           |              |               | <input type="checkbox"/> |

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 organization 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<br><b>2176 East Thayer Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58501-4953</b> | County<br><b>Burleigh</b> |
|--|-------------------------|-------------------------------|---------------------------|

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

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 thoroughly 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)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Bingo  | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One    |
| <input checked="" type="checkbox"/> Raffles                           | <input type="checkbox"/> Seal Board                    | <input checked="" type="checkbox"/> Poker         |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input checked="" type="checkbox"/> Calcuttas     |
| <input checked="" type="checkbox"/> Pull Tab Jar                      | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>TBM Group, LLC</b>   |  | Site Name<br><b>Lucky's Bar</b>        |   | Site Phone Number<br><b>(701) 258-8122</b> |
| Site Address<br><b>2176 E. Thayer Avenue</b>   | City<br><b>Bismarck</b>                          | State<br><b>ND</b>                     | Zip Code<br><b>58501</b>                | County<br><b>Burleigh</b>                  |
| Organization<br><b>Matpac Wrestling Club</b>   | Rental Period<br><b>7/1/24</b> to <b>6/30/25</b> |  |   | Monthly Rent Amount                        |
| 1. Is Bingo going to be conducted at the site?   |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes            |  |
| 1a. If "Yes" to number 1 above, is Bingo the primary game conducted?<br>- 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.             |  | <input type="checkbox"/> No            | <input type="checkbox"/> Yes            | \$   |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____   |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables with wagers over \$5 <b>2</b> X Rent per Table \$ <b>300</b>  |  |  |   | \$ <b>600</b>                              |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables _____ X Rent per Table \$ _____   |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes            | \$   |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input checked="" type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$ <b>325</b>                              |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <b>10</b>  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$ <b>1250</b>                             |
| Total Monthly Rent   |  |  |   | \$ <b>2,175</b>                            |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>  |  |  |   |  |

**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.

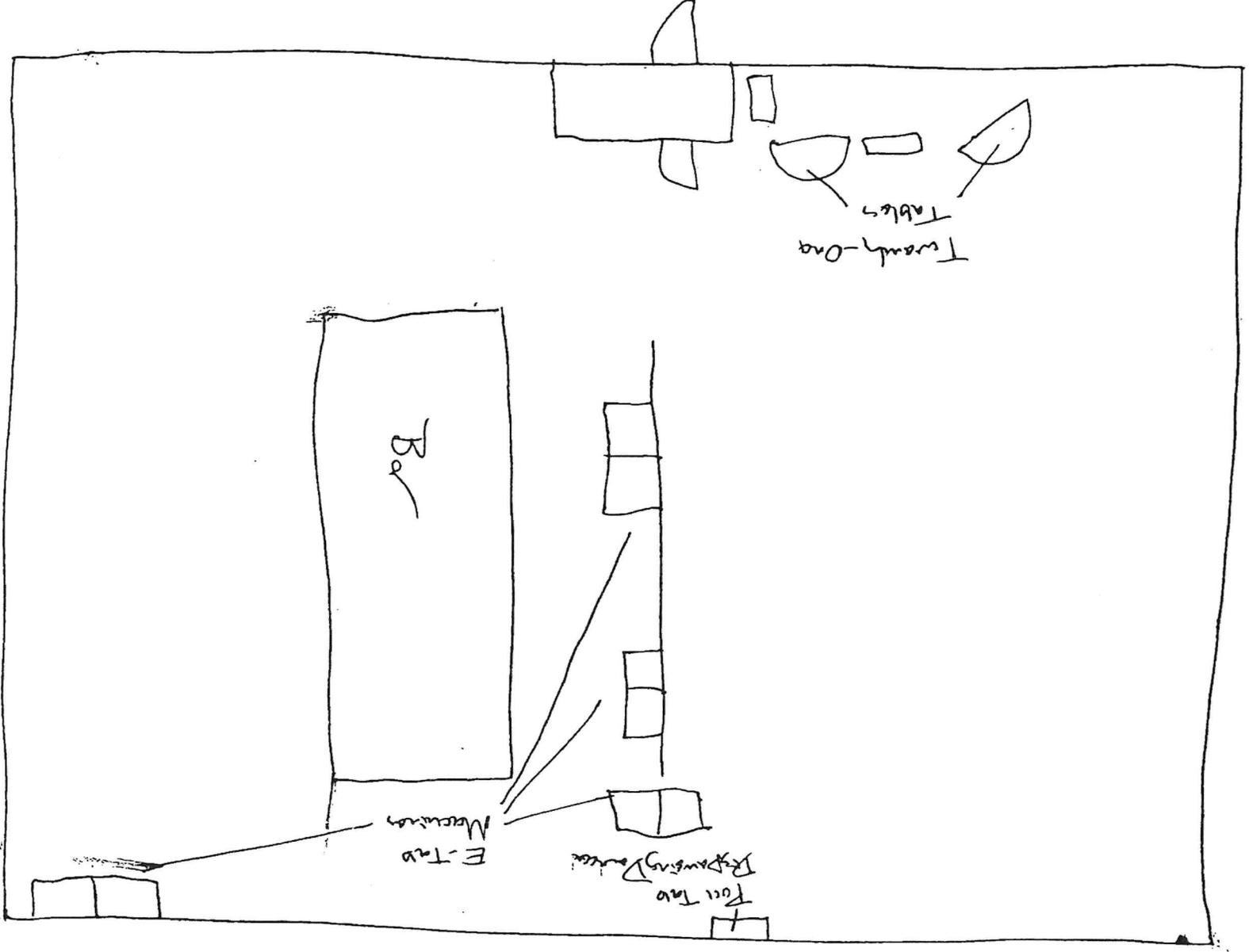
The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

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<br> | Title<br><b>President</b> | Date<br><b>4/12/24</b> |
| Signature of Lessee<br> | Title<br><b>President</b> | Date<br><b>2/12/24</b> |



Lock's Bar



**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 organization 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<br><b>804 East Main Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58501-4526</b> | County<br><b>Burleigh</b> |
|---------------------------------------|-------------------------|-------------------------------|---------------------------|

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

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 thoroughly 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bingo  | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools             |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One    |
| <input checked="" type="checkbox"/> Raffles                           | <input type="checkbox"/> Seal Board                    | <input checked="" type="checkbox"/> Poker         |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input type="checkbox"/> Calcuttas                |
| <input checked="" type="checkbox"/> Pull Tab Jar                      | <input type="checkbox"/> Prize Board                   | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table        |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>TBM Group, LLC</b>  |  | Site Name<br><b>Main Bar</b>           |   | Site Phone Number<br><b>(701) 223-2284</b> |
| Site Address<br><b>804 E. Main Avenue</b>   | City<br><b>Bismarck</b>                          | State<br><b>ND</b>                     | Zip Code<br><b>58501</b>                | County<br><b>Burleigh</b>                  |
| Organization<br><b>Matpac Wrestling Club</b>  | Rental Period<br><b>7/1/24</b> to <b>6/30/25</b> |  | Monthly Rent Amount                     |  |
| 1. Is Bingo going to be conducted at the site?  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes            |  |
| 1a. If "Yes" to number 1 above, is Bingo the primary game conducted?<br>- 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.  |  | <input type="checkbox"/> No            | <input type="checkbox"/> Yes            | \$   |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables with wagers over \$5 <b>1</b> X Rent per Table \$ <b>300</b>   |  |  |   | \$ <b>300</b>                              |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables _____ X Rent per Table \$ _____  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes            | \$   |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$ <b>325</b>                              |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <b>8</b>  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$ <b>1100</b>                             |
| Total Monthly Rent  |  |  |   | \$ <b>1,725</b>                            |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>   |  |  |   |  |

**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.

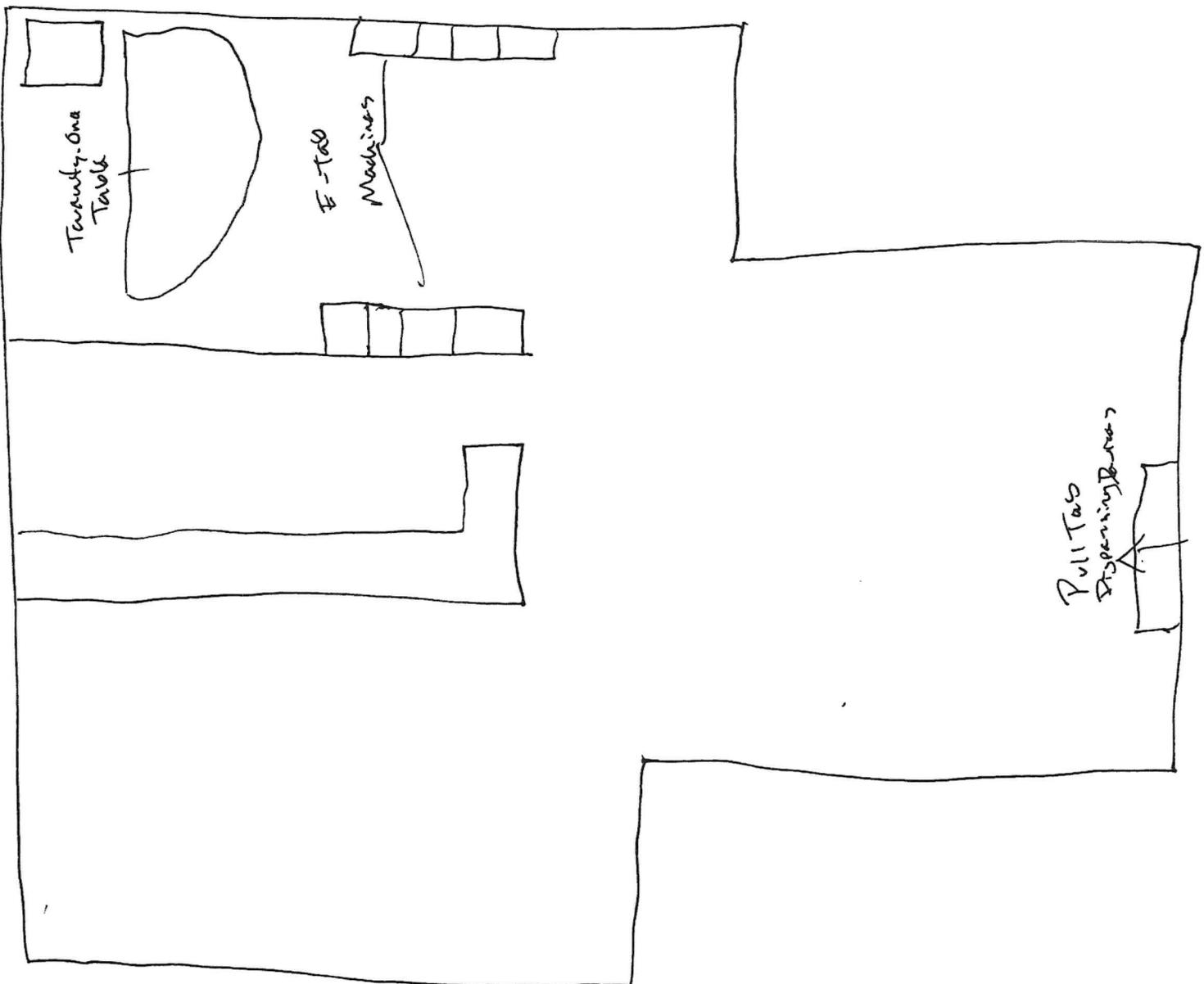
The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

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<br><i>[Signature]</i> | Title<br><b>President</b> | Date<br><b>4/12/24</b> |
| Signature of Lessee<br><i>[Signature]</i> | Title<br><b>President</b> | Date<br><b>2/12/24</b> |

IVAIN DW





**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 organization 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<br><b>1059 East Interstate Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58503-0551</b> | County<br><b>Burleigh</b> |
|--|-------------------------|-------------------------------|---------------------------|

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

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 thoroughly 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)

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Bingo                             | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools                        |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One               |
| <input checked="" type="checkbox"/> Raffles                           | <input type="checkbox"/> Seal Board                    | <input checked="" type="checkbox"/> Poker                    |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input checked="" type="checkbox"/> Calcuttas                |
| <input type="checkbox"/> Pull Tab Jar                                 | <input checked="" type="checkbox"/> Prize Board        | <input checked="" type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table                   |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>O'Brian's, Inc.</b>   |                         | Site Name<br><b>O'Brian's Sports Tavern</b>      |   | Site Phone Number<br><b>(701) 258-5700</b> |
| Site Address<br><b>1059 E. Interstate Avenue</b>  | City<br><b>Bismarck</b> | State<br><b>ND</b>                               | Zip Code<br><b>58503</b>                | County<br><b>Burleigh</b>                  |
| Organization<br><b>Matpac Wrestling Club, Inc.</b>  |                         | Rental Period<br><b>7/1/24</b> to <b>6/30/25</b> |   | Monthly Rent Amount                        |
| 1. Is Bingo going to be conducted at the site?  |                         | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes |  |
| 1a. If "Yes" to number 1 above, is Bingo the primary game conducted?<br>- 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.  |                         | <input type="checkbox"/> No                      | <input type="checkbox"/> Yes            | \$   |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____  |                         | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables with wagers over \$5 <b>1</b> X Rent per Table \$ <b>300</b>   |                         |  |   | \$ <b>300</b>                              |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables _____ X Rent per Table \$ _____  |                         | <input checked="" type="checkbox"/> No           | <input type="checkbox"/> Yes            | \$   |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input checked="" type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device |                         | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$ <b>175</b>                              |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <b>4</b>  |                         | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$ <b>700</b>                              |
| Total Monthly Rent  |                         |  |   | \$ <b>1,175</b>                            |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>   |                         |  |   |  |

**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<br><i>[Signature]</i> | Title<br><i>[Signature]</i> | Date<br><b>2-21-2024</b> |
| Signature of Lessee<br><i>[Signature]</i> | Title<br><b>President -</b> | Date<br><b>2-21-2024</b> |

WISKIAN >

N  
Or'ds



ETABS



ETABS



WISKIAN  
BAR



JAR BAR

Pool Table

Pool Table

Bar

ROOM DOOR

6

8



**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 organization 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<br><b>300 South 5th Street</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58504-5676</b> | County<br><b>Burleigh</b> |
|---------------------------------------|-------------------------|-------------------------------|---------------------------|

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

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 thoroughly 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)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Bingo                             | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools                 |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One        |
| <input checked="" type="checkbox"/> Raffles                           | <input type="checkbox"/> Seal Board                    | <input checked="" type="checkbox"/> Poker             |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input checked="" type="checkbox"/> Calcuttas         |
| <input checked="" type="checkbox"/> Pull Tab Jar                      | <input checked="" type="checkbox"/> Prize Board        | <input type="checkbox"/> Paddlewheel with Tickets     |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input checked="" type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>Sidelines, Inc.</b>   |  | Site Name<br><b>Sidelines</b>                    |   | Site Phone Number<br><b>(701) 223-1520</b> |
| Site Address<br><b>300 S. 5th Street</b>  |  | City<br><b>Bismarck</b>                          | State<br><b>ND</b>                      | Zip Code<br><b>58504</b>                   |
| County<br><b>Burleigh</b>   |  | Rental Period<br><b>7/1/24</b> to <b>6/30/25</b> |   | Monthly Rent Amount                        |
| Organization<br><b>Matpac Wrestling Club</b>  |  |  |   |  |
| 1. Is Bingo going to be conducted at the site?  |  | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes |  |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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. |  | <input checked="" type="checkbox"/> No           | <input type="checkbox"/> Yes            | \$   |
| 2. Is Twenty-One conducted at this site?  |  | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____  |  |  |   |  |
| Number of Tables with wagers over \$5 <b>2</b> X Rent per Table \$ <b>300</b>   |  |  |   | \$ <b>600</b>                              |
| 3. Is Paddlewheels conducted at this site?  |  | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables <b>1</b> X Rent per Table \$ <b>200</b>  |  |  |   | \$ <b>200</b>                              |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?  |  | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$   |
| Please Check: <input checked="" type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device   |  |  |   | \$ <b>175</b>                              |
| 5. Are Electronic Pull-Tabs conducted at this site?   |  | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Yes | \$   |
| If "Yes" please indicate the number of devices <b>10</b>  |  |  |   | \$ <b>1250</b>                             |
| Total Monthly Rent  |  |  |   | \$ <b>2,225</b>                            |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>   |  |  |   |  |

**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<br> | Title<br><b>President</b> | Date<br><b>2/16/24</b> |
| Signature of Lessee<br> | Title<br><b>President</b> | Date<br><b>2/12/24</b> |



Westside Wrestling Club  
 Site Design Program



**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 organization 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<br><b>1120 Tacoma Avenue</b> | City<br><b>Bismarck</b> | ZIP Code<br><b>58504-7454</b> | County<br><b>Burleigh</b> |
|-------------------------------------|-------------------------|-------------------------------|---------------------------|

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

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 thoroughly 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)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Bingo                             | <input type="checkbox"/> Club Special                  | <input type="checkbox"/> Sports Pools                 |
| <input type="checkbox"/> <b>ELECTRONIC</b> Quick Shot Bingo           | <input type="checkbox"/> Tip Board                     | <input checked="" type="checkbox"/> Twenty-One        |
| <input checked="" type="checkbox"/> Raffles                           | <input type="checkbox"/> Seal Board                    | <input checked="" type="checkbox"/> Poker             |
| <input type="checkbox"/> <b>ELECTRONIC</b> 50/50 Raffle               | <input type="checkbox"/> Punchboard                    | <input checked="" type="checkbox"/> Calcuttas         |
| <input type="checkbox"/> Pull Tab Jar                                 | <input checked="" type="checkbox"/> Prize Board        | <input type="checkbox"/> Paddlewheel with Tickets     |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device        | <input type="checkbox"/> Prize Board Dispensing Device | <input checked="" type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> <b>ELECTRONIC</b> 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)<br><b>Sports Page, Inc.</b>   |  | Site Name<br><b>Sports Page</b>        |   | Site Phone Number<br><b>(701) 223-1520</b> |
| Site Address<br><b>1120 Tacoma Avenue</b>   | City<br><b>Bismarck</b>                          | State<br><b>ND</b>                     | Zip Code<br><b>58504</b>                | County<br><b>Burleigh</b>                  |
| Organization<br><b>Matpac Wrestling Club</b>  | Rental Period<br><b>7/1/24</b> to <b>6/30/25</b> |  |   | Monthly Rent Amount                        |
| 1. Is Bingo going to be conducted at the site?  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes |  |
| 1a. If "Yes" to number 1 above, is Bingo the <b>primary</b> game conducted?<br>- 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. |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes            | \$   |
| 2. Is Twenty-One conducted at this site?<br>Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$   |
| Number of Tables with wagers over \$5 <b>2</b> X Rent per Table \$ <b>300</b>   |  |  |   | \$ <b>600</b>                              |
| 3. Is Paddlewheels conducted at this site?<br>Number of Tables _____ X Rent per Table \$ _____  |  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes            | \$   |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?<br>Please Check: <input checked="" type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device       |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$ <b>175</b>                              |
| 5. Are Electronic Pull-Tabs conducted at this site?<br>If "Yes" please indicate the number of devices <b>6</b>  |  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes | \$ <b>950</b>                              |
| Total Monthly Rent  |  |  |   | \$ <b>1,725</b>                            |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>   |  |  |   |  |

**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.

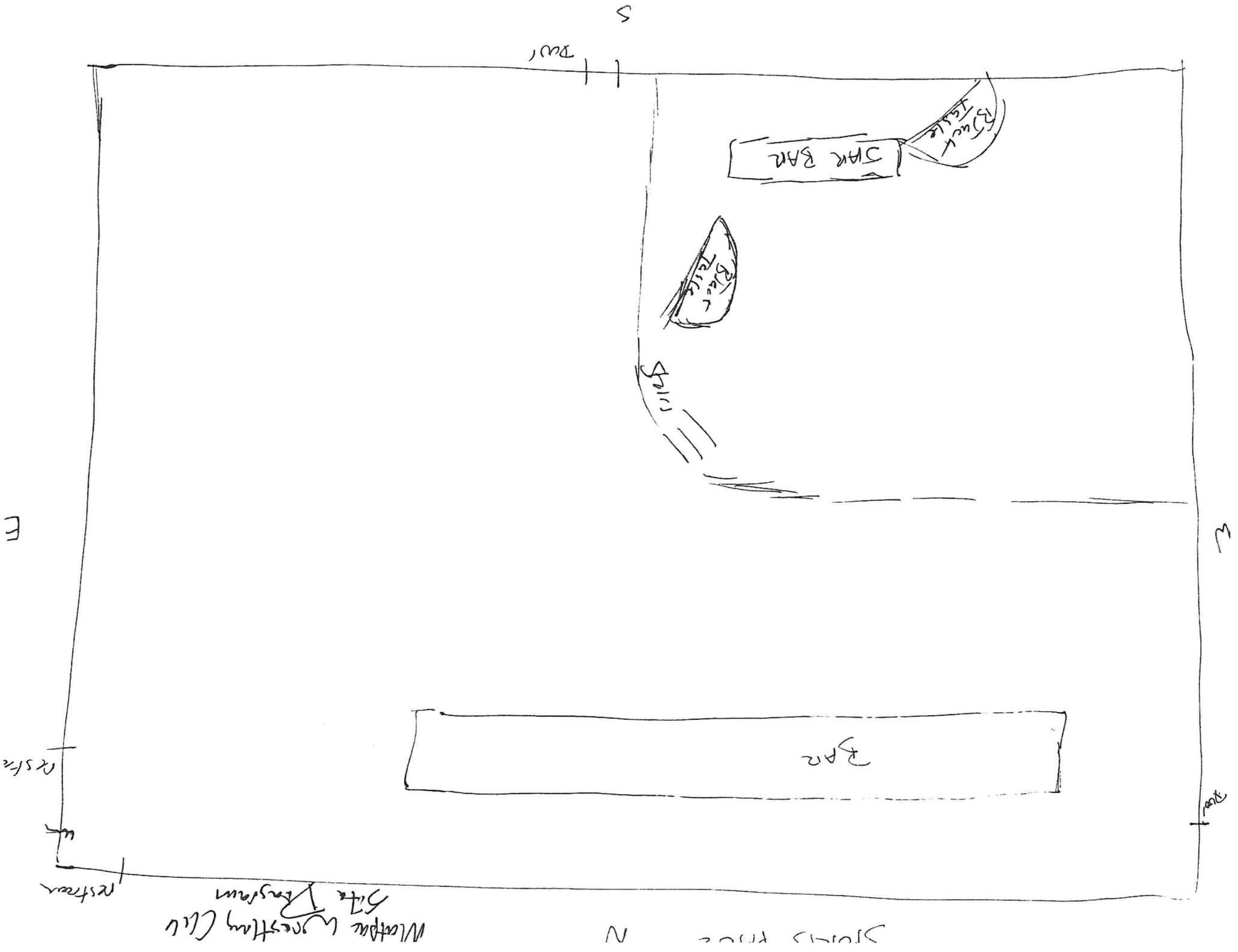
The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

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<br> | Title<br><b>President</b> | Date<br><b>2/16/24</b> |
| Signature of Lessee<br> | Title<br><b>President</b> | Date<br><b>2/12/24</b> |





## 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.

- 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.:**\*

**State Issued:**\*

**Gender:**

**Race:**

**Home Address:**\*

**City:**\*

**State:**\*

**Zip:**\*

**Phone No.:**\*

**Officer/Director/Stockholder Title:**\*

**Email Address:**\*

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

**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:**

Trustee Chairman

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Nicole Frohlich

[Redacted]/1980

0

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

North Dakota

Female

White

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Mandan

North Dakota

58554

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Trustee

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Scott Langemo

[Redacted]/1963

0

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

North Dakota

Male

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:**

[Empty text box]

**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:**

[Empty text box]

**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:**

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:\***

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**

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:\***

Rhonda Gall, General Manager

//

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

**Date:\***

5/7/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[Credit Card Authorization Form](#)

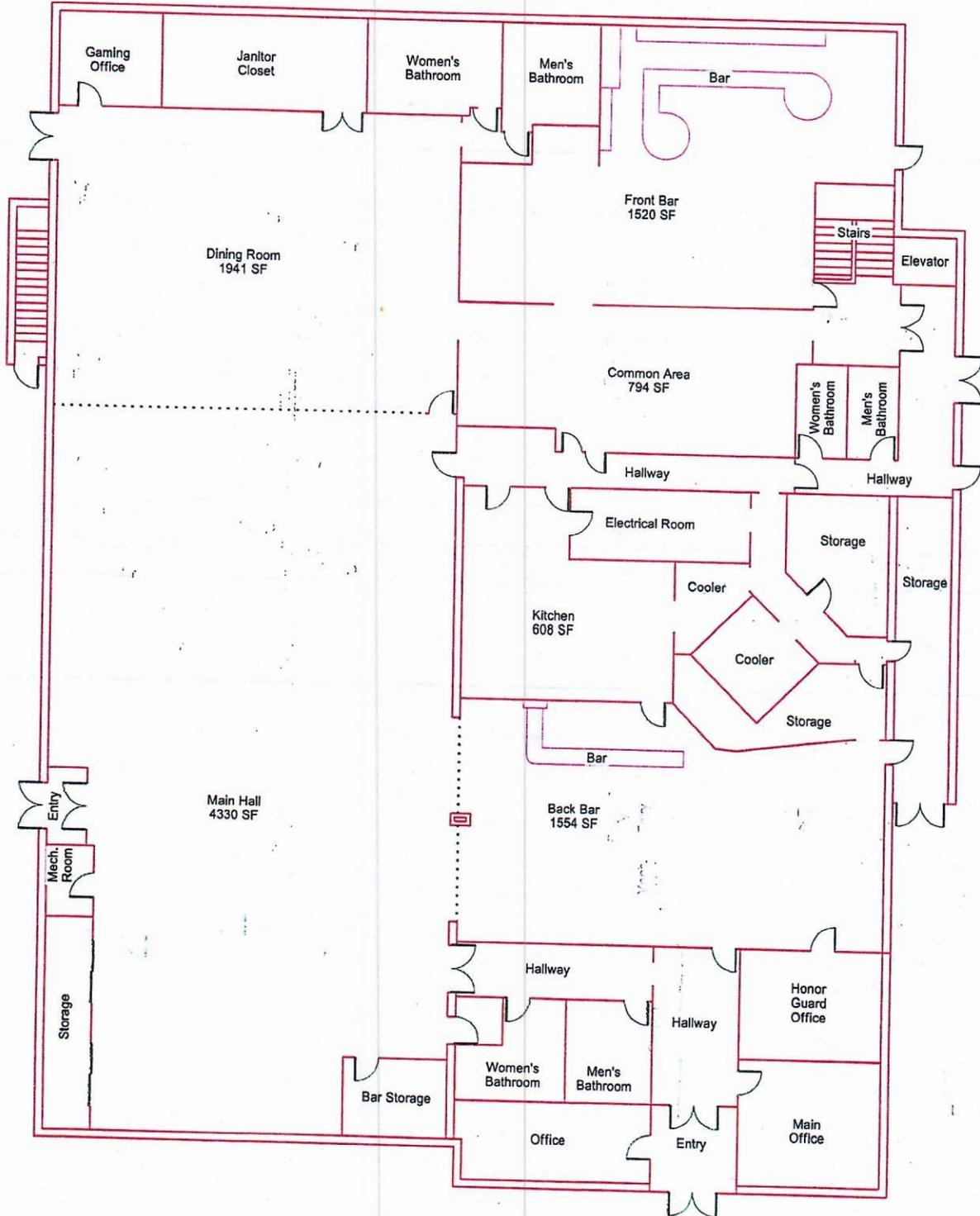
Choose File No file chosen

**Mail Payments To:**

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

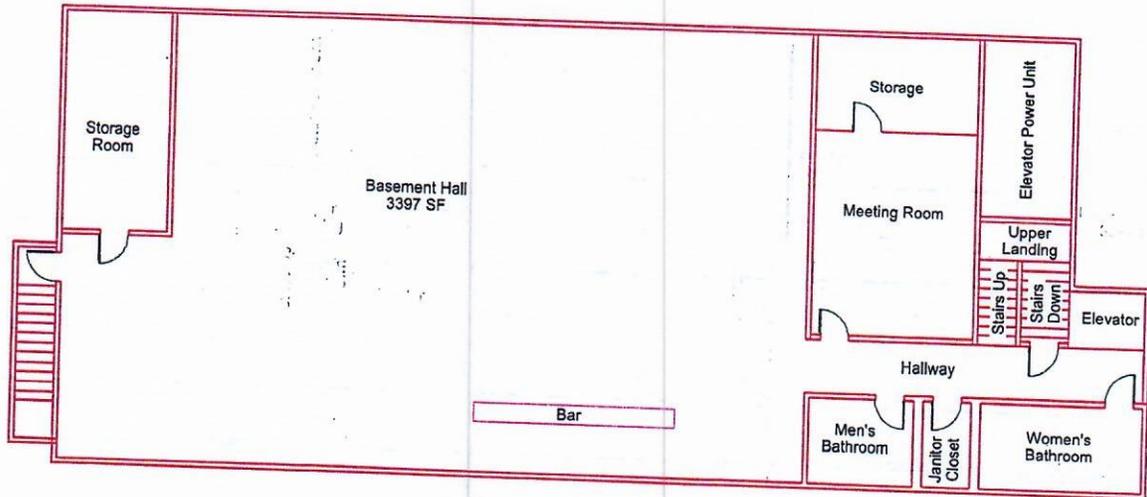
# AMVETS Building Layout

2402 Railroad Ave  
Bismarck, ND 58501



# AMVETS Basement Layout

2402 Railroad Ave  
Bismarck, ND 58501



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
- 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.:

State Issued:

Gender:

Race:

[Redacted]

MT

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

ADMINISTOR

[Redacted]

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

Name:

Date of Birth:

Percentage of Ownership:

weishan Jin

weishan jin

[Redacted]/1958

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MT

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

**Officer/Director/Stockholder Title:\***

**Email Address:**

Member

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

weishan Jin

**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:**

Empty text input field for Home Address.

**City:**

**State:**

**Zip:**

**Phone No.:**

Empty text input field for City.

Empty text input field for State.

Empty text input field for Zip.

Empty text input field for Phone No.

**Officer/Director/Stockholder Title:**

**Email address:**

Empty text input field for Officer/Director/Stockholder Title.

Empty text input field for Email address.

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

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:**

Empty text input field for explanation.

**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:**

Empty text input field for listing convictions.

**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:**

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**

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.\***

**Date:\***

5/13/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

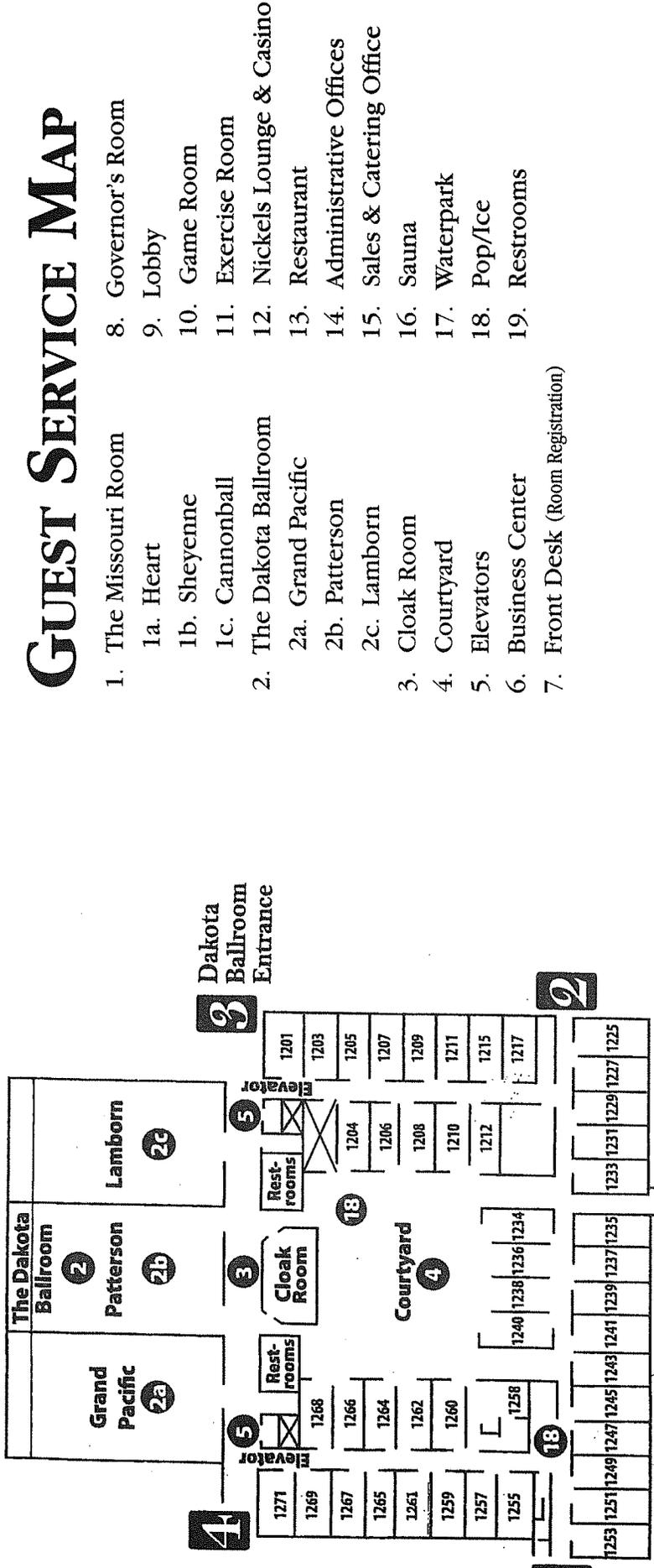
[Credit Card Authorization Form](#)

Choose File No file chosen

**Mail Payments To:**

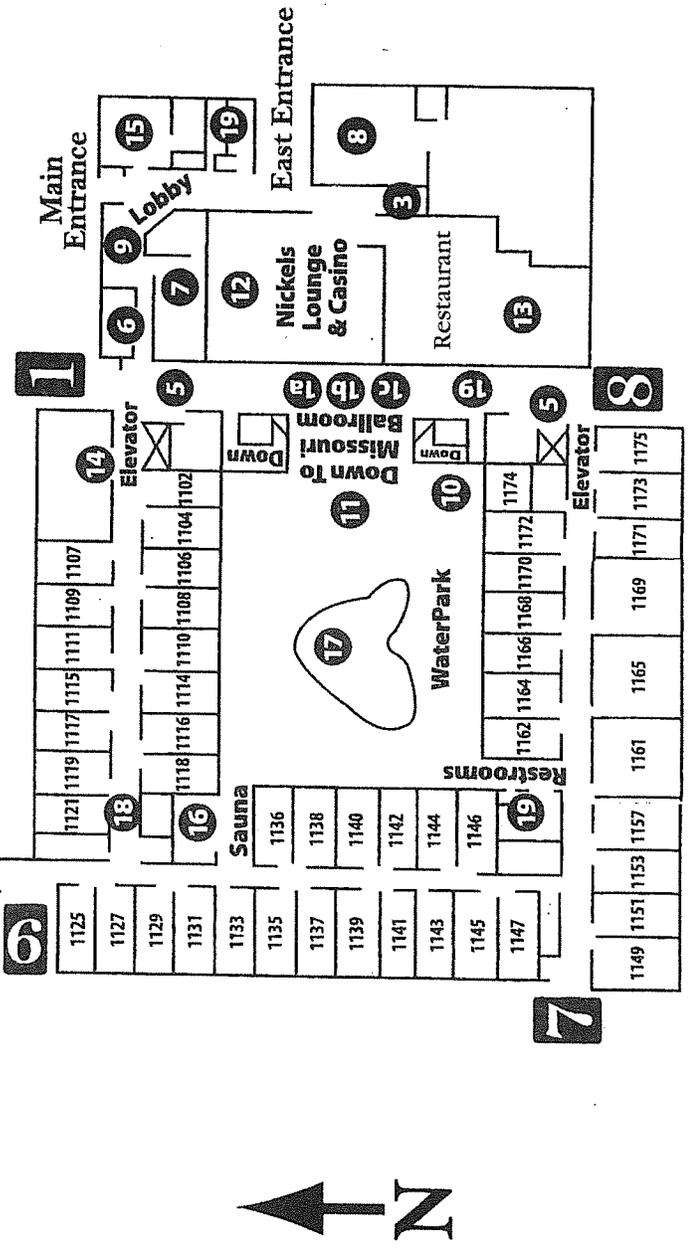
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

**1ST FLOOR VIEW**



# 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



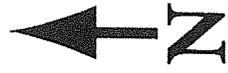
**B**  
**BISMARCK HOTEL**  
 AND CONFERENCE CENTER

800 S Third Street  
 Bismarck, ND

701-258-7700

Fax: (701) 224-8212

701-660-8063



Print

Retail Alcohol Beverage License - Submission #22976

Date Submitted: 5/17/2024



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
- 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.:\*

[Redacted]

State Issued:\*

nd

Gender:

Race:

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:\*

James Poolman

Date of Birth:\*

[Redacted]/1970

Percentage of Ownership:\*

45%

Driver's License No.:\*

[Redacted]

State Issued:\*

nd

Gender:

Race:

Home Address:\*

[Redacted]

City:\*

Bismarck

State:\*

ND

Zip:\*

58503

Phone No.:\*

[Redacted]

**Officer/Director/Stockholder Title:\***

**Email Address:**

Pres

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Chad Wachter

[Redacted]/1973

30%

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

nd

[Redacted]

[Redacted]

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Bismarck

ND

58504

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Vice President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Dustin Hollevoet

[Redacted]/1981

25%

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

nd

[Redacted]

[Redacted]

**Home Address:**

[Redacted]

**City:**

Bismarck

**State:**

ND

**Zip:**

58503

**Phone No.:**

[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:

[Redacted]

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:

[Redacted]

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:**

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**

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**

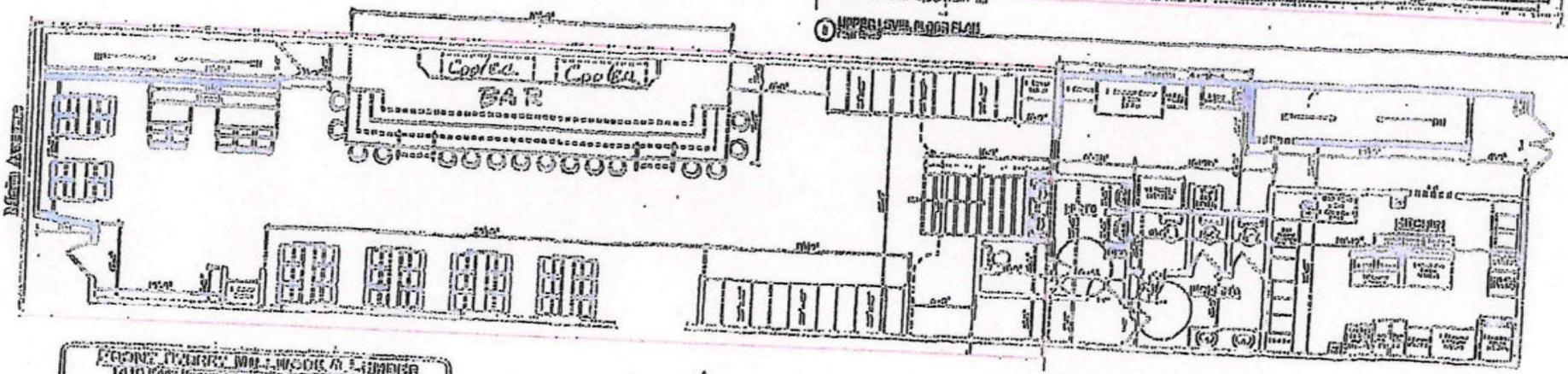
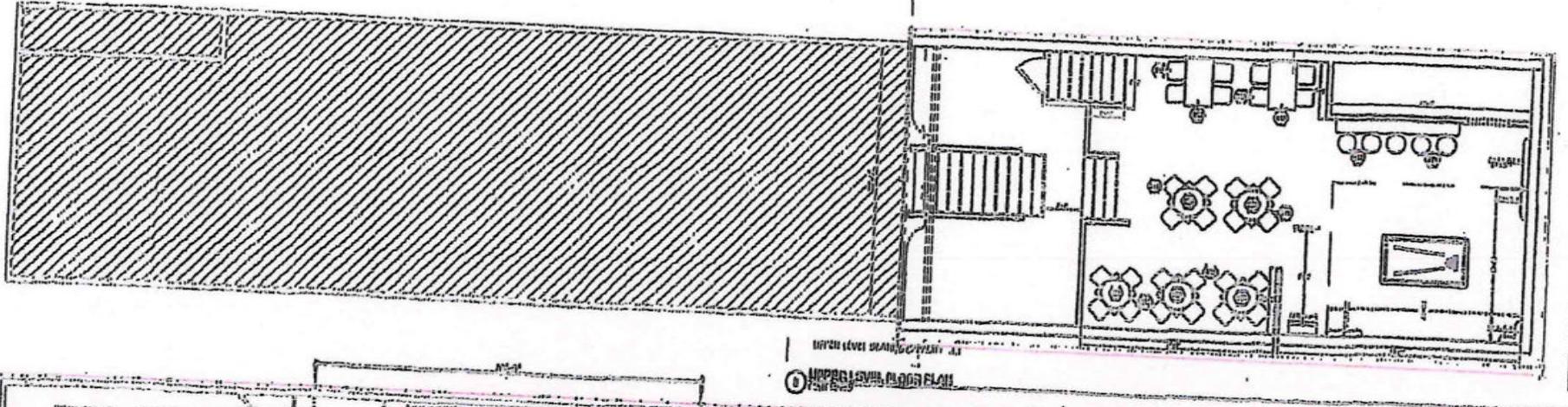
[Credit Card Authorization Form](#)

**Upload Credit Card Authorization Form**

No file chosen

**Mail Payments To:**

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

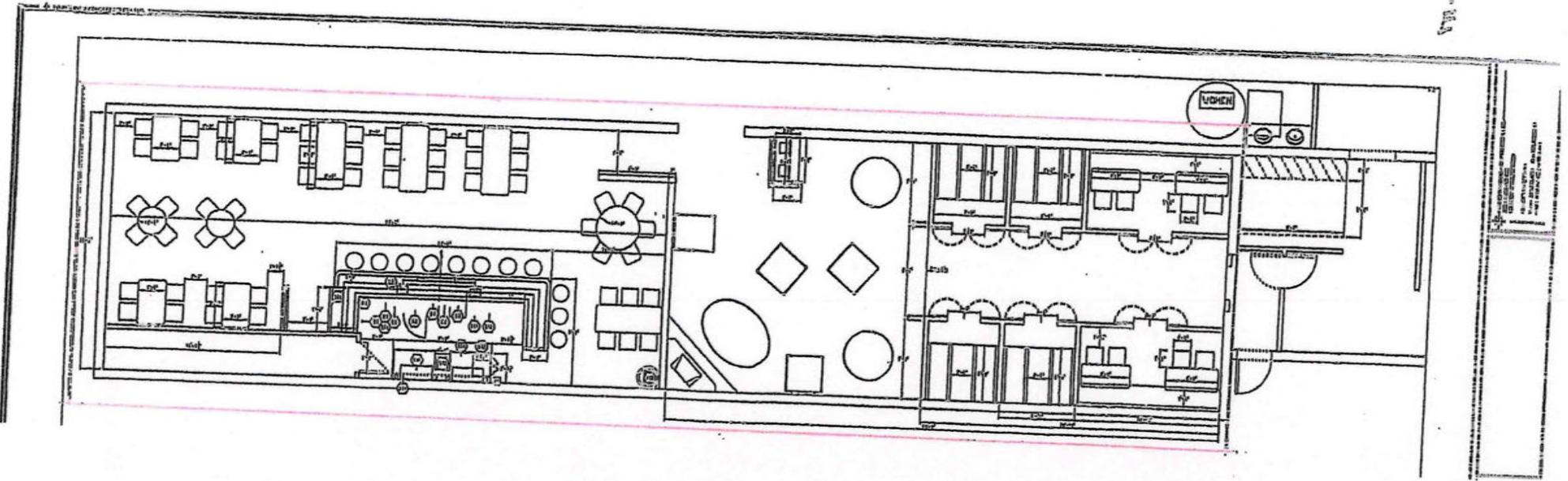


KONGS PUMPER, MILL, WOODIE A. L. HANSEN  
 1410 E. 10th Street, Bismarck, ND 58501  
 Phone: (701) 228-1000 Fax: (701) 228-0800  
 Email: kongs@kongspumpers.com

|                 |               |                         |
|-----------------|---------------|-------------------------|
| Scale:          | DATE:         | PROJECT:                |
| 1/8" = 1'       | 1-28-2008     | BIANEY STORE RENOVATION |
| DESIGNED BY:    | DATE:         | PROJECT:                |
|                 | JUNE 11, 2008 | GET-300 RENOVATION      |
| CAVALIERO HOMES |               |                         |

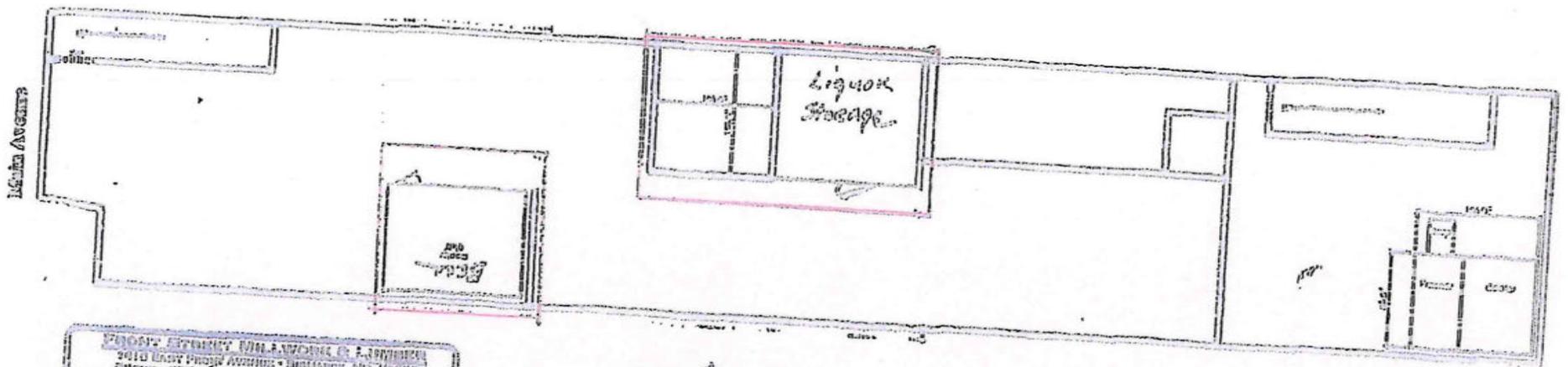
  
 Bianey Store Pub  
 408 E Main Ave  
 Bismarck, ND

SCALE: 1/8" = 1'  
 DATE: 1-28-2008  
 PROJECT: BIANEY STORE RENOVATION



Blarney Stone Pub  
408 E Main Ave  
Bismarck, ND 58501

Basement



PROJECT: BIRMINGHAM, ALA. 35203  
 2010 WEST PINE AVENUE - BIRMINGHAM, ALA 35203  
 PHONE: (205) 955-1000 FAX: (205) 955-0000  
 WWW: WWW.CENTROTECHARCHITECTS.COM

|               |                  |                    |
|---------------|------------------|--------------------|
| SCALE:        | DATE:            | PROJECT:           |
| 1/8" = 1'     | 1-18-2008        | RENO: CEILING/WALL |
| PROJECT:      | DATE:            | CLIENT:            |
| JUNE 11, 2008 | 01-100 REMODEL   |                    |
| DESIGNED BY:  | CAVALIERE MORINO |                    |

  
 Birney Stone Pub  
 408 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
- 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:**

Caucasian

**Home Address:**\*

[Redacted]

**City:**\*

Fargo

**State:**\*

ND

**Zip:**\*

58102

**Phone No.:**\*

[Redacted]

**Officer/Director/Stockholder Title:\***

**Email Address:**

Managing Partner

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Susan LaHaise

[Redacted]/1968

50

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Female

Caucasian

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Fargo

ND

58102

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Managing Partner

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

**Home Address:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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**

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.\***

**Date:\***

5/9/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[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

09-May-2024

---

## Return Summary

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

|         |                          | <b>Column A</b> | <b>Column B</b> | <b>Total</b>   |
|---------|--------------------------|-----------------|-----------------|----------------|
|         |                          | <b>ALCOHOL</b>  | <b>SALES</b>    |                |
| 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    |



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
- 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:**

Caucasian

**Home Address:**\*

[Redacted]

**City:**\*

Fargo

**State:**\*

ND

**Zip:**\*

58102

**Phone No.:**\*

[Redacted]

**Officer/Director/Stockholder Title:\***

**Email Address:**

Managing Partner

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Susan LaHaise

[Redacted]/1968

50

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Female

Caucasian

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Fargo

ND

58102

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Managing Partner

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

**Home Address:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:**

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.
- 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 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**

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.\***

**Date:\***

5/9/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[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

09-May-2024

---

**Return Summary**

**Account ID:** ██████████  
**Taxpayer:** LAHAISE MANAGEMENT LLC  
**Beginning Period:** 01-Jan-2023  
**Ending Period:** 31-Dec-2023

|         |                          | <b>Column A</b> | <b>Column B</b> | <b>Total</b>   |
|---------|--------------------------|-----------------|-----------------|----------------|
|         |                          | <b>ALCOHOL</b>  | <b>SALES</b>    |                |
| 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    |





## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>   |  |   |  |  |
|--|--|---|--|--|
|  | <input type="checkbox"/> New Application   | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer  | <input type="checkbox"/> Relocation  |
| Class A: Nationally Organized Fraternal Order or Club<br><span style="float: right;"><input type="checkbox"/> \$3,700</span>                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-2: Concession at the Bismarck Municipal Country Club<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-3: Commercial passenger vessels on the Missouri River<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><span style="float: right;"><input type="checkbox"/> \$650</span> |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-6: Commercial Airline<br><span style="float: right;"><input type="checkbox"/> \$650</span>   | Class C-1: Hotel or Motel Full Service<br><span style="float: right;"><input type="checkbox"/> \$3,800</span>                     | Class C-2: Hotel or Motel<br><span style="float: right;"><input type="checkbox"/> \$1,000</span>                                   | Class D: Sale at Retail of Alcoholic Beverages<br><span style="float: right;"><input checked="" type="checkbox"/> \$4,100</span> |
| Class E: Sale at Retail of Beer Only<br><span style="float: right;"><input type="checkbox"/> \$800</span>                                      | Class F-1: Restaurant - Alcoholic Beverages<br><span style="float: right;"><input type="checkbox"/> \$3,500</span>                                   | Class F-2: Restaurant - Beer & Wine Only<br><span style="float: right;"><input type="checkbox"/> \$1,100</span>                   | Class G: Catered Retail Beer, Wine, & Liquor<br><span style="float: right;"><input type="checkbox"/> \$650</span>                  | Class H-1: Domestic Winery<br><span style="float: right;"><input type="checkbox"/> \$800</span>                                  |
| Class H-2: Domestic Brewery<br><span style="float: right;"><input type="checkbox"/> \$800</span>   | Class H-3: Domestic Distillery<br><span style="float: right;"><input type="checkbox"/> \$800</span>  | Class I-1: Senior Living Community<br><span style="float: right;"><input type="checkbox"/> \$350</span>                           | Class I-2: Complementary<br><span style="float: right;"><input type="checkbox"/> \$350</span>                                      |  |

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.

|  |                          |   |   |                                      |
|--|--------------------------|---|---|--------------------------------------|
| <b>Location Information:</b>   |                          |   |   |                                      |
| Legal Business Name:<br><b>Coborn's, Incorporated</b>  |                          | Date of Incorporation:<br><b>12/15/1958</b>   | State Business ID Number:<br><b>281983 00</b> |                                      |
| Doing Business As (DBA) Name, if Applicable:<br><b>Captain Jack's #7046</b>  |                          | If out of state corporation, is corporation registered in North Dakota?<br><span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> |   |                                      |
| Location Address:<br><b>808 S Second St</b>  | City:<br><b>Bismarck</b> | State:<br><b>ND</b>   | Zip:<br><b>58504</b>                          | Phone Number:<br><b>701-223-6546</b> |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><b>James Shaw</b> |                          |   |   |                                      |

|  |  |                                      |  |                      |
|--|--|--------------------------------------|--|----------------------|
| <b>Contact Information (Where correspondence is to be sent):</b> |  |                                      |  |                      |
| Primary Contact:<br><b>Joyce Schmidt</b>                         |  | Phone Number:<br><b>320-203-6218</b> | Email Address:<br><b>lic.info@cobornsinc.com</b> |                      |
| Mailing Address:<br><b>PO Box 6146</b>                           |  | City:<br><b>St. Cloud</b>            | State:<br><b>MN</b>                              | Zip:<br><b>56302</b> |

|   |                                    |  |                                      |                      |
|---|------------------------------------|--|--------------------------------------|----------------------|
| Manager's Name:<br><b>Marvin Sitter</b>       |                                    | Date of Birth:<br><b>[REDACTED] / 1972</b> | Percentage of Ownership:<br><b>0</b> |                      |
| Driver's License Number:<br><b>[REDACTED]</b> |                                    | State Issued:<br><b>ND</b>                 | Gender:<br><b>M</b>                  | Race:<br><b>C</b>    |
| Home Address:<br><b>[REDACTED]</b>            |                                    | City:<br><b>Bismarck</b>                   | State:<br><b>ND</b>                  | Zip:<br><b>58503</b> |
| Occupation:<br><b>Mgmt</b>                    | Phone Number:<br><b>[REDACTED]</b> | Title:<br><b>Liquor Mgr</b>                | Email Address:<br><b>[REDACTED]</b>  |                      |

| List all officers or directors of corporation or partners and percentage of ownership: |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>James Shaw</b>   |                             | Date of Birth:<br>[REDACTED] 1968 | Percentage of Ownership:<br><b>&lt;1%</b> |
| Driver's License Number:<br>[REDACTED]   | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]  | City:<br><b>Plymouth</b>    | State:<br><b>MN</b>               | Zip:<br><b>55442</b>                      |
| Occupation:<br><b>Exec</b>   | Phone Number:<br>[REDACTED] | Title:<br><b>CFO</b>              | Email Address:<br>[REDACTED]              |

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>Christopher Coborn</b>     |                             | Date of Birth:<br>[REDACTED] 1959 | Percentage of Ownership:<br><b>11.95%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]            | City:<br><b>St. Cloud</b>   | State:<br><b>MN</b>               | Zip:<br><b>56301</b>                      |
| Occupation:<br><b>Exec</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>CEO</b>              | Email Address:<br>[REDACTED]              |

|  |                             |                                   |                                       |
|--|-----------------------------|-----------------------------------|---------------------------------------|
| Name:<br><b>David Best</b>             |                             | Date of Birth:<br>[REDACTED] 1978 | Percentage of Ownership:<br><b>0%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                     |
| Home Address:<br>[REDACTED]            | City:<br><b>Edina</b>       | State:<br><b>MN</b>               | Zip:<br><b>55424</b>                  |
| Occupation:<br><b>Exec</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>President</b>        | Email Address:<br>[REDACTED]          |

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>Mark Coborn</b>            |                             | Date of Birth:<br>[REDACTED] 1962 | Percentage of Ownership:<br><b>18.28%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>SD</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]            | City:<br><b>Sioux Falls</b> | State:<br><b>SD</b>               | Zip:<br><b>57103</b>                      |
| Occupation:<br><b>Retired</b>          | Phone Number:<br>[REDACTED] | Title:                            | Email Address:<br>[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\*

#2024 COBORN'S LIQUOR  
2150 DAKOTA AVE S  
HURON, SD 57350  
(605) 352-6036\*  
FAX: (605) 352-8304\*

#2032 (6035) COBORN'S LIQUOR  
1710 Pine Cone Road, Suite #100  
SARTELL, MN 56377  
(320) 258-4945  
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR  
225 W 33rd ST  
HASTINGS, MN 55033  
(651) 437-9430  
FAX: (651) 437-9430\*\*

#2042 (6043) COBORN'S LIQUOR  
1014 EAST ENTERPRISE DRIVE  
BELLE PLAINE, MN 56011  
(952) 873-2606  
FAX: (952) 873-2606\*\*

#2006 (6033) COBORN'S LIQUOR  
1113 FIRST AVENUE NE  
LITTLE FALLS, MN 56345  
(320) 632-3365  
FAX: (320) 632-3365\*\*

#2025 COBORN'S LIQUOR  
1800 NORTH MAIN  
MITCHELL, SD 57301  
(605) 996-5593\*  
FAX: (605) 996-7651\*

#2033 (6039) COBORN'S LIQUOR  
7880 Sunwood Dr NW  
RAMSEY, MN 55303  
(763) 323-1382  
FAX: (763) 323-1382\*\*

#2038 (6041) COBORN'S LIQUOR  
202 ALTON AVENUE SE  
NEW PRAGUE, MN 56071  
(952) 758-4577  
FAX: (952) 758-4577\*\*

#2043 (6044) COBORN'S LIQUOR  
105 EAST MAIN STREET  
MELROSE, MN 56362  
(320) 256-4450  
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR  
715 COUNTY RD 75  
CLEARWATER, MN 55320  
(320) 558-6761  
FAX: (320) 558-6761\*\*

#2029 (6038) COBORN'S LIQUOR  
5600 LaCENTRE AVE, Ste 114  
ALBERTVILLE, MN 55301  
(763) 497-2831  
FAX: (763) 497-5812\*

#2035 (6030) COBORN'S LIQUOR  
890 COOPER AVENUE SOUTH  
ST. CLOUD, MN 56301  
(320) 252-8340  
FAX: (320) 240-0655\*

#2039 (6042) COBORN'S LIQUOR  
1500 ELM STREET E #2  
ST JOSEPH, MN 56374  
(320) 363-0018  
FAX: (320) 363-0018\*\*

#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

#2583 MARKETPLACE FOODS  
10514 S Main Street  
Hayward, WI 54843  
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS  
1600 S Stephenson Ave  
Iron Mountain, MI 49801  
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS  
109 S Main St  
Brillion, WI 54110  
(920) 756-2010

#2581 MARKETPLACE FOODS  
2191 US Hwy 8  
St. Crois Falls, WI 54024  
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS  
1250 N 14th Ave  
Sturgeon Bay, WI 54235  
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS  
1000 W Sharon Ave  
Houghton, MI 49931  
(906) 487-9675

#2582 MARKETPLACE FOODS  
207 Pine Avenue West  
Menomonie, WI 54751  
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS  
1401 O'Dovero Dr  
Marquette, MI 49855  
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS  
278 S Main St  
Clintonville, WI 54929  
(715) 823-5147

## 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

#3014 (7037) CASH WISE LIQUOR  
495 W North St  
Owatonna, MN 55060  
(507) 451-8440  
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR  
113 6th Avenue SE, Suite #5100  
Watford City, ND 58854  
(701) 842-2519  
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR  
755 33rd Ave E  
West Fargo, ND 58078  
(701) 281-6487  
Fax:

#3048 Cash Wise Liquor  
802 N Elm Street  
Tioga, ND 58852  
(701) 664-5303  
FAX:(701) 654-5303\*

#7036 CASH WISE LIQUOR  
14092 Edgewood Dr  
Baxter, MN 56425  
(218) 829-9286  
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR  
310 Central Ave E  
St. Michael, MN 55376  
(763) 497-0659  
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR  
4985 Timber Parkway S  
Fargo, ND 58104  
701-232-2219

#3009 (7031) CASH WISE LIQUOR  
45 2nd Street South  
Waite Park, MN 56387-1348  
(320) 259-1156  
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR  
3310 Hwy 10 E  
Moorhead, MN 56560  
(218) 236-8081  
FAX: (218) 236-8081\*\*

#3043 CASH WISE LIQUOR  
3224 16TH Street SW  
Minot, ND 58701  
(701) 852-4440  
FAX: (701) 852-4424\*

#3046 CASH WISE LIQUOR  
300 11th St W  
Williston, ND 58801  
(701) 572-9326  
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR  
410 10th Street S.E.  
Jamestown, ND 58401  
(701) 252-1527  
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR  
513 "B" St NE  
Brainerd, MN 56401  
(218) 828-9003  
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR  
801 North Nokomis Street NE  
Alexandria, MN 56308  
(320) 762-2524  
FAX: (320) 762-2524 \*\*

#7055 CASH WISE LIQUOR  
1226 State Street N  
Waseca, MN 56093  
507-835-9181

#3013 (7040) CASH WISE LIQUOR  
1216 Westridge Rd  
New Ulm, MN 56073  
(507) 354-7930  
FAX: (507) 354-7930\*\*

#3020 CASH WISE LIQUOR  
1144 Bismarck Expressway  
Bismarck, ND 58504  
(701) 258-3564

#3044 Cash Wise Liquor  
1761 3rd Avenue West  
Dickinson, ND 58601  
(701) 225-9752  
FAX: (701) 225-9752\*\*

#3047 Cash Wise Liquor  
406 Westview Lane  
Stanley, ND 58784  
(701) 628-2280  
FAX: (701) 628-2280\*

#3051 CASH WISE LIQUOR  
900 NE 43rd Ave  
Bismarck, ND 60545  
(701) 255-6866  
FAX: (701) 223-5998\*

#7042 CASH WISE LIQUOR  
625 W Central Entrance  
Duluth, MN 55811  
(218) 722-4507  
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR  
1414 - 34th Street South  
Fargo, ND 58103  
(701) 282-2323  
FAX: (701) 293-6016

# SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS  
2002 W Galena Ave  
Freeport, IL 61032  
815-297-8181

#242 SULLIVAN'S FOODS  
202 Lindow Lane  
Marengo, IL 60152  
815-568-3950

#264 SULLIVAN'S FOODS  
125 E Backbone Rd  
Princeton, IL 61356  
815-879-7351

#279 SULLIVAN'S FOODS  
103 W North Ave  
Stockton, IL 61085  
815-947-3318

#240 SULLIVAN'S FOODS  
605 Tenney St  
Kewanee, IL 61443  
309-853-1600

#245 SULLIVAN'S FOODS  
1102 Meriden St  
Mendota, IL 61342  
815-539-9341

#270 SULLIVAN'S FOODS  
101 E Hwy 64  
Mt. Morris, IL 61054  
815-734-6868

#295 SULLIVAN'S FOODS  
703 N Elida St  
Winnebago, IL 61088  
815-335-1501

#241 SULLIVAN'S FOODS  
201 Dodds Dr  
Lena, IL 61048  
815-369-2311

#253 SULLIVAN'S FOODS  
300 N Madison St  
Morrison, IL 61270  
815-772-4696

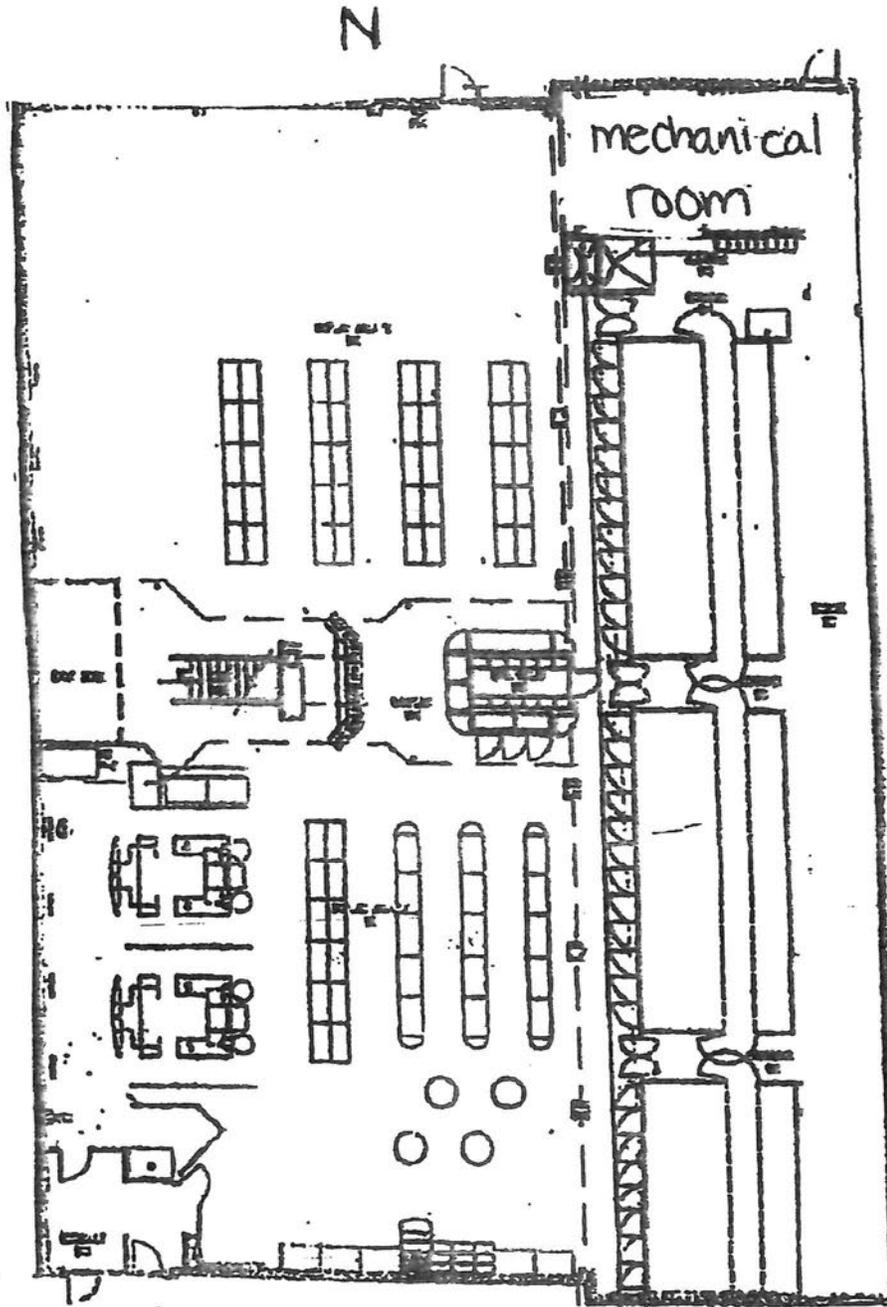
#274 SULLIVAN'S FOODS  
217 Chicago Ave  
Savanna, IL 61074  
815-273-7739

#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 be identified.

**Site Diagram**



CAPTAIN JACK'S 7046



## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>  |   |  |   |   |
|---|---|--|---|---|
|   | <input type="checkbox"/> New Application  | <input type="checkbox"/> Renewal   | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation   |
| Class A: Nationally Organized Fraternal Order or Club<br><input type="checkbox"/> \$3,700                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><input type="checkbox"/> \$650 | Class B-2: Concession at the Bismarck Municipal Country Club<br><input type="checkbox"/> \$650 | Class B-3: Commercial passenger vessels on the Missouri River<br><input type="checkbox"/> \$650 | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><input type="checkbox"/> \$650 |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><input type="checkbox"/> \$650 | Class B-6 : Commercial Airline<br><input type="checkbox"/> \$650  | Class C-1: Hotel or Motel Full Service<br><input type="checkbox"/> \$3,800                     | Class C-2: Hotel or Motel<br><input type="checkbox"/> \$1,000                                   | Class D: Sale at Retail of Alcoholic Beverages<br><input checked="" type="checkbox"/> \$4,100 |
| Class E: Sale at Retail of Beer Only<br><input type="checkbox"/> \$800                                      | Class F-1: Restaurant - Alcoholic Beverages<br><input type="checkbox"/> \$3,500                                   | Class F-2: Restaurant - Beer & Wine Only<br><input type="checkbox"/> \$1,100                   | Class G: Catered Retail Beer, Wine, & Liquor<br><input type="checkbox"/> \$650                  | Class H-1: Domestic Winery<br><input type="checkbox"/> \$800                                  |
| Class H-2: Domestic Brewery<br><input type="checkbox"/> \$800   | Class H-3: Domestic Distillery<br><input type="checkbox"/> \$800  | Class I-1: Senior Living Community<br><input type="checkbox"/> \$350                           | Class I-2: Complementary<br><input type="checkbox"/> \$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:<br><b>Coborn's, Incorporated</b>  |                          | Date of Incorporation:<br><b>12/15/1958</b>  | State Business ID Number:<br><b>281983 00</b> |
| Doing Business As (DBA) Name, if Applicable:<br><b>Captain Jack's #7047</b>  |                          | If out of state corporation, is corporation registered in North Dakota?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Location Address:<br><b>3131 Weiss Ave</b>   | City:<br><b>Bismarck</b> | State:<br><b>ND</b>  | Zip:<br><b>58504</b>                          |
|  |                          | Phone Number:<br><b>701-223-5113</b>   |   |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><b>James Shaw</b> |                          |  |   |

**Contact Information (Where correspondence is to be sent):**

|  |                                      |  |                      |
|--|--------------------------------------|--|----------------------|
| Primary Contact:<br><b>Joyce Schmidt</b> | Phone Number:<br><b>320-203-6218</b> | Email Address:<br><b>lic.info@cobornsinc.com</b> |                      |
| Mailing Address:<br><b>PO Box 6146</b>   | City:<br><b>St. Cloud</b>            | State:<br><b>MN</b>                              | Zip:<br><b>56302</b> |

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| Manager's Name:<br><b>Ryan Mertz</b>                    |  | Date of Birth:<br><b>██████ 1975</b> | Percentage of Ownership:<br><b>0</b>          |
| Driver's License Number:<br><b>████████████████████</b> |  | State Issued:<br><b>ND</b>           | Gender:<br><b>M</b>                           |
| Home Address:<br><b>████████████████████</b>            |  | City:<br><b>Bismarck</b>             | Race:<br><b>C</b>                             |
|   |  | State:<br><b>ND</b>                  | Zip:<br><b>58503</b>                          |
| Occupation:<br><b>Mgmt</b>                              | Phone Number:<br><b>████████████████</b> | Title:<br><b>Liquor Mgr</b>          | Email Address:<br><b>████████████████████</b> |

| List all officers or directors of corporation or partners and percentage of ownership: |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>James Shaw</b>   |                             | Date of Birth:<br>[REDACTED]/1968 | Percentage of Ownership:<br><b>&lt;1%</b> |
| Driver's License Number:<br>[REDACTED]   | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]  | City:<br><b>Plymouth</b>    | State:<br><b>MN</b>               | Zip:<br><b>55442</b>                      |
| Occupation:<br><b>Exec</b>   | Phone Number:<br>[REDACTED] | Title:<br><b>CFO</b>              | Email Address:<br>[REDACTED]              |

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>Christopher Coborn</b>     |                             | Date of Birth:<br>[REDACTED]/1959 | Percentage of Ownership:<br><b>11.95%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]            | City:<br><b>St. Cloud</b>   | State:<br><b>MN</b>               | Zip:<br><b>56301</b>                      |
| Occupation:<br><b>Exec</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>CEO</b>              | Email Address:<br>[REDACTED]              |

|  |                             |                                   |                                       |
|--|-----------------------------|-----------------------------------|---------------------------------------|
| Name:<br><b>David Best</b>             |                             | Date of Birth:<br>[REDACTED]/1978 | Percentage of Ownership:<br><b>0%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                     |
| Home Address:<br>[REDACTED]            | City:<br><b>Edina</b>       | State:<br><b>MN</b>               | Zip:<br><b>55424</b>                  |
| Occupation:<br><b>Exec</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>President</b>        | Email Address:<br>[REDACTED]          |

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>Mark Coborn</b>            |                             | Date of Birth:<br>[REDACTED]/1962 | Percentage of Ownership:<br><b>18.28%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>SD</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]            | City:<br><b>Sioux Falls</b> | State:<br><b>SD</b>               | Zip:<br><b>57103</b>                      |
| Occupation:<br><b>Retired</b>          | Phone Number:<br>[REDACTED] | Title:                            | Email Address:<br>[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\*

#2024 COBORN'S LIQUOR  
2150 DAKOTA AVE S  
HURON, SD 57350  
(605) 352-6036\*  
FAX: (605) 352-8304\*

#2032 (6035) COBORN'S LIQUOR  
1710 Pine Cone Road, Suite #100  
SARTELL, MN 56377  
(320) 258-4945  
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR  
225 W 33rd ST  
HASTINGS, MN 55033  
(651) 437-9430  
FAX: (651) 437-9430\*\*

#2042 (6043) COBORN'S LIQUOR  
1014 EAST ENTERPRISE DRIVE  
BELLE PLAINE, MN 56011  
(952) 873-2606  
FAX: (952) 873-2606\*\*

#2006 (6033) COBORN'S LIQUOR  
1113 FIRST AVENUE NE  
LITTLE FALLS, MN 56345  
(320) 632-3365  
FAX: (320) 632-3365\*\*

#2025 COBORN'S LIQUOR  
1800 NORTH MAIN  
MITCHELL, SD 57301  
(605) 996-5593\*  
FAX: (605) 996-7651\*

#2033 (6039) COBORN'S LIQUOR  
7880 Sunwood Dr NW  
RAMSEY, MN 55303  
(763) 323-1382  
FAX: (763) 323-1382\*\*

#2038 (6041) COBORN'S LIQUOR  
202 ALTON AVENUE SE  
NEW PRAGUE, MN 56071  
(952) 758-4577  
FAX: (952) 758-4577\*\*

#2043 (6044) COBORN'S LIQUOR  
105 EAST MAIN STREET  
MELROSE, MN 56362  
(320) 256-4450  
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR  
715 COUNTY RD 75  
CLEARWATER, MN 55320  
(320) 558-6761  
FAX: (320) 558-6761\*\*

#2029 (6038) COBORN'S LIQUOR  
5600 LaCENTRE AVE, Ste 114  
ALBERTVILLE, MN 55301  
(763) 497-2831  
FAX: (763) 497-5812\*

#2035 (6030) COBORN'S LIQUOR  
890 COOPER AVENUE SOUTH  
ST. CLOUD, MN 56301  
(320) 252-8340  
FAX: (320) 240-0655\*

#2039 (6042) COBORN'S LIQUOR  
1500 ELM STREET E #2  
ST JOSEPH, MN 56374  
(320) 363-0018  
FAX: (320) 363-0018\*\*

#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

#2583 MARKETPLACE FOODS  
10514 S Main Street  
Hayward, WI 54843  
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS  
1600 S Stephenson Ave  
Iron Mountain, MI 49801  
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS  
109 S Main St  
Brillion, WI 54110  
(920) 756-2010

#2581 MARKETPLACE FOODS  
2191 US Hwy 8  
St. Crois Falls, WI 54024  
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS  
1250 N 14th Ave  
Sturgeon Bay, WI 54235  
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS  
1000 W Sharon Ave  
Houghton, MI 49931  
(906) 487-9675

#2582 MARKETPLACE FOODS  
207 Pine Avenue West  
Menomonie, WI 54751  
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS  
1401 O'Dovero Dr  
Marquette, MI 49855  
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS  
278 S Main St  
Clintonville, WI 54929  
(715) 823-5147

## 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

#3014 (7037) CASH WISE LIQUOR  
495 W North St  
Owatonna, MN 55060  
(507) 451-8440  
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR  
113 6th Avenue SE, Suite #5100  
Watford City, ND 58854  
(701) 842-2519  
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR  
755 33rd Ave E  
West Fargo, ND 58078  
(701) 281-6487  
Fax:

#3048 Cash Wise Liquor  
802 N Elm Street  
Tioga, ND 58852  
(701) 664-5303  
FAX:(701) 654-5303\*

#7036 CASH WISE LIQUOR  
14092 Edgewood Dr  
Baxter, MN 56425  
(218) 829-9286  
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR  
310 Central Ave E  
St. Michael, MN 55376  
(763) 497-0659  
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR  
4985 Timber Parkway S  
Fargo, ND 58104  
701-232-2219

#3009 (7031) CASH WISE LIQUOR  
45 2nd Street South  
Waite Park, MN 56387-1348  
(320) 259-1156  
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR  
3310 Hwy 10 E  
Moorhead, MN 56560  
(218) 236-8081  
FAX: (218) 236-8081\*\*

#3043 CASH WISE LIQUOR  
3224 16TH Street SW  
Minot, ND 58701  
(701) 852-4440  
FAX: (701) 852-4424\*

#3046 CASH WISE LIQUOR  
300 11th St W  
Williston, ND 58801  
(701) 572-9326  
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR  
410 10th Street S.E.  
Jamestown, ND 58401  
(701) 252-1527  
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR  
513 "B" St NE  
Brainerd, MN 56401  
(218) 828-9003  
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR  
801 North Nokomis Street NE  
Alexandria, MN 56308  
(320) 762-2524  
FAX: (320) 762-2524 \*\*

#7055 CASH WISE LIQUOR  
1226 State Street N  
Waseca, MN 56093  
507-835-9181

#3013 (7040) CASH WISE LIQUOR  
1216 Westridge Rd  
New Ulm, MN 56073  
(507) 354-7930  
FAX: (507) 354-7930\*\*

#3020 CASH WISE LIQUOR  
1144 Bismarck Expressway  
Bismarck, ND 58504  
(701) 258-3564

#3044 Cash Wise Liquor  
1761 3rd Avenue West  
Dickinson, ND 58601  
(701) 225-9752  
FAX: (701) 225-9752\*\*

#3047 Cash Wise Liquor  
406 Westview Lane  
Stanley, ND 58784  
(701) 628-2280  
FAX: (701) 628-2280\*

#3051 CASH WISE LIQUOR  
900 NE 43rd Ave  
Bismarck, ND 60545  
(701) 255-6866  
FAX: (701) 223-5998\*

#7042 CASH WISE LIQUOR  
625 W Central Entrance  
Duluth, MN 55811  
(218) 722-4507  
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR  
1414 - 34th Street South  
Fargo, ND 58103  
(701) 282-2323  
FAX: (701) 293-6016

# SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS  
2002 W Galena Ave  
Freeport, IL 61032  
815-297-8181

#242 SULLIVAN'S FOODS  
202 Lindow Lane  
Marengo, IL 60152  
815-568-3950

#264 SULLIVAN'S FOODS  
125 E Backbone Rd  
Princeton, IL 61356  
815-879-7351

#279 SULLIVAN'S FOODS  
103 W North Ave  
Stockton, IL 61085  
815-947-3318

#240 SULLIVAN'S FOODS  
605 Tenney St  
Kewanee, IL 61443  
309-853-1600

#245 SULLIVAN'S FOODS  
1102 Meriden St  
Mendota, IL 61342  
815-539-9341

#270 SULLIVAN'S FOODS  
101 E Hwy 64  
Mt. Morris, IL 61054  
815-734-6868

#295 SULLIVAN'S FOODS  
703 N Elida St  
Winnebago, IL 61088  
815-335-1501

#241 SULLIVAN'S FOODS  
201 Dodds Dr  
Lena, IL 61048  
815-369-2311

#253 SULLIVAN'S FOODS  
300 N Madison St  
Morrison, IL 61270  
815-772-4696

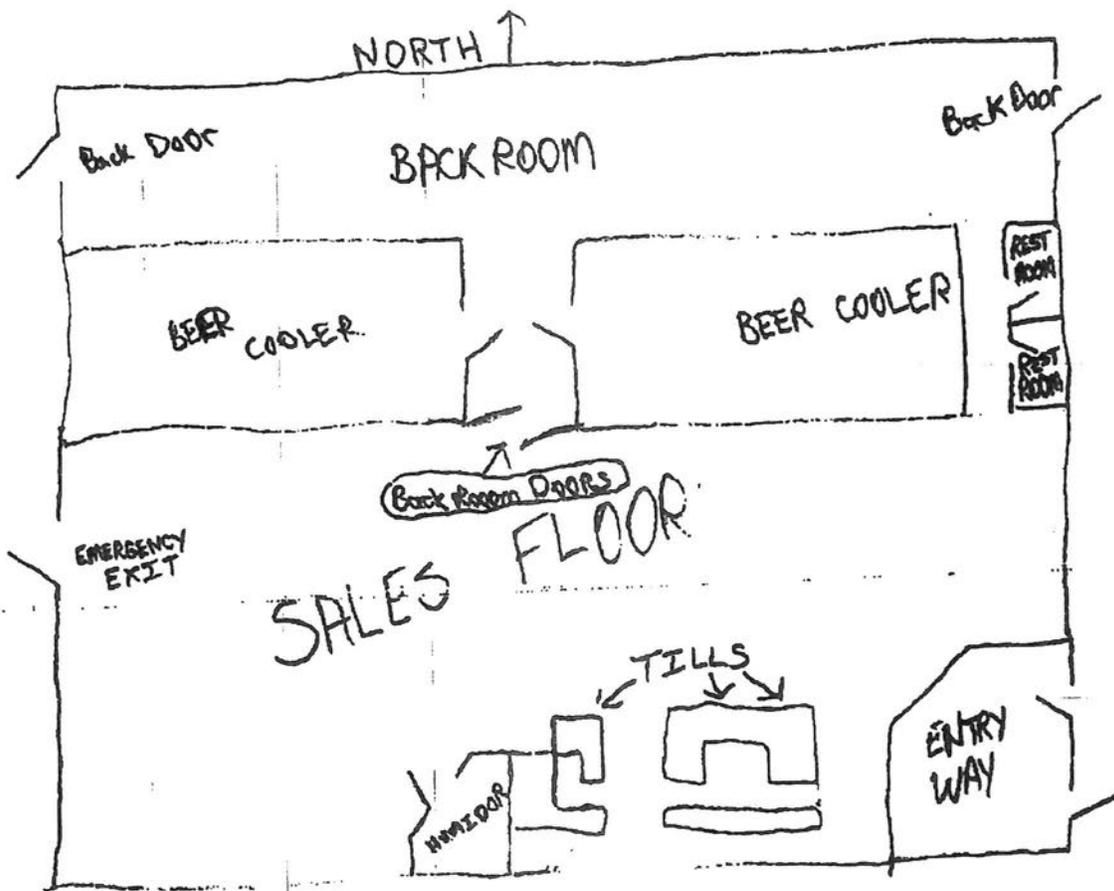
#274 SULLIVAN'S FOODS  
217 Chicago Ave  
Savanna, IL 61074  
815-273-7739

#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
- 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:\***

**Email Address:**

Owner

[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:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for 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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:**

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:\***

IMG.jpeg

**Liquor License Transfers**

**Download Required Form for License Transfer:**

[Alcoholic Beverage License Transfer Form](#)

**Upload Notarized Alcoholic Beverage License Transfer Form**

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 Smid

//

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

**Date:\***

5/5/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

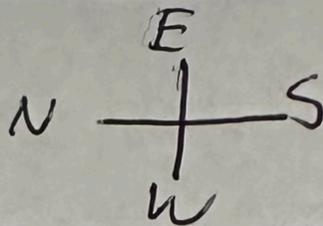
[Credit Card Authorization Form](#)

Choose File No file chosen

**Mail Payments To:**

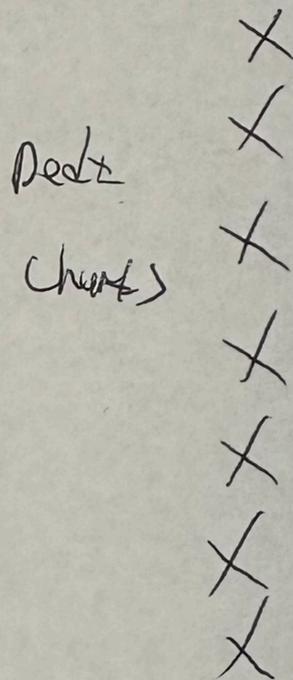
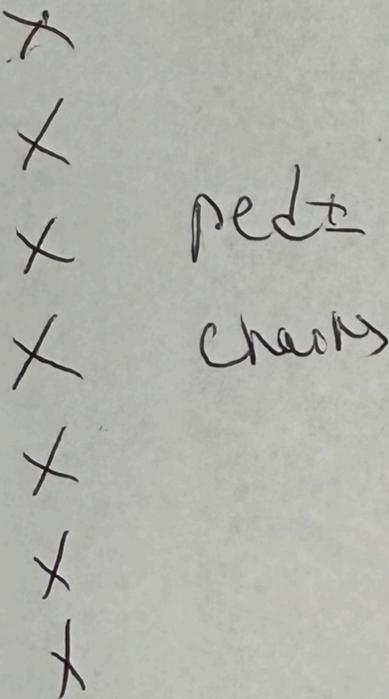
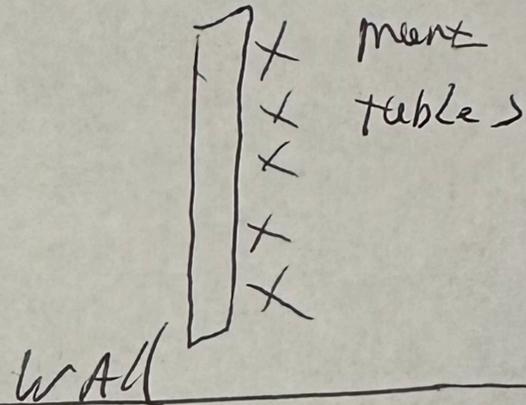
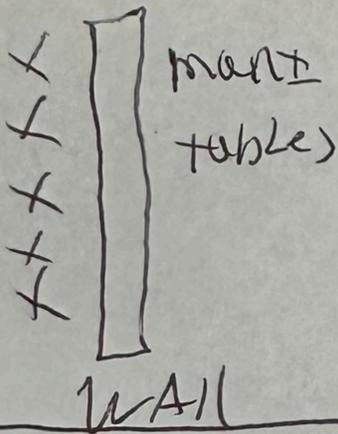
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Entrance

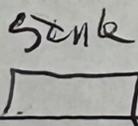


Front Desk

Wall



Complimentary Area



Sink



Storage Area

Bath Room

Break Room

Fettit



## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>  |   | <input type="checkbox"/> New Application   | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation |
|---|---|--|---|---|-------------------------------------|
| Class A: Nationally Organized Fraternal Order or Club<br><br><input type="checkbox"/> \$3,700                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><br><input type="checkbox"/> \$650 | Class B-2: Concession at the Bismarck Municipal Country Club<br><br><input type="checkbox"/> \$650 | Class B-3: Commercial passenger vessels on the Missouri River<br><br><input type="checkbox"/> \$650 | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><br><input type="checkbox"/> \$650 |                                     |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><br><input type="checkbox"/> \$650 | Class B-6 : Commercial Airline<br><br><input type="checkbox"/> \$650  | Class C-1: Hotel or Motel Full Service<br><br><input type="checkbox"/> \$3,800                     | Class C-2: Hotel or Motel<br><br><input type="checkbox"/> \$1,000                                   | Class D: Sale at Retail of Alcoholic Beverages<br><br><input checked="" type="checkbox"/> \$4,100 |                                     |
| Class E: Sale at Retail of Beer Only<br><br><input type="checkbox"/> \$800                                      | Class F-1: Restaurant - Alcoholic Beverages<br><br><input type="checkbox"/> \$3,500                                   | Class F-2: Restaurant - Beer & Wine Only<br><br><input type="checkbox"/> \$1,100                   | Class G: Catered Retail Beer, Wine, & Liquor<br><br><input type="checkbox"/> \$650                  | Class H-1: Domestic Winery<br><br><input type="checkbox"/> \$800                                  |                                     |
| Class H-2: Domestic Brewery<br><br><input type="checkbox"/> \$800   | Class H-3: Domestic Distillery<br><br><input type="checkbox"/> \$800  | Class I-1: Senior Living Community<br><br><input type="checkbox"/> \$350                           | Class I-2: Complementary<br><br><input type="checkbox"/> \$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.

|  |                          |                     |  |   |
|--|--------------------------|---------------------|--|---|
| <b>Location Information:</b>   |                          |                     |  |   |
| Legal Business Name:<br><b>Coborn's, Incorporated</b>  |                          |                     | Date of Incorporation:<br><b>12/15/1958</b>  | State Business ID Number:<br><b>281983 00</b> |
| Doing Business As (DBA) Name, if Applicable:<br><b>Cash Wise Liquor #3020</b>  |                          |                     | If out of state corporation, is corporation registered in North Dakota?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Location Address:<br><b>1144 Bismarck Exp</b>  | City:<br><b>Bismarck</b> | State:<br><b>ND</b> | Zip:<br><b>58504</b>   | Phone Number:<br><b>701-223-8771</b>          |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><b>James Shaw</b> |                          |                     |  |   |

|  |                           |                                      |  |  |
|--|---------------------------|--------------------------------------|--|--|
| <b>Contact Information (Where correspondence is to be sent):</b> |                           |                                      |  |  |
| Primary Contact:<br><b>Joyce Schmidt</b>                         |                           | Phone Number:<br><b>320-203-6218</b> | Email Address:<br><b>lic.info@cobornsinc.com</b> |  |
| Mailing Address:<br><b>PO Box 6146</b>                           | City:<br><b>St. Cloud</b> | State:<br><b>MN</b>                  | Zip:<br><b>56302-6146</b>                        |  |

|   |                                    |                                      |                                      |                      |
|---|------------------------------------|--------------------------------------|--------------------------------------|----------------------|
| Manager's Name:<br><b>Kevin Kyes</b>          |                                    | Date of Birth:<br><b>██████/1971</b> | Percentage of Ownership:<br><b>0</b> |                      |
| Driver's License Number:<br><b>██████████</b> |                                    | State Issued:<br><b>ND</b>           | Gender:<br><b>M</b>                  | Race:<br><b>C</b>    |
| Home Address:<br><b>██████████</b>            |                                    | City:<br><b>Bismarck</b>             | State:<br><b>ND</b>                  | Zip:<br><b>58503</b> |
| Occupation:<br><b>Mgmt</b>                    | Phone Number:<br><b>██████████</b> | Title:<br><b>Liquor Manager</b>      | Email Address:<br><b>██████████</b>  |                      |

| List all officers or directors of corporation or partners and percentage of ownership: |                                    |  |  |
|--|------------------------------------|--|--|
| <b>Name:</b><br>James Shaw   |                                    | <b>Date of Birth:</b><br>[REDACTED]/1968 | <b>Percentage of Ownership:</b><br><1% |
| <b>Driver's License Number:</b><br>[REDACTED]  | <b>State Issued:</b><br>MN         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                      |
| <b>Home Address:</b><br>[REDACTED]   |                                    | <b>City:</b><br>Plymouth                 | <b>State:</b><br>MN                    |
|  |                                    | <b>Zip:</b><br>55442                     |  |
| <b>Occupation:</b><br>Exec   | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>CFO                     | <b>Email Address:</b><br>[REDACTED]    |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Christopher Coborn            |                                    | <b>Date of Birth:</b><br>[REDACTED]/1959 | <b>Percentage of Ownership:</b><br>11.95% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>MN         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                         |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>St. Cloud                | <b>State:</b><br>MN                       |
|   |                                    | <b>Zip:</b><br>56301                     |   |
| <b>Occupation:</b><br>Exec                    | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>CEO                     | <b>Email Address:</b><br>[REDACTED]       |

|   |                                    |  |                                       |
|---|------------------------------------|--|---------------------------------------|
| <b>Name:</b><br>David Best                    |                                    | <b>Date of Birth:</b><br>[REDACTED]/1978 | <b>Percentage of Ownership:</b><br>0% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>MN         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                     |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>Edina                    | <b>State:</b><br>MN                   |
|   |                                    | <b>Zip:</b><br>55424                     |                                       |
| <b>Occupation:</b><br>Exec                    | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>President               | <b>Email Address:</b><br>[REDACTED]   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Mark Coborn                   |                                    | <b>Date of Birth:</b><br>[REDACTED]/1962 | <b>Percentage of Ownership:</b><br>18.28% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>SD         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                         |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>Sioux Falls              | <b>State:</b><br>SD                       |
|   |                                    | <b>Zip:</b><br>57103                     |   |
| <b>Occupation:</b><br>Retired                 | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b>                            | <b>Email Address:</b><br>[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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain: |
|--|------------------------|

|  |  |
|--|--|
| 2. Have any of the persons listed above been convicted of any crime within the past five years?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details:<br><b>see attached</b> |
|---|---|

|  |                              |
|--|------------------------------|
| 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please give details: |
|--|------------------------------|

|   |                             |
|---|-----------------------------|
| 11. Have all property taxes and special assessments currently due been paid?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

day of \_\_\_\_\_

County 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\*

#2024 COBORN'S LIQUOR  
2150 DAKOTA AVE S  
HURON, SD 57350  
(605) 352-6036\*  
FAX: (605) 352-8304\*

#2032 (6035) COBORN'S LIQUOR  
1710 Pine Cone Road, Suite #100  
SARTELL, MN 56377  
(320) 258-4945  
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR  
225 W 33rd ST  
HASTINGS, MN 55033  
(651) 437-9430  
FAX: (651) 437-9430\*\*

#2042 (6043) COBORN'S LIQUOR  
1014 EAST ENTERPRISE DRIVE  
BELLE PLAINE, MN 56011  
(952) 873-2606  
FAX: (952) 873-2606\*\*

#2006 (6033) COBORN'S LIQUOR  
1113 FIRST AVENUE NE  
LITTLE FALLS, MN 56345  
(320) 632-3365  
FAX: (320) 632-3365\*\*

#2025 COBORN'S LIQUOR  
1800 NORTH MAIN  
MITCHELL, SD 57301  
(605) 996-5593\*  
FAX: (605) 996-7651\*

#2033 (6039) COBORN'S LIQUOR  
7880 Sunwood Dr NW  
RAMSEY, MN 55303  
(763) 323-1382  
FAX: (763) 323-1382\*\*

#2038 (6041) COBORN'S LIQUOR  
202 ALTON AVENUE SE  
NEW PRAGUE, MN 56071  
(952) 758-4577  
FAX: (952) 758-4577\*\*

#2043 (6044) COBORN'S LIQUOR  
105 EAST MAIN STREET  
MELROSE, MN 56362  
(320) 256-4450  
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR  
715 COUNTY RD 75  
CLEARWATER, MN 55320  
(320) 558-6761  
FAX: (320) 558-6761\*\*

#2029 (6038) COBORN'S LIQUOR  
5600 LaCENTRE AVE, Ste 114  
ALBERTVILLE, MN 55301  
(763) 497-2831  
FAX: (763) 497-5812\*

#2035 (6030) COBORN'S LIQUOR  
890 COOPER AVENUE SOUTH  
ST. CLOUD, MN 56301  
(320) 252-8340  
FAX: (320) 240-0655\*

#2039 (6042) COBORN'S LIQUOR  
1500 ELM STREET E #2  
ST JOSEPH, MN 56374  
(320) 363-0018  
FAX: (320) 363-0018\*\*

#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

#2583 MARKETPLACE FOODS  
10514 S Main Street  
Hayward, WI 54843  
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS  
1600 S Stephenson Ave  
Iron Mountain, MI 49801  
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS  
109 S Main St  
Brillion, WI 54110  
(920) 756-2010

#2581 MARKETPLACE FOODS  
2191 US Hwy 8  
St. Crois Falls, WI 54024  
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS  
1250 N 14th Ave  
Sturgeon Bay, WI 54235  
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS  
1000 W Sharon Ave  
Houghton, MI 49931  
(906) 487-9675

#2582 MARKETPLACE FOODS  
207 Pine Avenue West  
Menomonie, WI 54751  
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS  
1401 O'Dovero Dr  
Marquette, MI 49855  
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS  
278 S Main St  
Clintonville, WI 54929  
(715) 823-5147

## 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

#3014 (7037) CASH WISE LIQUOR  
495 W North St  
Owatonna, MN 55060  
(507) 451-8440  
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR  
113 6th Avenue SE, Suite #5100  
Watford City, ND 58854  
(701) 842-2519  
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR  
755 33rd Ave E  
West Fargo, ND 58078  
(701) 281-6487  
Fax:

#3048 Cash Wise Liquor  
802 N Elm Street  
Tioga, ND 58852  
(701) 664-5303  
FAX:(701) 654-5303\*

#7036 CASH WISE LIQUOR  
14092 Edgewood Dr  
Baxter, MN 56425  
(218) 829-9286  
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR  
310 Central Ave E  
St. Michael, MN 55376  
(763) 497-0659  
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR  
4985 Timber Parkway S  
Fargo, ND 58104  
701-232-2219

#3009 (7031) CASH WISE LIQUOR  
45 2nd Street South  
Waite Park, MN 56387-1348  
(320) 259-1156  
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR  
3310 Hwy 10 E  
Moorhead, MN 56560  
(218) 236-8081  
FAX: (218) 236-8081\*\*

#3043 CASH WISE LIQUOR  
3224 16TH Street SW  
Minot, ND 58701  
(701) 852-4440  
FAX: (701) 852-4424\*

#3046 CASH WISE LIQUOR  
300 11th St W  
Williston, ND 58801  
(701) 572-9326  
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR  
410 10th Street S.E.  
Jamestown, ND 58401  
(701) 252-1527  
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR  
513 "B" St NE  
Brainerd, MN 56401  
(218) 828-9003  
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR  
801 North Nokomis Street NE  
Alexandria, MN 56308  
(320) 762-2524  
FAX: (320) 762-2524 \*\*

#7055 CASH WISE LIQUOR  
1226 State Street N  
Waseca, MN 56093  
507-835-9181

#3013 (7040) CASH WISE LIQUOR  
1216 Westridge Rd  
New Ulm, MN 56073  
(507) 354-7930  
FAX: (507) 354-7930\*\*

#3020 CASH WISE LIQUOR  
1144 Bismarck Expressway  
Bismarck, ND 58504  
(701) 258-3564

#3044 Cash Wise Liquor  
1761 3rd Avenue West  
Dickinson, ND 58601  
(701) 225-9752  
FAX: (701) 225-9752\*\*

#3047 Cash Wise Liquor  
406 Westview Lane  
Stanley, ND 58784  
(701) 628-2280  
FAX: (701) 628-2280\*

#3051 CASH WISE LIQUOR  
900 NE 43rd Ave  
Bismarck, ND 58545  
(701) 255-6866  
FAX: (701) 223-5998\*

#7042 CASH WISE LIQUOR  
625 W Central Entrance  
Duluth, MN 55811  
(218) 722-4507  
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR  
1414 - 34th Street South  
Fargo, ND 58103  
(701) 282-2323  
FAX: (701) 293-6016

# SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS  
2002 W Galena Ave  
Freeport, IL 61032  
815-297-8181

#242 SULLIVAN'S FOODS  
202 Lindow Lane  
Marengo, IL 60152  
815-568-3950

#264 SULLIVAN'S FOODS  
125 E Backbone Rd  
Princeton, IL 61356  
815-879-7351

#279 SULLIVAN'S FOODS  
103 W North Ave  
Stockton, IL 61085  
815-947-3318

#240 SULLIVAN'S FOODS  
605 Tenney St  
Kewanee, IL 61443  
309-853-1600

#245 SULLIVAN'S FOODS  
1102 Meriden St  
Mendota, IL 61342  
815-539-9341

#270 SULLIVAN'S FOODS  
101 E Hwy 64  
Mt. Morris, IL 61054  
815-734-6868

#295 SULLIVAN'S FOODS  
703 N Elida St  
Winnebago, IL 61088  
815-335-1501

#241 SULLIVAN'S FOODS  
201 Dodds Dr  
Lena, IL 61048  
815-369-2311

#253 SULLIVAN'S FOODS  
300 N Madison St  
Morrison, IL 61270  
815-772-4696

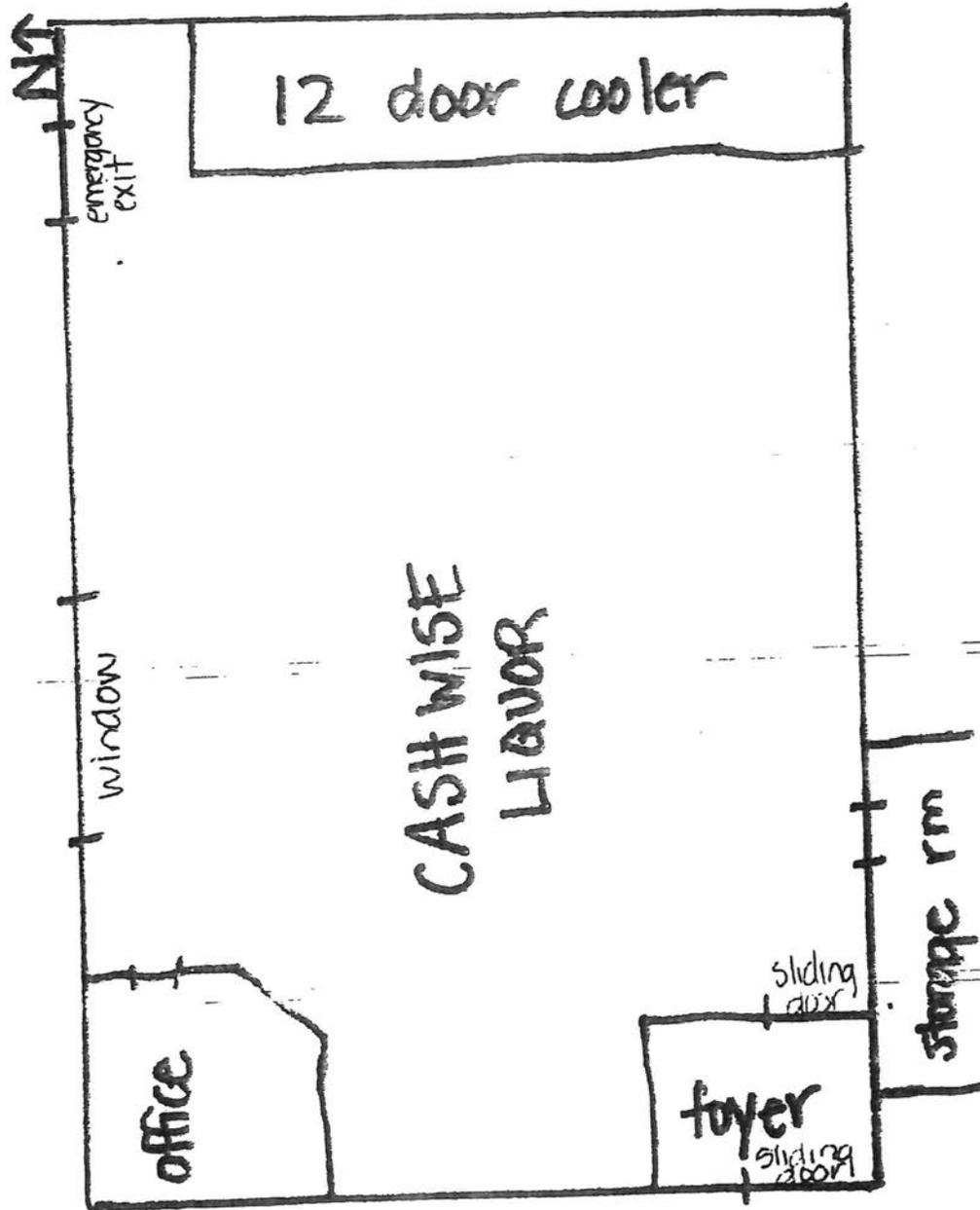
#274 SULLIVAN'S FOODS  
217 Chicago Ave  
Savanna, IL 61074  
815-273-7739

#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





## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>  |   |  |   |   |
|---|---|--|---|---|
|   | <input type="checkbox"/> New Application  | <input type="checkbox"/> Renewal   | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation   |
| Class A: Nationally Organized Fraternal Order or Club<br><br><input type="checkbox"/> \$3,700                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><br><input type="checkbox"/> \$650 | Class B-2: Concession at the Bismarck Municipal Country Club<br><br><input type="checkbox"/> \$650 | Class B-3: Commercial passenger vessels on the Missouri River<br><br><input type="checkbox"/> \$650 | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><br><input type="checkbox"/> \$650 |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><br><input type="checkbox"/> \$650 | Class B-6 : Commercial Airline<br><br><input type="checkbox"/> \$650  | Class C-1: Hotel or Motel Full Service<br><br><input type="checkbox"/> \$3,800                     | Class C-2: Hotel or Motel<br><br><input type="checkbox"/> \$1,000                                   | Class D: Sale at Retail of Alcoholic Beverages<br><br><input checked="" type="checkbox"/> \$4,100 |
| Class E: Sale at Retail of Beer Only<br><br><input type="checkbox"/> \$800                                      | Class F-1: Restaurant - Alcoholic Beverages<br><br><input type="checkbox"/> \$3,500                                   | Class F-2: Restaurant - Beer & Wine Only<br><br><input type="checkbox"/> \$1,100                   | Class G: Catered Retail Beer, Wine, & Liquor<br><br><input type="checkbox"/> \$650                  | Class H-1: Domestic Winery<br><br><input type="checkbox"/> \$800                                  |
| Class H-2: Domestic Brewery<br><br><input type="checkbox"/> \$800   | Class H-3: Domestic Distillery<br><br><input type="checkbox"/> \$800  | Class I-1: Senior Living Community<br><br><input type="checkbox"/> \$350                           | Class I-2: Complementary<br><br><input type="checkbox"/> \$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.

|  |                          |                     |  |   |
|--|--------------------------|---------------------|--|---|
| <b>Location Information:</b>   |                          |                     |  |   |
| Legal Business Name:<br><b>Coborn's, Incorporated</b>  |                          |                     | Date of Incorporation:<br><b>12/15/1958</b>  | State Business ID Number:<br><b>281983 00</b> |
| Doing Business As (DBA) Name, if Applicable:<br><b>Cash Wise Liquor #3051</b>  |                          |                     | If out of state corporation, is corporation registered in North Dakota?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Location Address:<br><b>900 NE 43rd Ave</b>  | City:<br><b>Bismarck</b> | State:<br><b>ND</b> | Zip:<br><b>58503</b>   | Phone Number:<br><b>701-223-6617</b>          |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><b>James Shaw</b> |                          |                     |  |   |

|  |  |                                      |  |                      |
|--|--|--------------------------------------|--|----------------------|
| <b>Contact Information (Where correspondence is to be sent):</b> |  |                                      |  |                      |
| Primary Contact:<br><b>Joyce Schmidt</b>                         |  | Phone Number:<br><b>320-203-6218</b> | Email Address:<br><b>lic.info@cobornsinc.com</b> |                      |
| Mailing Address:<br><b>PO Box 6146</b>                           |  | City:<br><b>St. Cloud</b>            | State:<br><b>MN</b>                              | Zip:<br><b>56302</b> |

|  |                             |                             |                              |                      |
|--|-----------------------------|-----------------------------|------------------------------|----------------------|
| Manager's Name:<br><b>Tammy Orvik</b>  |                             | Date of Birth:              | Percentage of Ownership:     |                      |
| Driver's License Number:<br>[REDACTED] |                             | State Issued:<br><b>ND</b>  | Gender:<br><b>F</b>          | Race:<br><b>C</b>    |
| Home Address:<br>[REDACTED]            |                             | City:<br><b>Mandan</b>      | State:<br><b>ND</b>          | Zip:<br><b>58554</b> |
| Occupation:<br><b>Mgmt</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>Liquor Mgr</b> | Email Address:<br>[REDACTED] |                      |

| List all officers or directors of corporation or partners and percentage of ownership: |                                    |  |  |
|--|------------------------------------|--|--|
| <b>Name:</b><br>James Shaw   |                                    | <b>Date of Birth:</b><br>[REDACTED]/1968 | <b>Percentage of Ownership:</b><br><1% |
| <b>Driver's License Number:</b><br>[REDACTED]  | <b>State Issued:</b><br>MN         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                      |
| <b>Home Address:</b><br>[REDACTED]   |                                    | <b>City:</b><br>Plymouth                 | <b>State:</b><br>MN                    |
|  |                                    | <b>Zip:</b><br>55442                     |  |
| <b>Occupation:</b><br>Exec   | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>CFO                     | <b>Email Address:</b><br>[REDACTED]    |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Christopher Coborn            |                                    | <b>Date of Birth:</b><br>[REDACTED]/1959 | <b>Percentage of Ownership:</b><br>11.95% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>MN         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                         |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>St. Cloud                | <b>State:</b><br>MN                       |
|   |                                    | <b>Zip:</b><br>56301                     |   |
| <b>Occupation:</b><br>Exec                    | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>CEO                     | <b>Email Address:</b><br>[REDACTED]       |

|   |                                    |  |                                       |
|---|------------------------------------|--|---------------------------------------|
| <b>Name:</b><br>David Best                    |                                    | <b>Date of Birth:</b><br>[REDACTED]/1978 | <b>Percentage of Ownership:</b><br>0% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>MN         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                     |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>Edina                    | <b>State:</b><br>MN                   |
|   |                                    | <b>Zip:</b><br>55424                     |                                       |
| <b>Occupation:</b><br>Exec                    | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>President               | <b>Email Address:</b><br>[REDACTED]   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Mark Coborn                   |                                    | <b>Date of Birth:</b><br>[REDACTED]/1962 | <b>Percentage of Ownership:</b><br>18.28% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>SD         | <b>Gender:</b><br>M                      | <b>Race:</b><br>C                         |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>Sioux Falls              | <b>State:</b><br>SD                       |
|   |                                    | <b>Zip:</b><br>57103                     |   |
| <b>Occupation:</b><br>Retired                 | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b>                            | <b>Email Address:</b><br>[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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain: |
|--|------------------------|

|  |  |
|--|--|
| 2. Have any of the persons listed above been convicted of any crime within the past five years?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details:<br><b>see attached</b> |
|---|---|

|  |                              |
|--|------------------------------|
| 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please give details: |
|--|------------------------------|

|   |                             |
|---|-----------------------------|
| 11. Have all property taxes and special assessments currently due been paid?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

day of \_\_\_\_\_

County 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\*

#2024 COBORN'S LIQUOR  
2150 DAKOTA AVE S  
HURON, SD 57350  
(605) 352-6036\*  
FAX: (605) 352-8304\*

#2032 (6035) COBORN'S LIQUOR  
1710 Pine Cone Road, Suite #100  
SARTELL, MN 56377  
(320) 258-4945  
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR  
225 W 33rd ST  
HASTINGS, MN 55033  
(651) 437-9430  
FAX: (651) 437-9430\*\*

#2042 (6043) COBORN'S LIQUOR  
1014 EAST ENTERPRISE DRIVE  
BELLE PLAINE, MN 56011  
(952) 873-2606  
FAX: (952) 873-2606\*\*

#2006 (6033) COBORN'S LIQUOR  
1113 FIRST AVENUE NE  
LITTLE FALLS, MN 56345  
(320) 632-3365  
FAX: (320) 632-3365\*\*

#2025 COBORN'S LIQUOR  
1800 NORTH MAIN  
MITCHELL, SD 57301  
(605) 996-5593\*  
FAX: (605) 996-7651\*

#2033 (6039) COBORN'S LIQUOR  
7880 Sunwood Dr NW  
RAMSEY, MN 55303  
(763) 323-1382  
FAX: (763) 323-1382\*\*

#2038 (6041) COBORN'S LIQUOR  
202 ALTON AVENUE SE  
NEW PRAGUE, MN 56071  
(952) 758-4577  
FAX: (952) 758-4577\*\*

#2043 (6044) COBORN'S LIQUOR  
105 EAST MAIN STREET  
MELROSE, MN 56362  
(320) 256-4450  
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR  
715 COUNTY RD 75  
CLEARWATER, MN 55320  
(320) 558-6761  
FAX: (320) 558-6761\*\*

#2029 (6038) COBORN'S LIQUOR  
5600 LaCENTRE AVE, Ste 114  
ALBERTVILLE, MN 55301  
(763) 497-2831  
FAX: (763) 497-5812\*

#2035 (6030) COBORN'S LIQUOR  
890 COOPER AVENUE SOUTH  
ST. CLOUD, MN 56301  
(320) 252-8340  
FAX: (320) 240-0655\*

#2039 (6042) COBORN'S LIQUOR  
1500 ELM STREET E #2  
ST JOSEPH, MN 56374  
(320) 363-0018  
FAX: (320) 363-0018\*\*

#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

#2583 MARKETPLACE FOODS  
10514 S Main Street  
Hayward, WI 54843  
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS  
1600 S Stephenson Ave  
Iron Mountain, MI 49801  
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS  
109 S Main St  
Brillion, WI 54110  
(920) 756-2010

#2581 MARKETPLACE FOODS  
2191 US Hwy 8  
St. Crois Falls, WI 54024  
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS  
1250 N 14th Ave  
Sturgeon Bay, WI 54235  
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS  
1000 W Sharon Ave  
Houghton, MI 49931  
(906) 487-9675

#2582 MARKETPLACE FOODS  
207 Pine Avenue West  
Menomonie, WI 54751  
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS  
1401 O'Dovero Dr  
Marquette, MI 49855  
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS  
278 S Main St  
Clintonville, WI 54929  
(715) 823-5147

## 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

#3014 (7037) CASH WISE LIQUOR  
495 W North St  
Owatonna, MN 55060  
(507) 451-8440  
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR  
113 6th Avenue SE, Suite #5100  
Watford City, ND 58854  
(701) 842-2519  
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR  
755 33rd Ave E  
West Fargo, ND 58078  
(701) 281-6487  
Fax:

#3048 Cash Wise Liquor  
802 N Elm Street  
Tioga, ND 58852  
(701) 664-5303  
FAX:(701) 654-5303\*

#7036 CASH WISE LIQUOR  
14092 Edgewood Dr  
Baxter, MN 56425  
(218) 829-9286  
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR  
310 Central Ave E  
St. Michael, MN 55376  
(763) 497-0659  
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR  
4985 Timber Parkway S  
Fargo, ND 58104  
701-232-2219

#3009 (7031) CASH WISE LIQUOR  
45 2nd Street South  
Waite Park, MN 56387-1348  
(320) 259-1156  
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR  
3310 Hwy 10 E  
Moorhead, MN 56560  
(218) 236-8081  
FAX: (218) 236-8081\*\*

#3043 CASH WISE LIQUOR  
3224 16TH Street SW  
Minot, ND 58701  
(701) 852-4440  
FAX: (701) 852-4424\*

#3046 CASH WISE LIQUOR  
300 11th St W  
Williston, ND 58801  
(701) 572-9326  
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR  
410 10th Street S.E.  
Jamestown, ND 58401  
(701) 252-1527  
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR  
513 "B" St NE  
Brainerd, MN 56401  
(218) 828-9003  
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR  
801 North Nokomis Street NE  
Alexandria, MN 56308  
(320) 762-2524  
FAX: (320) 762-2524 \*\*

#7055 CASH WISE LIQUOR  
1226 State Street N  
Waseca, MN 56093  
507-835-9181

#3013 (7040) CASH WISE LIQUOR  
1216 Westridge Rd  
New Ulm, MN 56073  
(507) 354-7930  
FAX: (507) 354-7930\*\*

#3020 CASH WISE LIQUOR  
1144 Bismarck Expressway  
Bismarck, ND 58504  
(701) 258-3564

#3044 Cash Wise Liquor  
1761 3rd Avenue West  
Dickinson, ND 58601  
(701) 225-9752  
FAX: (701) 225-9752\*\*

#3047 Cash Wise Liquor  
406 Westview Lane  
Stanley, ND 58784  
(701) 628-2280  
FAX: (701) 628-2280\*

#3051 CASH WISE LIQUOR  
900 NE 43rd Ave  
Bismarck, ND 58545  
(701) 255-6866  
FAX: (701) 223-5998\*

#7042 CASH WISE LIQUOR  
625 W Central Entrance  
Duluth, MN 55811  
(218) 722-4507  
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR  
1414 - 34th Street South  
Fargo, ND 58103  
(701) 282-2323  
FAX: (701) 293-6016

# SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS  
2002 W Galena Ave  
Freeport, IL 61032  
815-297-8181

#242 SULLIVAN'S FOODS  
202 Lindow Lane  
Marengo, IL 60152  
815-568-3950

#264 SULLIVAN'S FOODS  
125 E Backbone Rd  
Princeton, IL 61356  
815-879-7351

#279 SULLIVAN'S FOODS  
103 W North Ave  
Stockton, IL 61085  
815-947-3318

#240 SULLIVAN'S FOODS  
605 Tenney St  
Kewanee, IL 61443  
309-853-1600

#245 SULLIVAN'S FOODS  
1102 Meriden St  
Mendota, IL 61342  
815-539-9341

#270 SULLIVAN'S FOODS  
101 E Hwy 64  
Mt. Morris, IL 61054  
815-734-6868

#295 SULLIVAN'S FOODS  
703 N Elida St  
Winnebago, IL 61088  
815-335-1501

#241 SULLIVAN'S FOODS  
201 Dodds Dr  
Lena, IL 61048  
815-369-2311

#253 SULLIVAN'S FOODS  
300 N Madison St  
Morrison, IL 61270  
815-772-4696

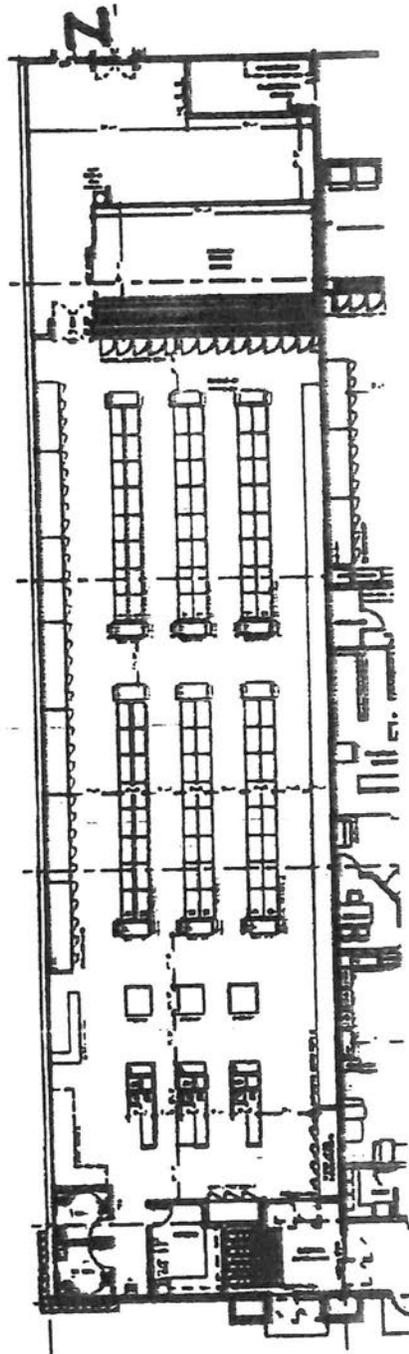
#274 SULLIVAN'S FOODS  
217 Chicago Ave  
Savanna, IL 61074  
815-273-7739

#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**



SITE DIAGRAM

CASH WISE  
LIQUOR



## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED 2/6/2024

| <b>License Type:</b>   |  |   |  |  |
|--|--|---|--|--|
|  | <input type="checkbox"/> New Application   | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer  | <input type="checkbox"/> Relocation  |
| Class A: Nationally Organized Fraternal Order or Club<br><span style="float: right;"><input type="checkbox"/> \$3,700</span>                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-2: Concession at the Bismarck Municipal Country Club<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-3: Commercial passenger vessels on the Missouri River<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><span style="float: right;"><input type="checkbox"/> \$650</span> |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-6 : Commercial Airline<br><span style="float: right;"><input type="checkbox"/> \$650</span>  | Class C-1: Hotel or Motel Full Service<br><span style="float: right;"><input type="checkbox"/> \$3,800</span>                     | Class C-2: Hotel or Motel<br><span style="float: right;"><input type="checkbox"/> \$1,000</span>                                   | Class D: Sale at Retail of Alcoholic Beverages<br><span style="float: right;"><input checked="" type="checkbox"/> \$4,100</span> |
| Class E: Sale at Retail of Beer Only<br><span style="float: right;"><input type="checkbox"/> \$800</span>                                      | Class F-1: Restaurant - Alcoholic Beverages<br><span style="float: right;"><input type="checkbox"/> \$3,500</span>                                   | Class F-2: Restaurant - Beer & Wine Only<br><span style="float: right;"><input type="checkbox"/> \$1,100</span>                   | Class G: Catered Retail Beer, Wine, & Liquor<br><span style="float: right;"><input type="checkbox"/> \$650</span>                  | Class H-1: Domestic Winery<br><span style="float: right;"><input type="checkbox"/> \$800</span>                                  |
| Class H-2: Domestic Brewery<br><span style="float: right;"><input type="checkbox"/> \$800</span>   | Class H-3: Domestic Distillery<br><span style="float: right;"><input type="checkbox"/> \$800</span>  | Class I-1: Senior Living Community<br><span style="float: right;"><input type="checkbox"/> \$350</span>                           | Class I-2: Complementary<br><span style="float: right;"><input type="checkbox"/> \$350</span>                                      |  |

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:<br><b>Coborn's, Incorporated</b>  |                          | Date of Incorporation:<br><b>12/15/1958</b>   | State Business ID Number:<br><b>281983 00</b> |
| Doing Business As (DBA) Name, if Applicable:<br><b>Captain Jack's #7048</b>  |                          | If out of state corporation, is corporation registered in North Dakota?<br><span style="float: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</span> |   |
| Location Address:<br>1140 W Turnpike Ave   | City:<br><b>Bismarck</b> | State:<br><b>ND</b>   | Zip:<br><b>58504</b>                          |
|  |                          | Phone Number:<br><b>701-751-4418</b>  |   |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><b>James Shaw</b> |                          |   |   |

### Contact Information (Where correspondence is to be sent):

|  |                                      |  |                      |
|--|--------------------------------------|--|----------------------|
| Primary Contact:<br><b>Joyce Schmidt</b> | Phone Number:<br><b>320-203-6218</b> | Email Address:<br><b>lic.info@cobornsinc.com</b> |                      |
| Mailing Address:<br><b>PO Box 6146</b>   | City:<br><b>St. Cloud</b>            | State:<br><b>MN</b>                              | Zip:<br><b>56302</b> |

|   |                             |                                   |                                      |
|---|-----------------------------|-----------------------------------|--------------------------------------|
| Manager's Name:<br><b>Randy Himmelspach</b> |                             | Date of Birth:<br>[REDACTED]/1964 | Percentage of Ownership:<br><b>0</b> |
| Driver's License Number:<br>[REDACTED]      | State Issued:<br><b>ND</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                    |
| Home Address:<br>[REDACTED]                 | City:<br><b>Mandan</b>      | State:<br><b>ND</b>               | Zip:<br><b>58554</b>                 |
| Occupation:<br><b>Mgmt</b>                  | Phone Number:<br>[REDACTED] | Title:<br><b>Liquor Mgr</b>       | Email Address:<br>[REDACTED]         |

| List all officers or directors of corporation or partners and percentage of ownership: |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>James Shaw</b>   |                             | Date of Birth:<br>[REDACTED]/1968 | Percentage of Ownership:<br><b>&lt;1%</b> |
| Driver's License Number:<br>[REDACTED]   | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]  | City:<br><b>Plymouth</b>    | State:<br><b>MN</b>               | Zip:<br><b>55442</b>                      |
| Occupation:<br><b>Exec</b>   | Phone Number:<br>[REDACTED] | Title:<br><b>CFO</b>              | Email Address:<br>[REDACTED]              |

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>Christopher Coborn</b>     |                             | Date of Birth:<br>[REDACTED]/1959 | Percentage of Ownership:<br><b>11.95%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]            | City:<br><b>St. Cloud</b>   | State:<br><b>MN</b>               | Zip:<br><b>56301</b>                      |
| Occupation:<br><b>Exec</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>CEO</b>              | Email Address:<br>[REDACTED]              |

|  |                             |                                   |                                       |
|--|-----------------------------|-----------------------------------|---------------------------------------|
| Name:<br><b>David Best</b>             |                             | Date of Birth:<br>[REDACTED]/1978 | Percentage of Ownership:<br><b>0%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>MN</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                     |
| Home Address:<br>[REDACTED]            | City:<br><b>Edina</b>       | State:<br><b>MN</b>               | Zip:<br><b>55424</b>                  |
| Occupation:<br><b>Exec</b>             | Phone Number:<br>[REDACTED] | Title:<br><b>President</b>        | Email Address:<br>[REDACTED]          |

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| Name:<br><b>Mark Coborn</b>            |                             | Date of Birth:<br>[REDACTED]/1962 | Percentage of Ownership:<br><b>18.28%</b> |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><b>SD</b>  | Gender:<br><b>M</b>               | Race:<br><b>C</b>                         |
| Home Address:<br>[REDACTED]            | City:<br><b>Sioux Falls</b> | State:<br><b>SD</b>               | Zip:<br><b>57103</b>                      |
| Occupation:<br><b>Retired</b>          | Phone Number:<br>[REDACTED] | Title:                            | Email Address:<br>[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\*

#2024 COBORN'S LIQUOR  
2150 DAKOTA AVE S  
HURON, SD 57350  
(605) 352-6036\*  
FAX: (605) 352-8304\*

#2032 (6035) COBORN'S LIQUOR  
1710 Pine Cone Road, Suite #100  
SARTELL, MN 56377  
(320) 258-4945  
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR  
225 W 33rd ST  
HASTINGS, MN 55033  
(651) 437-9430  
FAX: (651) 437-9430\*\*

#2042 (6043) COBORN'S LIQUOR  
1014 EAST ENTERPRISE DRIVE  
BELLE PLAINE, MN 56011  
(952) 873-2606  
FAX: (952) 873-2606\*\*

#2006 (6033) COBORN'S LIQUOR  
1113 FIRST AVENUE NE  
LITTLE FALLS, MN 56345  
(320) 632-3365  
FAX: (320) 632-3365\*\*

#2025 COBORN'S LIQUOR  
1800 NORTH MAIN  
MITCHELL, SD 57301  
(605) 996-5593\*  
FAX: (605) 996-7651\*

#2033 (6039) COBORN'S LIQUOR  
7880 Sunwood Dr NW  
RAMSEY, MN 55303  
(763) 323-1382  
FAX: (763) 323-1382\*\*

#2038 (6041) COBORN'S LIQUOR  
202 ALTON AVENUE SE  
NEW PRAGUE, MN 56071  
(952) 758-4577  
FAX: (952) 758-4577\*\*

#2043 (6044) COBORN'S LIQUOR  
105 EAST MAIN STREET  
MELROSE, MN 56362  
(320) 256-4450  
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR  
715 COUNTY RD 75  
CLEARWATER, MN 55320  
(320) 558-6761  
FAX: (320) 558-6761\*\*

#2029 (6038) COBORN'S LIQUOR  
5600 LaCENTRE AVE, Ste 114  
ALBERTVILLE, MN 55301  
(763) 497-2831  
FAX: (763) 497-5812\*

#2035 (6030) COBORN'S LIQUOR  
890 COOPER AVENUE SOUTH  
ST. CLOUD, MN 56301  
(320) 252-8340  
FAX: (320) 240-0655\*

#2039 (6042) COBORN'S LIQUOR  
1500 ELM STREET E #2  
ST JOSEPH, MN 56374  
(320) 363-0018  
FAX: (320) 363-0018\*\*

#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

#2583 MARKETPLACE FOODS  
10514 S Main Street  
Hayward, WI 54843  
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS  
1600 S Stephenson Ave  
Iron Mountain, MI 49801  
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS  
109 S Main St  
Brillion, WI 54110  
(920) 756-2010

#2581 MARKETPLACE FOODS  
2191 US Hwy 8  
St. Crois Falls, WI 54024  
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS  
1250 N 14th Ave  
Sturgeon Bay, WI 54235  
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS  
1000 W Sharon Ave  
Houghton, MI 49931  
(906) 487-9675

#2582 MARKETPLACE FOODS  
207 Pine Avenue West  
Menomonie, WI 54751  
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS  
1401 O'Dovero Dr  
Marquette, MI 49855  
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS  
278 S Main St  
Clintonville, WI 54929  
(715) 823-5147

## 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

#3014 (7037) CASH WISE LIQUOR  
495 W North St  
Owatonna, MN 55060  
(507) 451-8440  
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR  
113 6th Avenue SE, Suite #5100  
Watford City, ND 58854  
(701) 842-2519  
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR  
755 33rd Ave E  
West Fargo, ND 58078  
(701) 281-6487  
Fax:

#3048 Cash Wise Liquor  
802 N Elm Street  
Tioga, ND 58852  
(701) 664-5303  
FAX:(701) 654-5303\*

#7036 CASH WISE LIQUOR  
14092 Edgewood Dr  
Baxter, MN 56425  
(218) 829-9286  
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR  
310 Central Ave E  
St. Michael, MN 55376  
(763) 497-0659  
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR  
4985 Timber Parkway S  
Fargo, ND 58104  
701-232-2219

#3009 (7031) CASH WISE LIQUOR  
45 2nd Street South  
Waite Park, MN 56387-1348  
(320) 259-1156  
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR  
3310 Hwy 10 E  
Moorhead, MN 56560  
(218) 236-8081  
FAX: (218) 236-8081\*\*

#3043 CASH WISE LIQUOR  
3224 16TH Street SW  
Minot, ND 58701  
(701) 852-4440  
FAX: (701) 852-4424\*

#3046 CASH WISE LIQUOR  
300 11th St W  
Williston, ND 58801  
(701) 572-9326  
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR  
410 10th Street S.E.  
Jamestown, ND 58401  
(701) 252-1527  
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR  
513 "B" St NE  
Brainerd, MN 56401  
(218) 828-9003  
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR  
801 North Nokomis Street NE  
Alexandria, MN 56308  
(320) 762-2524  
FAX: (320) 762-2524 \*\*

#7055 CASH WISE LIQUOR  
1226 State Street N  
Waseca, MN 56093  
507-835-9181

#3013 (7040) CASH WISE LIQUOR  
1216 Westridge Rd  
New Ulm, MN 56073  
(507) 354-7930  
FAX: (507) 354-7930\*\*

#3020 CASH WISE LIQUOR  
1144 Bismarck Expressway  
Bismarck, ND 58504  
(701) 258-3564

#3044 Cash Wise Liquor  
1761 3rd Avenue West  
Dickinson, ND 58601  
(701) 225-9752  
FAX: (701) 225-9752\*\*

#3047 Cash Wise Liquor  
406 Westview Lane  
Stanley, ND 58784  
(701) 628-2280  
FAX: (701) 628-2280\*

#3051 CASH WISE LIQUOR  
900 NE 43rd Ave  
Bismarck, ND 60545  
(701) 255-6866  
FAX: (701) 223-5998\*

#7042 CASH WISE LIQUOR  
625 W Central Entrance  
Duluth, MN 55811  
(218) 722-4507  
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR  
1414 - 34th Street South  
Fargo, ND 58103  
(701) 282-2323  
FAX: (701) 293-6016

# SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS  
2002 W Galena Ave  
Freeport, IL 61032  
815-297-8181

#242 SULLIVAN'S FOODS  
202 Lindow Lane  
Marengo, IL 60152  
815-568-3950

#264 SULLIVAN'S FOODS  
125 E Backbone Rd  
Princeton, IL 61356  
815-879-7351

#279 SULLIVAN'S FOODS  
103 W North Ave  
Stockton, IL 61085  
815-947-3318

#240 SULLIVAN'S FOODS  
605 Tenney St  
Kewanee, IL 61443  
309-853-1600

#245 SULLIVAN'S FOODS  
1102 Meriden St  
Mendota, IL 61342  
815-539-9341

#270 SULLIVAN'S FOODS  
101 E Hwy 64  
Mt. Morris, IL 61054  
815-734-6868

#295 SULLIVAN'S FOODS  
703 N Elida St  
Winnebago, IL 61088  
815-335-1501

#241 SULLIVAN'S FOODS  
201 Dodds Dr  
Lena, IL 61048  
815-369-2311

#253 SULLIVAN'S FOODS  
300 N Madison St  
Morrison, IL 61270  
815-772-4696

#274 SULLIVAN'S FOODS  
217 Chicago Ave  
Savanna, IL 61074  
815-273-7739

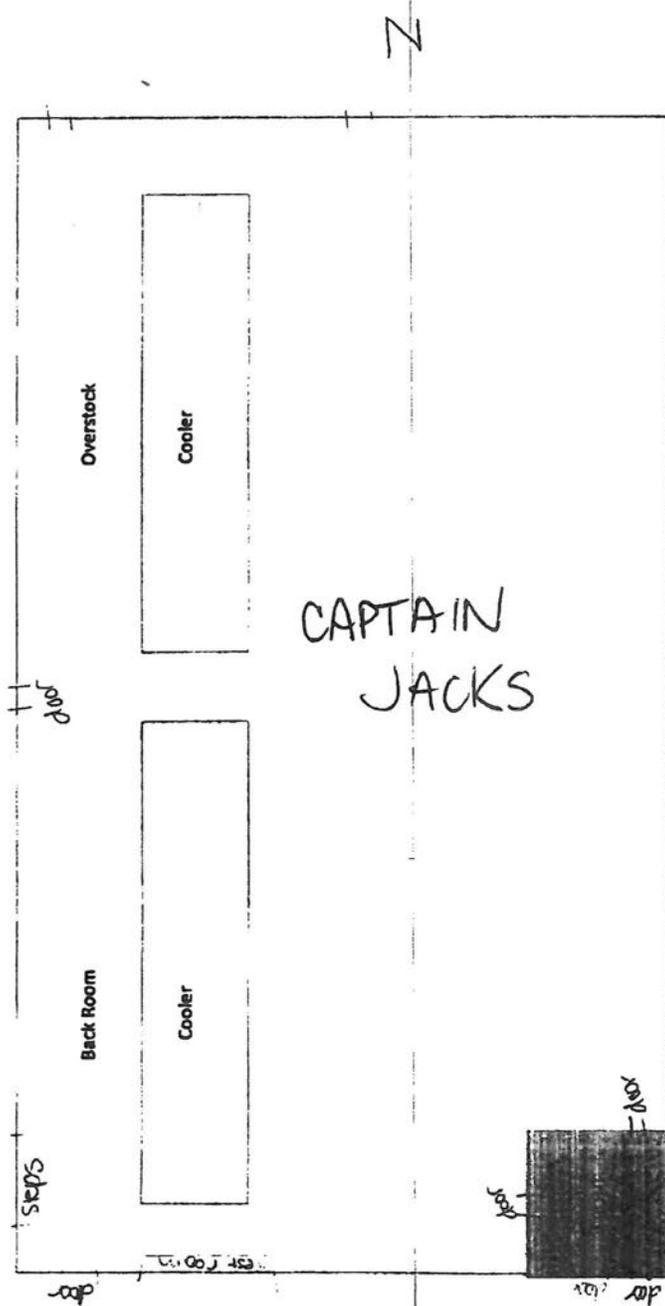
#274 SULLIVAN'S FOODS  
217 Chicago Ave  
Savanna, IL 61074  
815-273-7739

**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
- 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:\***

**Email Address:**

Executive President & Treasurer

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Cammie Spillyards-Schaefer

[Redacted]/1976

N/A

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

TN

Female

Caucasian

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Nashville

TN

37215

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Executive Vice President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Richard Wolfson

[Redacted]/1966

N/A

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

TN

Male

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:**

[Redacted]

**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:**

[Redacted]

**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:

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:\*

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**

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:\***

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**

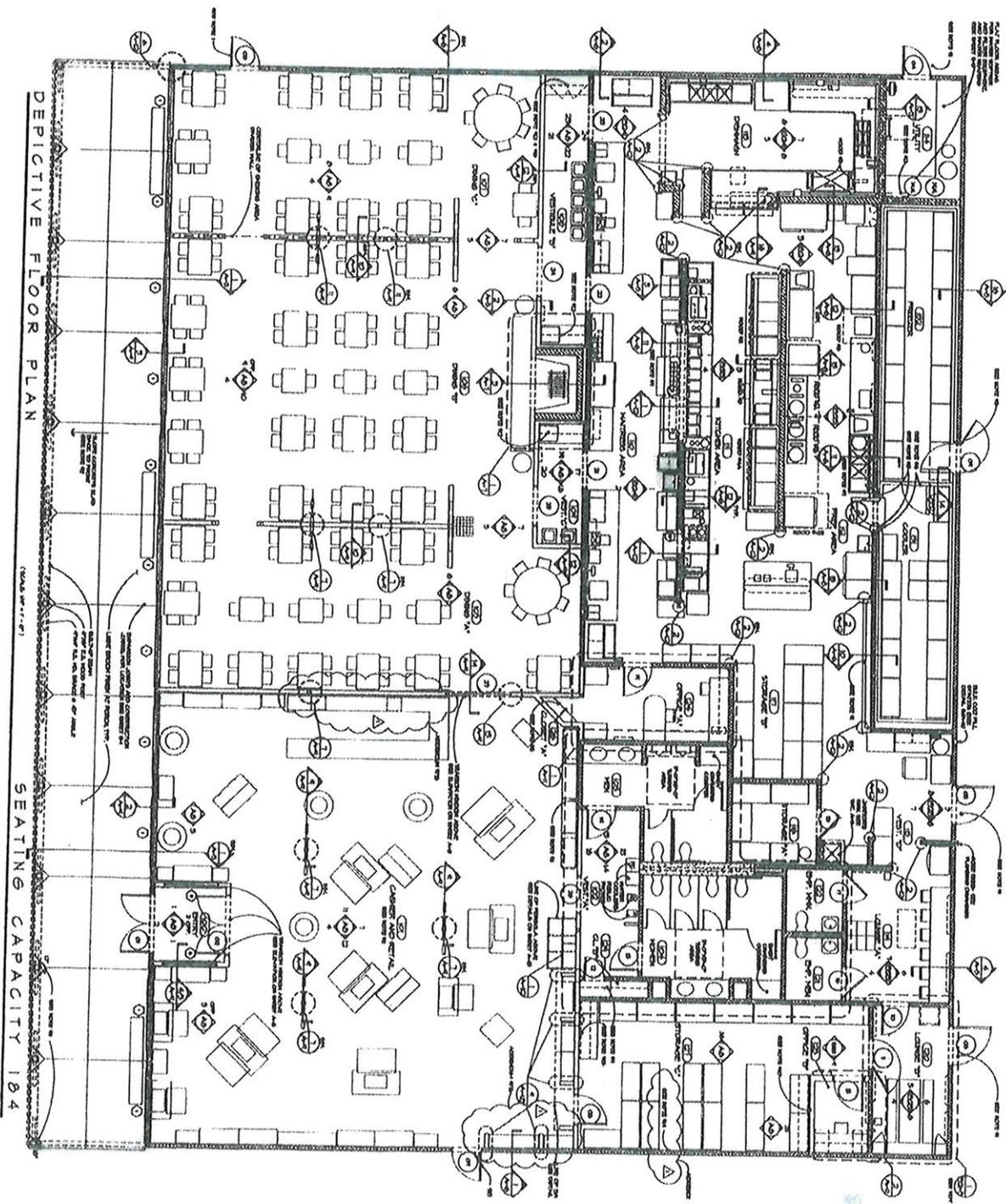
Choose File No file chosen

**Mail Payments To:**

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

Site Diagram

Cracker Barrel



DEPictIVE FLOOR PLAN

SEATING CAPACITY 184

North ↗

-Storage  
Service  
area  
Mixing  
areas



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
- 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:\***

**Email Address:**

OWNER

[REDACTED]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

PAT KOSKI

[REDACTED]/1984

50

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[REDACTED]

ND

MALE

WHITE

**Home Address:**

[REDACTED]

**City:**

**State:**

**Zip:**

**Phone No.:**

BISMARCK

ND

58503

[REDACTED]

**Officer/Director/Stockholder Title:**

**Email Address:**

OWNER

[REDACTED]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

**Home Address:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:**

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**

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.\***

**Date:\***

5/6/2024

Electronic Signature

---

**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**

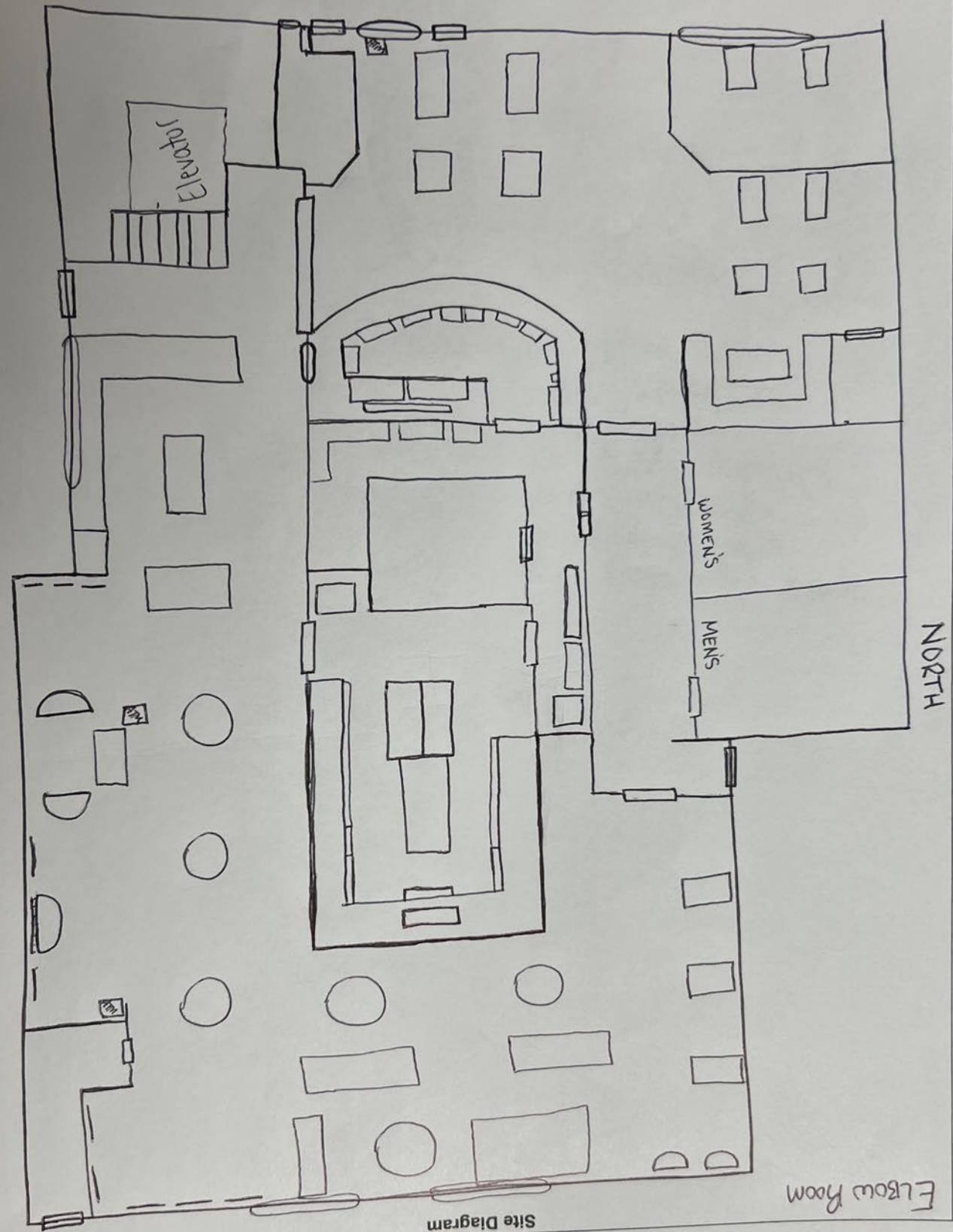
**Upload Credit Card Authorization Form**

[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

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
- 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:\***

**Email Address:**

President/Secretary/Treasurer/Director

[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:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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**

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.\***

**Date:\***

5/8/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[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

08-May-2024

---

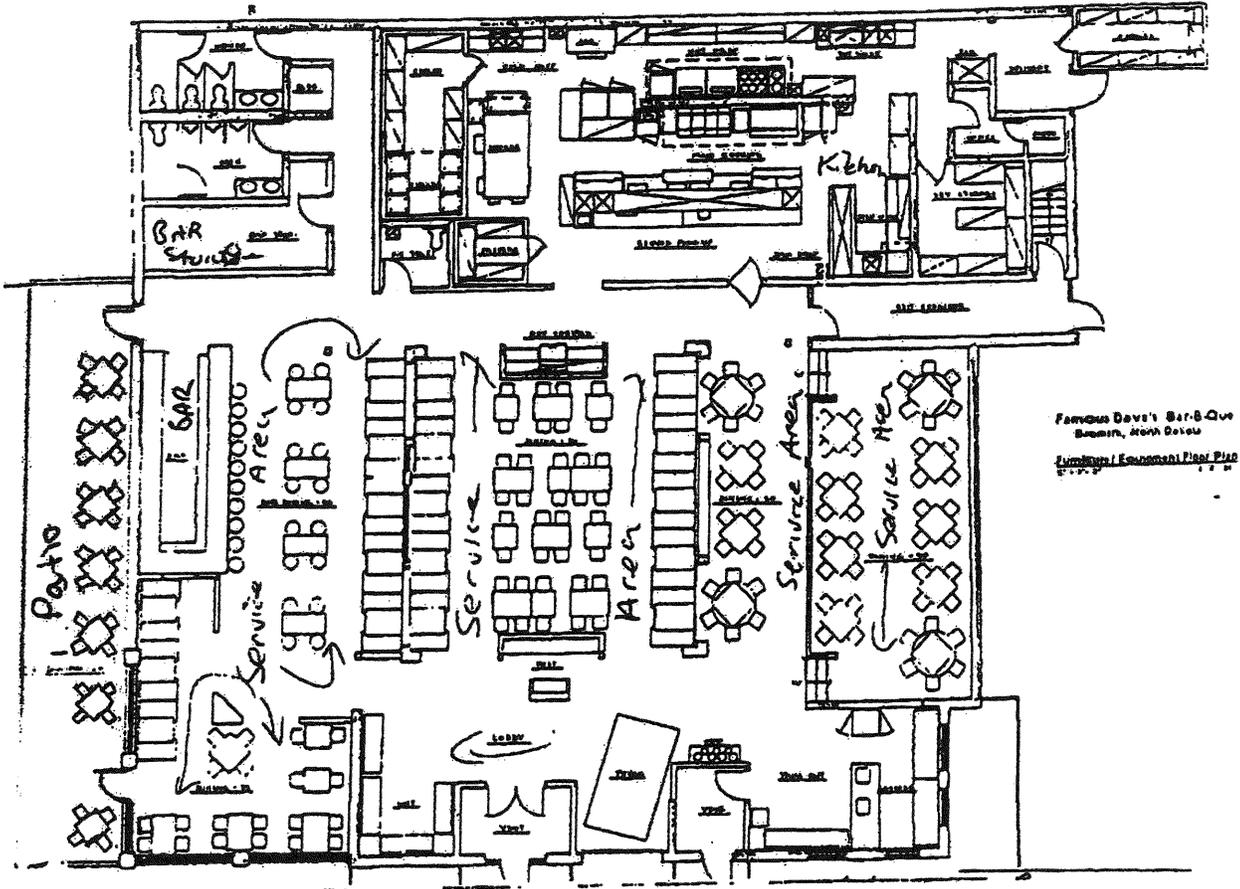
## Return Summary

**Account ID:** 172801 00  
**Taxpayer:** FAMOUS DAVES RESTAURANT  
**Beginning Period:** 01-Apr-2023  
**Ending Period:** 31-Mar-2024

|         |                          | <b>Column A</b> | <b>Column B</b> | <b>Total</b>   |
|---------|--------------------------|-----------------|-----------------|----------------|
|         |                          | <b>ALCOHOL</b>  | <b>SALES</b>    |                |
| 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.



Famous Dave's Bar-B-Que  
Bismarck, North Dakota  
Luminaire / Equipment Floor Plan  
11.1.07



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
- 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:\***

**Email Address:**

President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Spencer Wilkinson, JR

[Redacted]/1966

0

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Male

Native American

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Bismarck

ND

58503

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Vice President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Don Clement

[Redacted]/1949

0

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Male

White

**Home Address:**

[Redacted]

**City:**

Bismarck

**State:**

ND

**Zip:**

58504

**Phone No.:**

[Redacted]

**Officer/Director/Stockholder Title:**

Secretary/Treasurer

**Email address:**

[Redacted]

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

Additional Ownership for Horizon Market City Alcoholic Beverage License.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:**

[Redacted]

**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:**

[Redacted]

**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:**

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:\***

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**

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:\***

Casey Clement

//

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

**Date:\***

5/3/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[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**

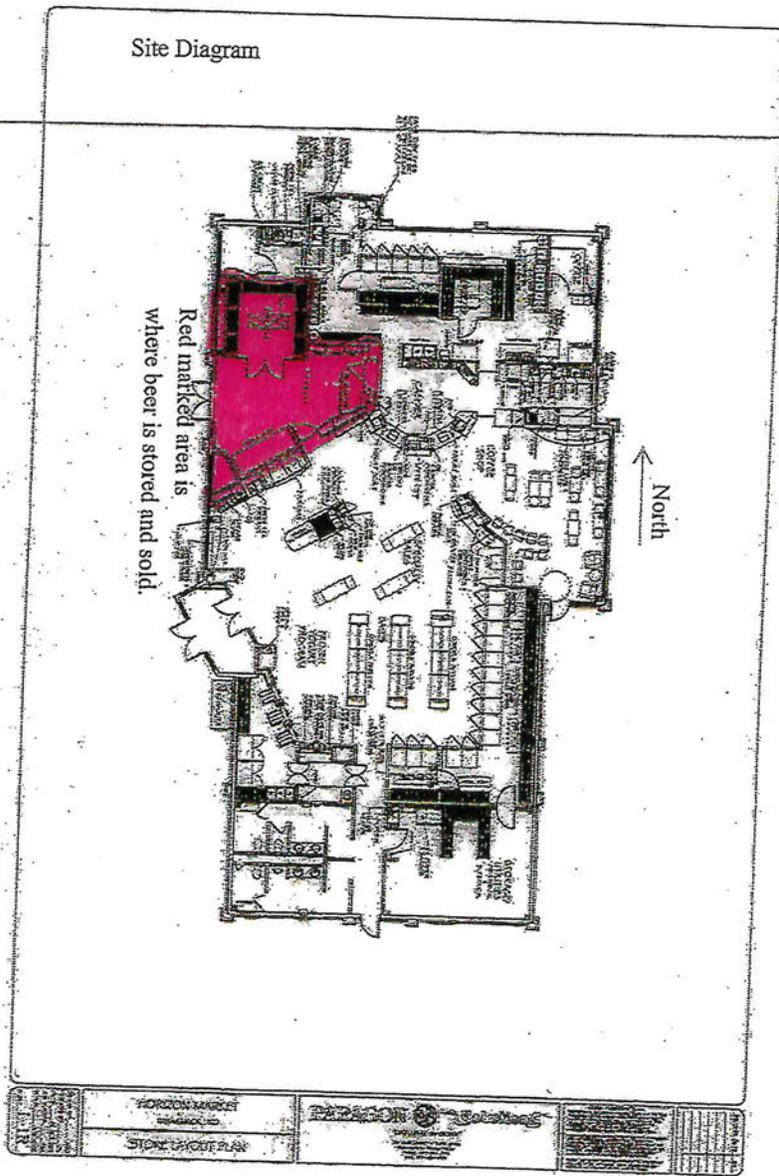
Address: 3250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

**Owner**

Spencer Wilkinson, JR: 100%

Site Diagram





# APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>  |   |  |   |   |
|---|---|--|---|---|
|   | <input type="checkbox"/> New Application  | <input checked="" type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation   |
| Class A: Nationally Organized Fraternal Order or Club<br><span style="float: right;">□ \$3,700</span>                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><span style="float: right;">□ \$650</span> | Class B-2: Concession at the Bismarck Municipal Country Club<br><span style="float: right;">□ \$650</span>                 | Class B-3: Commercial passenger vessels on the Missouri River<br><span style="float: right;">□ \$650</span> | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><span style="float: right;">□ \$650</span> |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><span style="float: right;">□ \$650</span> | Class B-6: Commercial Airline<br><span style="float: right;">□ \$650</span>   | Class C-1: Hotel or Motel Full Service<br><span style="float: right;">□ \$3,800</span>                                     | Class C-2: Hotel or Motel<br><span style="float: right;">□ \$1,000</span>                                   | Class D: Sale at Retail of Alcoholic Beverages<br><span style="float: right;">□ \$4,100</span>            |
| Class E: Sale at Retail of Beer Only<br><span style="float: right;">□ \$800</span>                                      | Class F-1: Restaurant - Alcoholic Beverages<br><span style="float: right;">□ \$3,500</span>                                   | Class F-2: Restaurant - Beer & Wine Only<br><span style="float: right;"><input checked="" type="checkbox"/> \$1,100</span> | Class G: Catered Retail Beer, Wine, & Liquor<br><span style="float: right;">□ \$650</span>                  | Class H-1: Domestic Winery<br><span style="float: right;">□ \$800</span>                                  |
| Class H-2: Domestic Brewery<br><span style="float: right;">□ \$800</span>   | Class H-3: Domestic Distillery<br><span style="float: right;">□ \$800</span>  | Class I-1: Senior Living Community<br><span style="float: right;">□ \$350</span>   | Class I-2: Complimentary<br><span style="float: right;">□ \$350</span>                                      |   |

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:<br><i>DAKOTA ASIAN FUSION CUISINE INC</i>   |                          | Date of Incorporation:<br><i>08/25/2023</i>  | State Business ID Number:<br><i>37755900</i> |
| Doing Business As (DBA) Name, if Applicable:<br><i>ICHIBAN RAMEN JAPANESE &amp; ASIAN BISTRO</i>                               |                          | If out of state corporation, is corporation registered in North Dakota?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Location Address:<br><i>1825 N 13th ST</i>   | City:<br><i>Bismarck</i> | State:<br><i>ND</i>  | Zip:<br><i>58501</i>                         |
|  |                          | Phone Number:<br><i>701-223-1688</i>   |  |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><i>LiFang Lin</i> |                          |  |  |

**Contact Information (Where correspondence is to be sent):**

|                                     |                             |                              |                      |
|-------------------------------------|-----------------------------|------------------------------|----------------------|
| Primary Contact:<br><i>YiWu Xie</i> | Phone Number:<br>[REDACTED] | Email Address:<br>[REDACTED] |                      |
| Mailing Address:<br>[REDACTED]      | City:<br><i>Bismarck</i>    | State:<br><i>ND</i>          | Zip:<br><i>58503</i> |

|  |                              |                          |                              |
|--|------------------------------|--------------------------|------------------------------|
| Manager's Name:<br><i>LiFang Lin</i>   | Date of Birth:<br>[REDACTED] | Percentage of Ownership: |                              |
| Driver's License Number:<br>[REDACTED] | State Issued:<br><i>ND</i>   | Gender:<br><i>Female</i> | Race:<br><i>Asian</i>        |
| Home Address:<br>[REDACTED]            | City:<br><i>Bismarck</i>     | State:<br><i>ND</i>      | Zip:<br><i>58503</i>         |
| Occupation:<br><i>Manager</i>          | Phone Number:<br>[REDACTED]  | Title:<br><i>Manager</i> | Email Address:<br>[REDACTED] |

List all officers or directors of corporation or partners and percentage of ownership:

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Yi Wu Xie                     |                                    | <b>Date of Birth:</b><br>[Redacted] 1/1986 | <b>Percentage of Ownership:</b><br>100% |
| <b>Driver's License Number:</b><br>[Redacted] | <b>State Issued:</b><br>ND         | <b>Gender:</b><br>Male                     | <b>Race:</b><br>Asian                   |
| <b>Home Address:</b><br>[Redacted]            | <b>City:</b><br>Bismarck           | <b>State:</b><br>ND                        | <b>Zip:</b><br>58503                    |
| <b>Occupation:</b><br>Owner                   | <b>Phone Number:</b><br>[Redacted] | <b>Title:</b><br>[Redacted]                | <b>Email Address:</b><br>[Redacted]     |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Li Fang Lin                   |                                    | <b>Date of Birth:</b><br>[Redacted] 1/1988 | <b>Percentage of Ownership:</b><br>[Redacted] |
| <b>Driver's License Number:</b><br>[Redacted] | <b>State Issued:</b><br>ND         | <b>Gender:</b><br>Female                   | <b>Race:</b><br>Asian                         |
| <b>Home Address:</b><br>[Redacted]            | <b>City:</b><br>Bismarck           | <b>State:</b><br>ND                        | <b>Zip:</b><br>58503                          |
| <b>Occupation:</b><br>Manager                 | <b>Phone Number:</b><br>[Redacted] | <b>Title:</b><br>[Redacted]                | <b>Email Address:</b><br>[Redacted]           |

|                                 |                      |                       |                                 |
|---------------------------------|----------------------|-----------------------|---------------------------------|
| <b>Name:</b>                    |                      | <b>Date of Birth:</b> | <b>Percentage of Ownership:</b> |
| <b>Driver's License Number:</b> | <b>State Issued:</b> | <b>Gender:</b>        | <b>Race:</b>                    |
| <b>Home Address:</b>            | <b>City:</b>         | <b>State:</b>         | <b>Zip:</b>                     |
| <b>Occupation:</b>              | <b>Phone Number:</b> | <b>Title:</b>         | <b>Email Address:</b>           |

|                                 |                      |                       |                                 |
|---------------------------------|----------------------|-----------------------|---------------------------------|
| <b>Name:</b>                    |                      | <b>Date of Birth:</b> | <b>Percentage of Ownership:</b> |
| <b>Driver's License Number:</b> | <b>State Issued:</b> | <b>Gender:</b>        | <b>Race:</b>                    |
| <b>Home Address:</b>            | <b>City:</b>         | <b>State:</b>         | <b>Zip:</b>                     |
| <b>Occupation:</b>              | <b>Phone Number:</b> | <b>Title:</b>         | <b>Email Address:</b>           |

**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? | If no, please explain: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                        |

|   |  |
|---|--|
| 2. Have any of the persons listed above been convicted of any crime within the past five years? | If yes, list all convictions and the dates, locations and sentence of disposition of each: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |  |

|   |   |
|---|---|
| 3. Does the building meet all state and local sanitation and safety requirements? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                              |

|  |                              |
|--|------------------------------|
| 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? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                              |

|   |                              |
|---|------------------------------|
| 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? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                              |

|   |                              |
|---|------------------------------|
| 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? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                              |

|  |                              |
|--|------------------------------|
| 8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                              |

|  |                              |
|--|------------------------------|
| 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? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                              |

|   |                              |
|---|------------------------------|
| 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? | If yes, please give details: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                              |

|  |                             |
|--|-----------------------------|
| 11. Have all property taxes and special assessments currently due been paid? | If no, please give details: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          |                             |

**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.

*Lifang Lin*

Signature of Applicant

*05/08/2024*  
Date

*Lifang 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 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

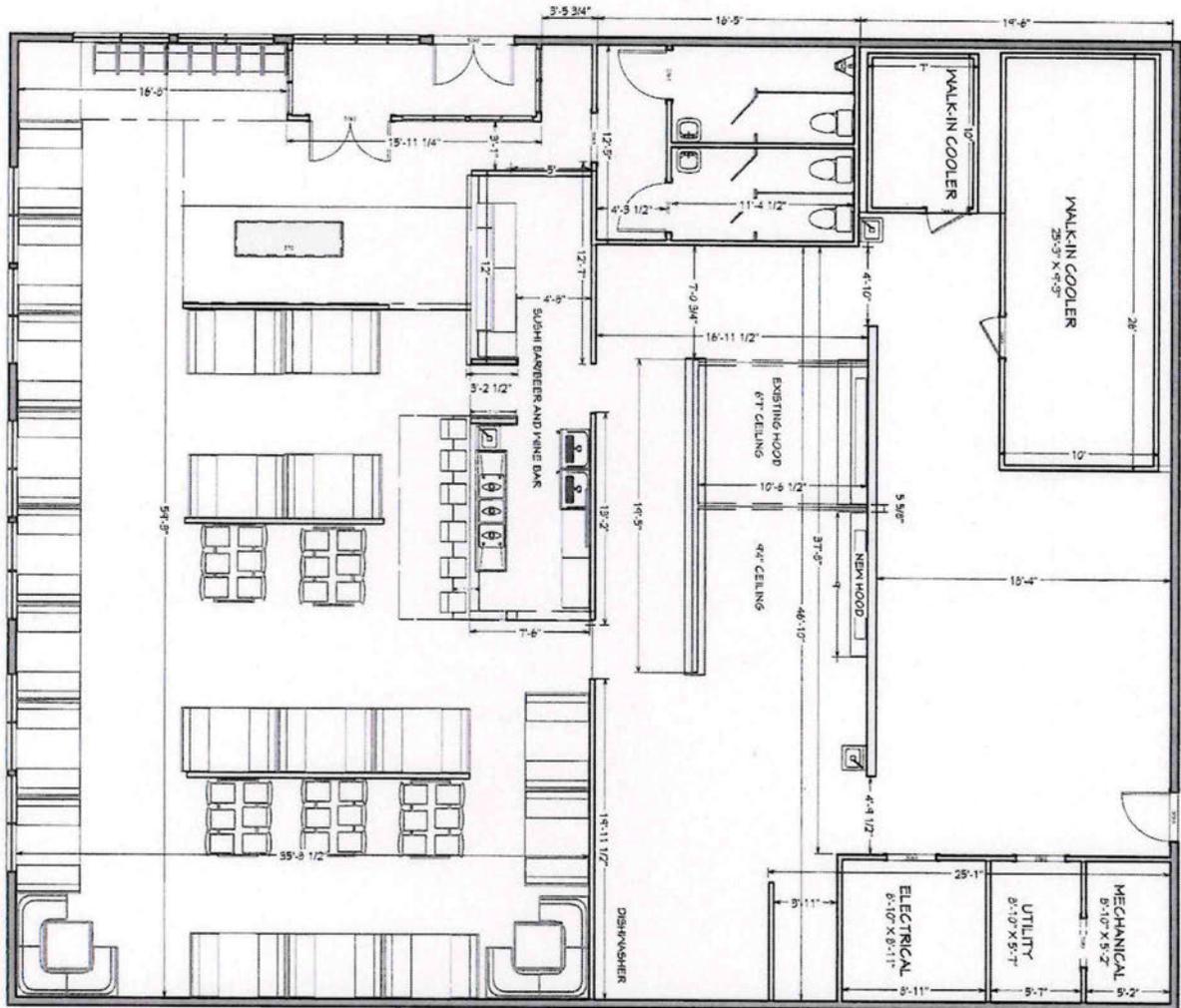
County of \_\_\_\_\_

day of \_\_\_\_\_

Notary Seal

Notary Public

My Commission Expires



GROSS LEASABLE  
4346 SQ. FT.



| SHEET: | SCALE:<br>1/8"=1' | DATE:<br>11/9/2023 | DRAWINGS PROVIDED BY:<br><b>TOBIAS MARMAN<br/>CONSTRUCTION</b> | <b>ICHIBAN RESTAURANT REMODEL</b><br>1823 N. 13TH ST.<br>BISMARCK, ND 58501 | REVISION TABLE<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">NUMBER</th> <th style="font-size: small;">DATE</th> <th style="font-size: small;">REVISED BY</th> <th style="font-size: small;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | NUMBER | DATE | REVISED BY | DESCRIPTION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|-------------------|--------------------|--|---|---|--------|------|------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NUMBER | DATE              | REVISED BY         | DESCRIPTION  |   |   |        |      |            |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|        |                   |                    |  |   |   |        |      |            |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|        |                   |                    |  |   |   |        |      |            |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|        |                   |                    |  |   |   |        |      |            |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|        |                   |                    |  |   |   |        |      |            |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>  |   | <input type="checkbox"/> New Application   | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation |
|---|---|--|---|---|-------------------------------------|
| Class A: Nationally Organized Fraternal Order or Club<br><br><input type="checkbox"/> \$3,700                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><br><input type="checkbox"/> \$650 | Class B-2: Concession at the Bismarck Municipal Country Club<br><br><input type="checkbox"/> \$650 | Class B-3: Commercial passenger vessels on the Missouri River<br><br><input type="checkbox"/> \$650 | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><br><input type="checkbox"/> \$650 |                                     |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><br><input type="checkbox"/> \$650 | Class B-6: Commercial Airline<br><br><input type="checkbox"/> \$650   | Class C-1: Hotel or Motel Full Service<br><br><input type="checkbox"/> \$3,800                     | Class C-2: Hotel or Motel<br><br><input type="checkbox"/> \$1,000                                   | Class D: Sale at Retail of Alcoholic Beverages<br><br><input type="checkbox"/> \$4,100            |                                     |
| Class E: Sale at Retail of Beer Only<br><br><input type="checkbox"/> \$800                                      | Class F-1: Restaurant - Alcoholic Beverages<br><br><input checked="" type="checkbox"/> \$3,500                        | Class F-2: Restaurant - Beer & Wine Only<br><br><input type="checkbox"/> \$1,100                   | Class G: Catered Retail Beer, Wine, & Liquor<br><br><input type="checkbox"/> \$650                  | Class H-1: Domestic Winery<br><br><input type="checkbox"/> \$800                                  |                                     |
| Class H-2: Domestic Brewery<br><br><input type="checkbox"/> \$800   | Class H-3: Domestic Distillery<br><br><input type="checkbox"/> \$800  | Class I-1: Senior Living Community<br><br><input type="checkbox"/> \$350                           | Class I-2: Complementary<br><br><input type="checkbox"/> \$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.

| <b>Location Information:</b>   |                       |   |   |                                   |
|--|-----------------------|---|---|-----------------------------------|
| Legal Business Name:<br><br>SAIRAM AND SONS INC  |                       | Date of Incorporation:<br><br>OCT. 4. 2021  | State Business ID Number:<br><br>36456700 |                                   |
| Doing Business As (DBA) Name, if Applicable:<br><br>INDIA CRAY OVEN BAR AND GRILL  |                       | If out of state corporation, is corporation registered in North Dakota?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                   |
| Location Address:<br><br>510 E MAIN AVE  | City:<br><br>BISMARCK | State:<br><br>ND  | Zip:<br><br>58501                         | Phone Number:<br><br>701.751.2975 |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><br>SURJIT SAROYA (OWNER) |                       |   |   |                                   |

| <b>Contact Information (Where correspondence is to be sent):</b> |                                   |  |                   |
|--|-----------------------------------|--|-------------------|
| Primary Contact:<br><br>SURJIT SAROYA                            | Phone Number:<br><br>701-751-2975 | Email Address:<br><br>SSURJIT98@icloud.com |                   |
| Mailing Address:<br><br>510 E MAIN AVE                           | City:<br><br>BISMARCK             | State:<br><br>ND                           | Zip:<br><br>58501 |

|  |                                 |                                       |                                      |
|--|---------------------------------|---------------------------------------|--------------------------------------|
| Manager's Name:<br><br>SURJIT SAROYA       |                                 | Date of Birth:<br><br>[REDACTED] 1984 | Percentage of Ownership:<br><br>100% |
| Driver's License Number:<br><br>[REDACTED] | State Issued:<br><br>[REDACTED] | Gender:<br><br>MALE                   | Race:<br><br>ASIAN                   |
| Home Address:<br><br>[REDACTED]            |                                 | City:<br><br>BISMARCK                 | State:<br><br>ND                     |
| Occupation:<br><br>CHIEF / MANAGER         | Phone Number:<br><br>[REDACTED] | Title:<br><br>OWNER                   | Email Address:<br><br>[REDACTED]     |

**List all officers or directors of corporation or partners and percentage of ownership:**

|                          |               |                |                          |       |
|--------------------------|---------------|----------------|--------------------------|-------|
| <b>Name:</b>             |               | 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:           |       |

|                          |               |                |                          |       |
|--------------------------|---------------|----------------|--------------------------|-------|
| <b>Name:</b>             |               | 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:           |       |

|                          |               |                |                          |       |
|--------------------------|---------------|----------------|--------------------------|-------|
| <b>Name:</b>             |               | 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:           |       |

|                          |               |                |                          |       |
|--------------------------|---------------|----------------|--------------------------|-------|
| <b>Name:</b>             |               | 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain: |
|--|------------------------|

|  |  |
|--|--|
| 2. Have any of the persons listed above been convicted of any crime within the past five years?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please give details: |
|--|------------------------------|

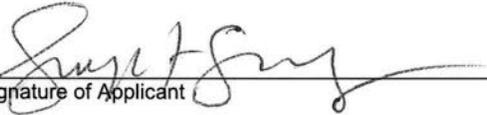
|   |                             |
|---|-----------------------------|
| 11. Have all property taxes and special assessments currently due been paid?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If no, please give details: |
|---|-----------------------------|

**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



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
- 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:\*

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:

Male

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:

/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:\***

**Email Address:**

President/Direcctor

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Randy Thorson

[Redacted]/1954

33.33%

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Male

White

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Fargo

ND

58104

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Secretary/Treasurer/Director

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Warren Ackley

[Redacted]/1953

33.33%

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Male

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:**

[Redacted]

**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:**

[Redacted]

**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**

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.\***

**Date:\***

5/8/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[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

07-May-2024

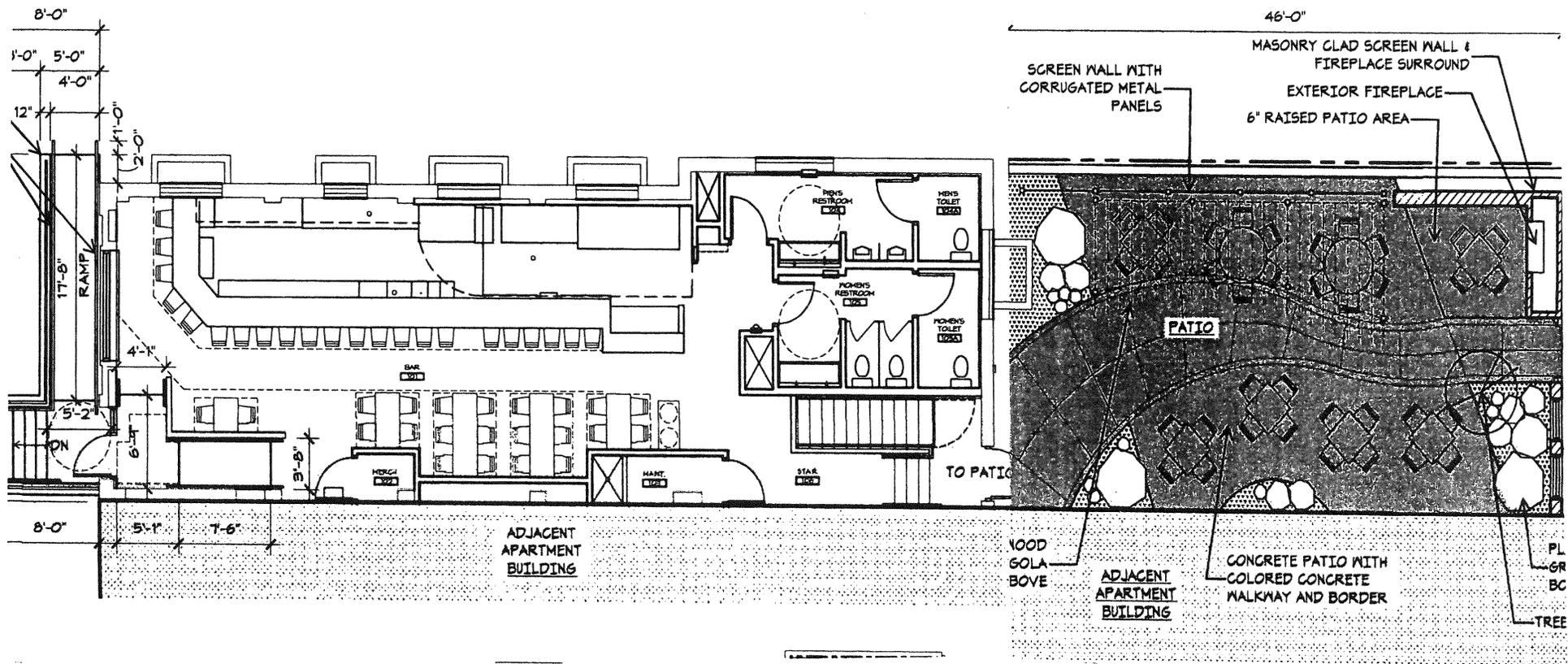
---

## Return Summary

**Account ID:** 281073 00  
**Taxpayer:** JL BEERS  
**Beginning Period:** 01-Apr-2023  
**Ending Period:** 31-Mar-2024

|         |                          | <b>Column A</b> | <b>Column B</b> | <b>Total</b>   |
|---------|--------------------------|-----------------|-----------------|----------------|
|         |                          | <b>ALCOHOL</b>  | <b>SALES</b>    |                |
| 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



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
- 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.:

State Issued:

Gender:

Race:

[Redacted]

SD

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Rapid City

SD

57701

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

District Manager

[Redacted]

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

Name:

Date of Birth:

Percentage of Ownership:

John Carey

[Redacted] 1962

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MA

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Westborough

Massachusetts

01581

[Redacted]

**Officer/Director/Stockholder Title:\***

**Email Address:**

President

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Nicholas Unkovic

█/78

0

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

█

MA

**Home Address:**

**City:**

**State:**

**Zip:**

**Phone No.:**

█

**Officer/Director/Stockholder Title:**

**Email Address:**

Secretary and General Counsel

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Lisa N'Chonon

█/75

0

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

█

CT

**Home Address:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Redacted text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

Treasurer

[Empty text box for 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:**

[Empty text box for listing convictions]

**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:

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

### Liquor License Transfers

#### Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

#### Upload Notarized Alcoholic Beverage License Transfer Form

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**

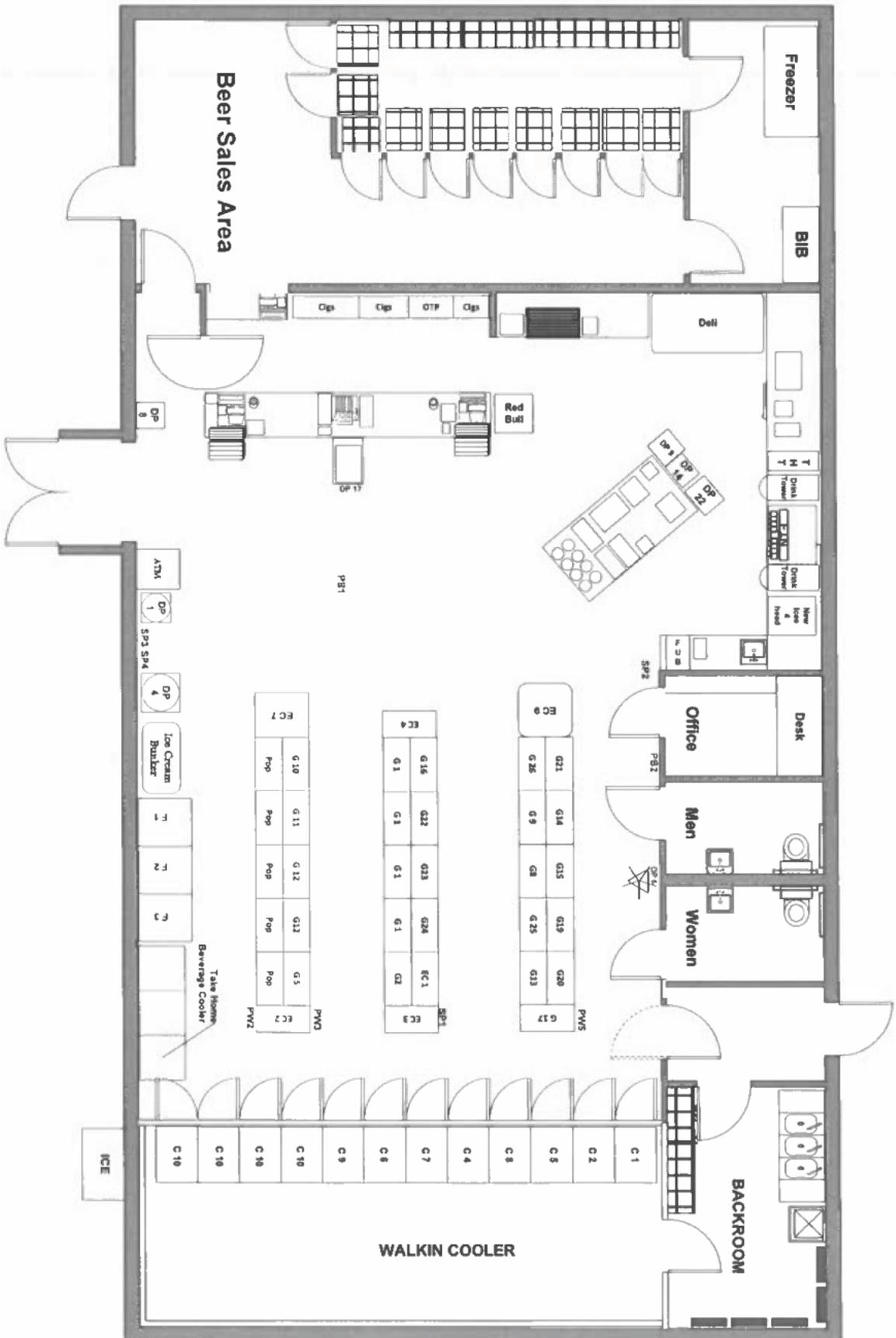
[Credit Card Authorization Form](#)

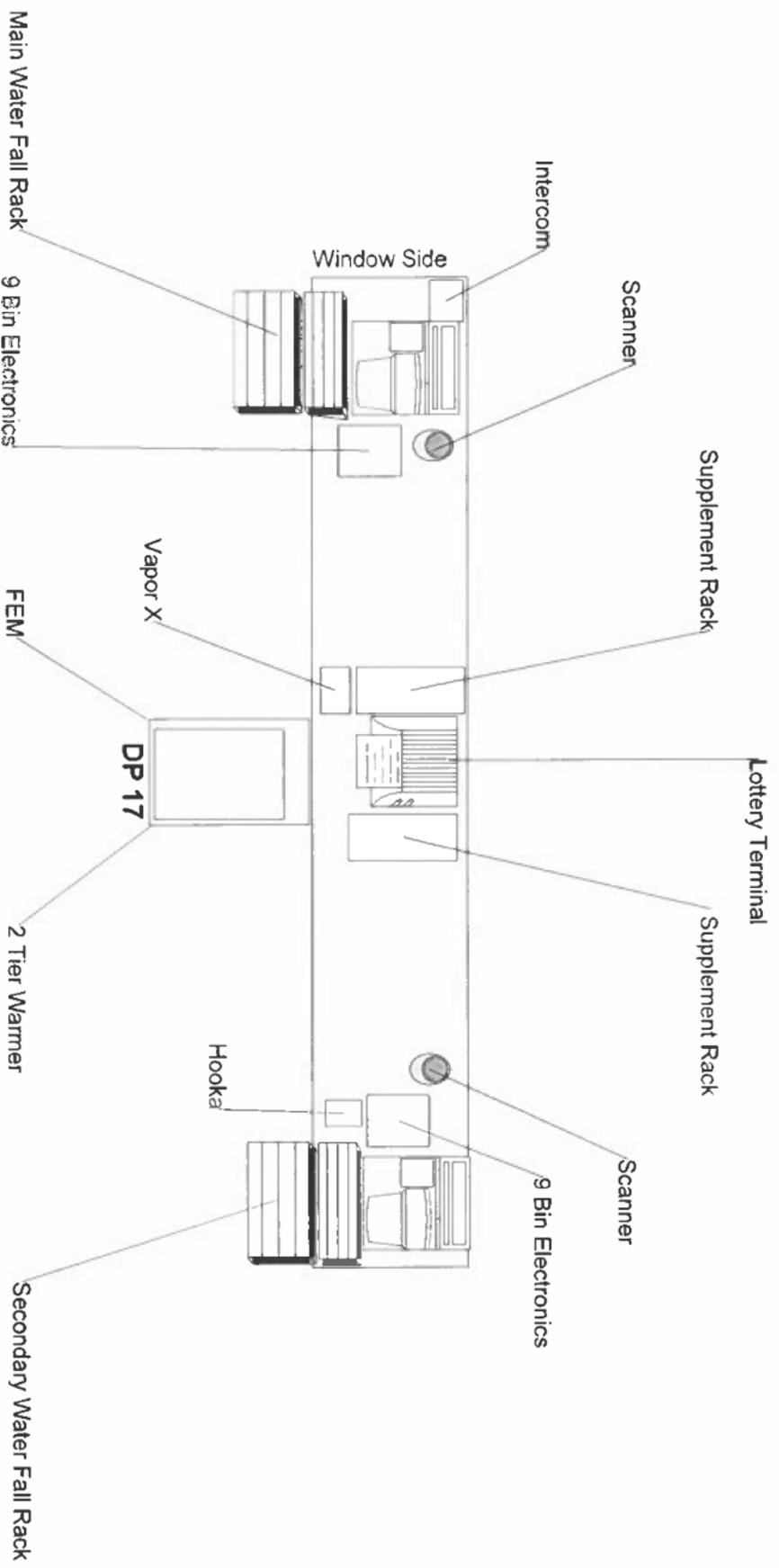
**Upload Credit Card Authorization Form**

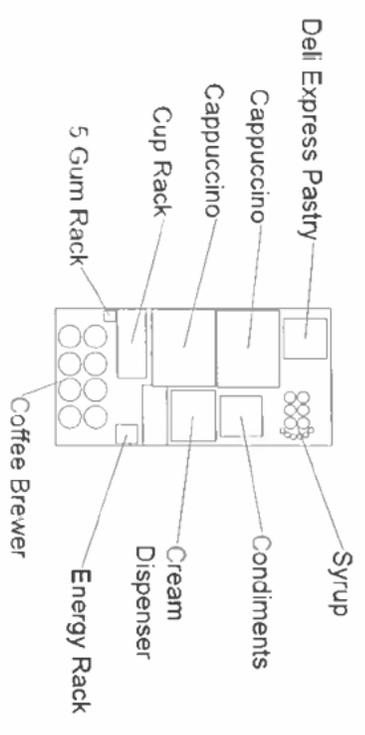
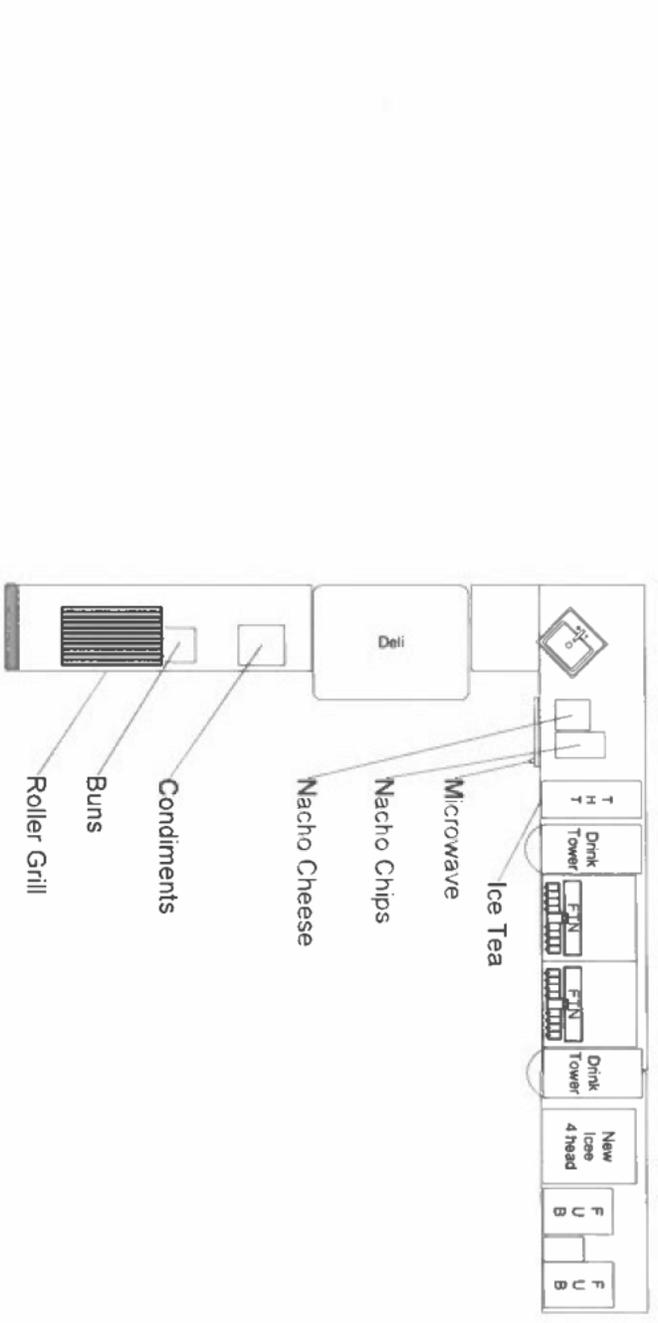
Choose File No file chosen

**Mail Payments To:**

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







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
- 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:\***

**Email Address:**

Owner

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Steve Hesse

[Redacted]/1978

30

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

MN

Male

Caucasion

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Cottage Grove

MN

55016

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Owner

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Tyge Nelson

[Redacted]/1975

30

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

MN

Male

Caucasion

**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:**

[Empty]

**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**

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.\***

**Date:\***

5/3/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

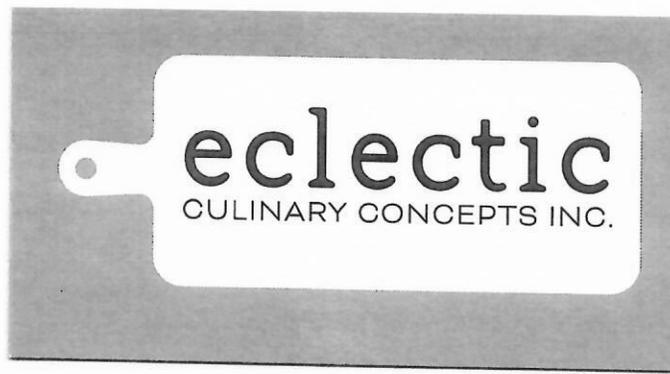
[Credit Card Authorization Form](#)

Choose File

No file chosen

**Mail Payments To:**

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



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,

A handwritten signature in cursive script that reads "Dee-Dee Sanford".

Dee-Dee Sanford  
Acct/Admin

Yankee Tavern in Eagan - - Me & Julio in Hastings and Madison  
Luckys 13 Pub in Mendota, Bloomington, Plymouth, Roseville, Burnsville, Bismarck and Fargo  
Pajarito in St. Paul and Edina - - The Clover in Rosemount - - JoJo's in West Fargo

**Eclectic Culinary Concepts Inc**  
**Unadjusted Year End Comparative Statement of Income**  
**For the Twelve Months Ended December 31, 2023**

**Bismarck Luckys**

|                                     | \$ Amount               |                   | % Sales                 |              | \$ Amount                 |                     | % Sales                   |              |
|-------------------------------------|-------------------------|-------------------|-------------------------|--------------|---------------------------|---------------------|---------------------------|--------------|
|                                     | 1 Month Ended<br>Dec 31 |                   | 1 Month Ended<br>Dec 31 |              | 12 Months Ended<br>Dec 31 |                     | 12 Months Ended<br>Dec 31 |              |
|                                     | 2023                    | 2022              | 2023                    | 2022         | 2023                      | 2022                | 2023                      | 2022         |
| <b>Food</b>                         |                         |                   |                         |              |                           |                     |                           |              |
| <b>Revenue</b>                      |                         |                   |                         |              |                           |                     |                           |              |
| 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)        |
| <b>Total Revenue</b>                | <b>211,285.18</b>       | <b>190,417.11</b> | <b>100.0</b>            | <b>100.0</b> | <b>2,425,718.54</b>       | <b>2,335,509.07</b> | <b>100.0</b>              | <b>100.0</b> |
| <b>Cost of Sales</b>                |                         |                   |                         |              |                           |                     |                           |              |
| 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          |
| <b>Total Cost of Sales</b>          | <b>78,875.53</b>        | <b>76,954.50</b>  | <b>37.3</b>             | <b>40.4</b>  | <b>887,536.69</b>         | <b>965,296.25</b>   | <b>36.6</b>               | <b>41.3</b>  |
| <b>Gross Profit Food</b>            | <b>132,409.65</b>       | <b>113,462.61</b> | <b>62.7</b>             | <b>59.6</b>  | <b>1,538,181.85</b>       | <b>1,370,212.82</b> | <b>63.4</b>               | <b>58.7</b>  |
| <b>Liquor/Beverage</b>              |                         |                   |                         |              |                           |                     |                           |              |
| <b>Revenue</b>                      |                         |                   |                         |              |                           |                     |                           |              |
| 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)        |
| <b>Total Revenue</b>                | <b>70,056.28</b>        | <b>67,782.28</b>  | <b>100.0</b>            | <b>100.0</b> | <b>755,360.86</b>         | <b>776,805.05</b>   | <b>100.0</b>              | <b>100.0</b> |
| <b>Cost of Sales</b>                |                         |                   |                         |              |                           |                     |                           |              |
| 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          |
| <b>Total Cost of Sales</b>          | <b>18,114.50</b>        | <b>14,881.25</b>  | <b>25.9</b>             | <b>22.0</b>  | <b>170,147.84</b>         | <b>167,181.24</b>   | <b>22.5</b>               | <b>21.5</b>  |
| <b>Gross Profit Liquor/Beverage</b> | <b>51,941.78</b>        | <b>52,901.03</b>  | <b>74.1</b>             | <b>78.0</b>  | <b>585,213.02</b>         | <b>609,623.81</b>   | <b>77.5</b>               | <b>78.5</b>  |
| <b>Revenue</b>                      |                         |                   |                         |              |                           |                     |                           |              |
| Sales - Retail - Gross              | 32.00                   | 56.00             | 100.0                   | 100.0        | 332.00                    | 534.10              | 100.0                     | 100.0        |
| <b>Total Revenue</b>                | <b>32.00</b>            | <b>56.00</b>      | <b>100.0</b>            | <b>100.0</b> | <b>332.00</b>             | <b>534.10</b>       | <b>100.0</b>              | <b>100.0</b> |
| <b>Total Sales</b>                  | <b>281,373.46</b>       | <b>258,255.39</b> | <b>100.0</b>            | <b>100.0</b> | <b>3,181,411.40</b>       | <b>3,112,848.22</b> | <b>100.0</b>              | <b>100.0</b> |
| <b>Total Cost of Sales</b>          | <b>96,990.03</b>        | <b>91,835.75</b>  | <b>34.5</b>             | <b>35.6</b>  | <b>1,057,684.53</b>       | <b>1,132,477.49</b> | <b>33.2</b>               | <b>36.4</b>  |
| <b>Gross Profit</b>                 | <b>184,383.43</b>       | <b>166,419.64</b> | <b>65.5</b>             | <b>64.4</b>  | <b>2,123,726.87</b>       | <b>1,980,370.73</b> | <b>66.8</b>               | <b>63.6</b>  |

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

See Accountant's Report. This report is compiled from records furnished by the client and has not been audited or verified.

**Haworth & Company, Ltd.**

1880 Livingston Avenue Suite 201 West St Paul, MN 55118

**BARGREEN ELLINGSON**

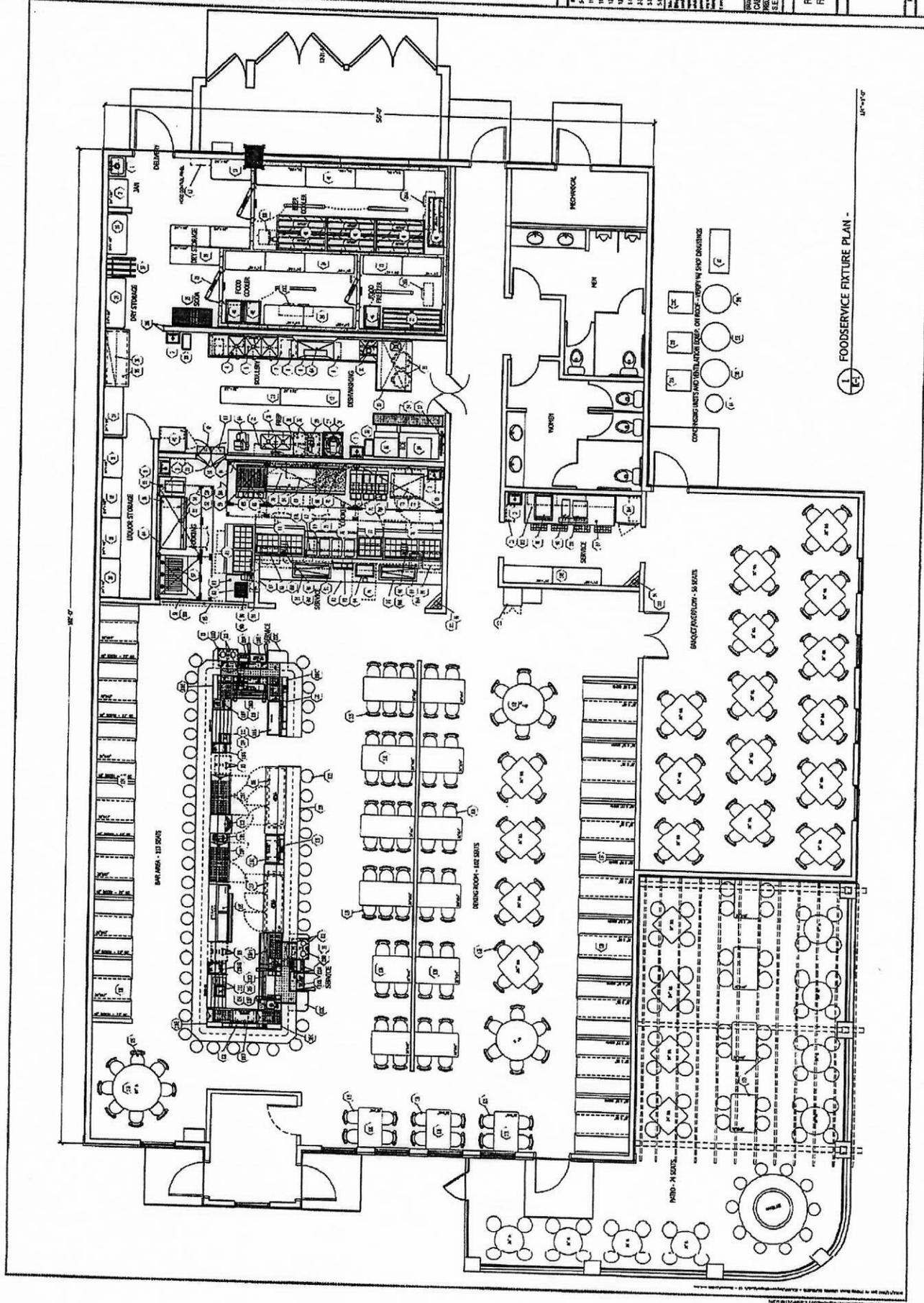
707 First Street, Suite 100  
Bismarck, ND 58501  
701.251.1111  
www.bargreen-elli.com

# LUCKY'S 13 BISMARCK, NORTH DAKOTA FOODSERVICE FIXTURE PLAN

PROJECT NO. 2015-01-10  
DATE 10/14/15  
PROJECT NAME LUCKY'S 13  
PROJECT ADDRESS 1315 13th St SW  
BISMARCK, ND 58501  
OWNER LUCKY'S 13  
DESIGNER BARGREEN ELLINGSON  
SCALE 1/4" = 1'-0"

PROJECT NO. 2015-01-10  
DATE 10/14/15  
PROJECT NAME LUCKY'S 13  
PROJECT ADDRESS 1315 13th St SW  
BISMARCK, ND 58501  
OWNER LUCKY'S 13  
DESIGNER BARGREEN ELLINGSON  
SCALE 1/4" = 1'-0"

SHEET TITLE  
FOODSERVICE  
FIXTURE PLAN  
SHEET NUMBER  
K-1  
PROJECT NUMBER  
L1005



1 FOODSERVICE FIXTURE PLAN -



## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>  |   |  |   |   |
|---|---|--|---|---|
|   | <input type="checkbox"/> New Application  | <input type="checkbox"/> Renewal   | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation   |
| Class A: Nationally Organized Fraternal Order or Club<br><input type="checkbox"/> \$3,700                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><input type="checkbox"/> \$650 | Class B-2: Concession at the Bismarck Municipal Country Club<br><input type="checkbox"/> \$650 | Class B-3: Commercial passenger vessels on the Missouri River<br><input type="checkbox"/> \$650 | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><input type="checkbox"/> \$650 |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><input type="checkbox"/> \$650 | Class B-6: Commercial Airline<br><input type="checkbox"/> \$650   | Class C-1: Hotel or Motel Full Service<br><input type="checkbox"/> \$3,800                     | Class C-2: Hotel or Motel<br><input type="checkbox"/> \$1,000                                   | Class D: Sale at Retail of Alcoholic Beverages<br><input type="checkbox"/> \$4,100            |
| Class E: Sale at Retail of Beer Only<br><input type="checkbox"/> \$800                                      | Class F-1: Restaurant - Alcoholic Beverages<br><input type="checkbox"/> \$3,500                                   | Class F-2: Restaurant - Beer & Wine Only<br><input checked="" type="checkbox"/> \$1,100        | Class G: Catered Retail Beer, Wine, & Liquor<br><input type="checkbox"/> \$650                  | Class H-1: Domestic Winery<br><input type="checkbox"/> \$800                                  |
| Class H-2: Domestic Brewery<br><input type="checkbox"/> \$800   | Class H-3: Domestic Distillery<br><input type="checkbox"/> \$800  | Class I-1: Senior Living Community<br><input type="checkbox"/> \$350                           | Class I-2: Complementary<br><input type="checkbox"/> \$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.

| <b>Location Information:</b>  |                          |   |  |                                      |
|---|--------------------------|---|--|--------------------------------------|
| Legal Business Name:<br><i>Nava Ramen And Izakaya Inc.</i>  |                          | Date of Incorporation:<br><i>09/17/2021</i>   | State Business ID Number:<br><i>0005600117</i> |                                      |
| Doing Business As (DBA) Name, if Applicable:  |                          | If out of state corporation, is corporation registered in North Dakota?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                      |
| Location Address:<br><i>309 N 3rd St.</i>   | City:<br><i>Bismarck</i> | State:<br><i>ND</i>   | Zip:<br><i>58501</i>                           | Phone Number:<br><i>701-751-5006</i> |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><i>Amy / Manager</i> |                          |   |  |                                      |

| <b>Contact Information (Where correspondence is to be sent):</b> |                                      |   |                      |
|--|--------------------------------------|---|----------------------|
| Primary Contact:<br><i>Amy</i>                                   | Phone Number:<br><i>701-751-5006</i> | Email Address:<br><i>navabismarck@gmail.com</i> |                      |
| Mailing Address:<br><i>309 N 3rd St.</i>                         | City:<br><i>Bismarck</i>             | State:<br><i>ND</i>                             | Zip:<br><i>58501</i> |

|  |                             |  |                                      |
|--|-----------------------------|--|--------------------------------------|
| Manager's Name:<br><i>Jiaslu Zheng / Amy</i> |                             | Date of Birth:<br>[Redacted] <i>1981</i> | Percentage of Ownership:<br><i>0</i> |
| Driver's License Number:<br>[Redacted]       | State Issued:<br><i>ND</i>  | Gender:<br><i>F</i>                      | Race:<br><i>Asian</i>                |
| Home Address:<br>[Redacted]                  | City:<br><i>Bismarck</i>    | State:<br><i>ND</i>                      | Zip:<br><i>58503</i>                 |
| Occupation:<br><i>Food Service</i>           | Phone Number:<br>[Redacted] | Title:<br><i>Manager</i>                 | Email Address:<br>[Redacted]         |

**List all officers or directors of corporation or partners and percentage of ownership:**

|                                    |               |                |                          |
|------------------------------------|---------------|----------------|--------------------------|
| <b>Name:</b><br>Wozhong Xu (Rocky) |               | Date of Birth: | Percentage of Ownership: |
| Driver's License Number:           |               | State Issued:  | Race:                    |
| Home Address:                      |               | City:          | Zip:                     |
| Occupation:                        | Phone Number: | Title:         | Email Address:           |

|                          |               |                |                          |
|--------------------------|---------------|----------------|--------------------------|
| <b>Name:</b>             |               | Date of Birth: | Percentage of Ownership: |
| Driver's License Number: |               | State Issued:  | Race:                    |
| Home Address:            |               | City:          | Zip:                     |
| Occupation:              | Phone Number: | Title:         | Email Address:           |

|                          |               |                |                          |
|--------------------------|---------------|----------------|--------------------------|
| <b>Name:</b>             |               | Date of Birth: | Percentage of Ownership: |
| Driver's License Number: |               | State Issued:  | Race:                    |
| Home Address:            |               | City:          | Zip:                     |
| Occupation:              | Phone Number: | Title:         | Email Address:           |

|                          |               |                |                          |
|--------------------------|---------------|----------------|--------------------------|
| <b>Name:</b>             |               | Date of Birth: | Percentage of Ownership: |
| Driver's License Number: |               | State Issued:  | Race:                    |
| Home Address:            |               | City:          | 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain: |
|--|------------------------|

|  |  |
|--|--|
| 2. Have any of the persons listed above been convicted of any crime within the past five years?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please give details: |
|---|------------------------------|

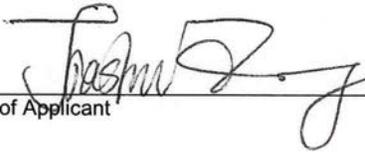
|   |                              |
|---|------------------------------|
| 9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please give details: |
|--|------------------------------|

|   |                             |
|---|-----------------------------|
| 11. Have all property taxes and special assessments currently due been paid?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

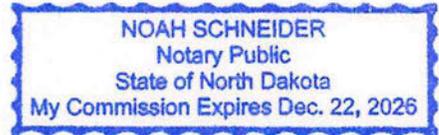


Signature of Applicant

5/15/2024  
Date



Print Name / Title of Officer



**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 \_\_\_\_\_

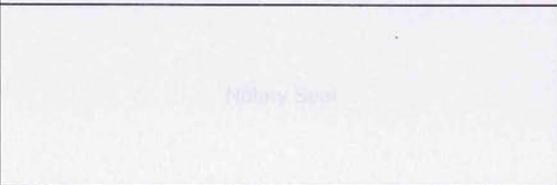
Transfer Applicant Signature \_\_\_\_\_

State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

County of \_\_\_\_\_

day of \_\_\_\_\_



Notary Public

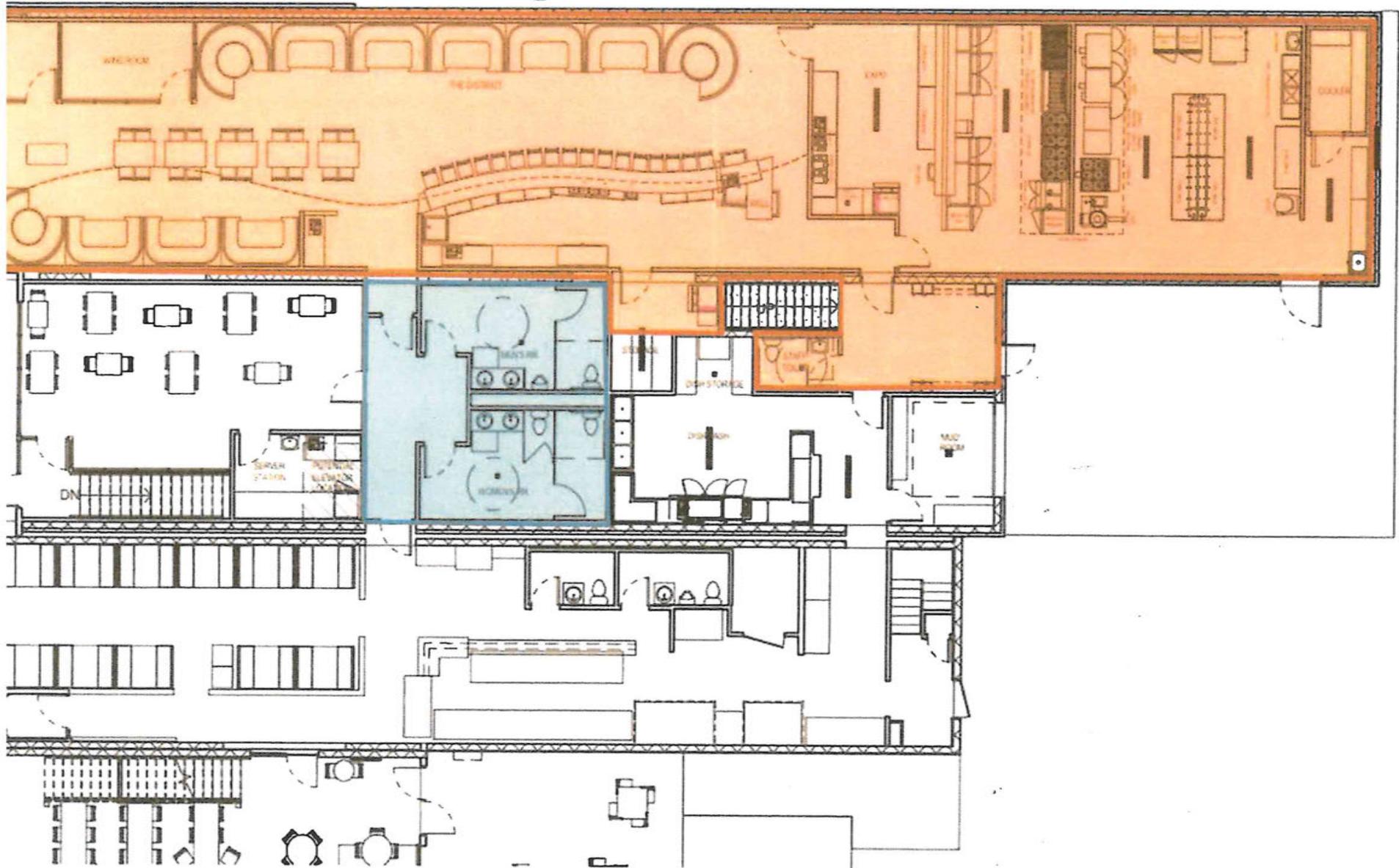
My Commission Expires \_\_\_\_\_

### 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
- 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:\***

**Email Address:**

Vice-President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Curtis Miller

[Redacted]/1980

25

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Male

C

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Mandan

ND

58554

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Vice-President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Cody Stern

[Redacted]/1983

25

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

Male

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:**

[Empty text box]

**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:**

[Empty text box]

**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**

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.\***

**Date:\***

5/3/2024

Electronic Signature

---

**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

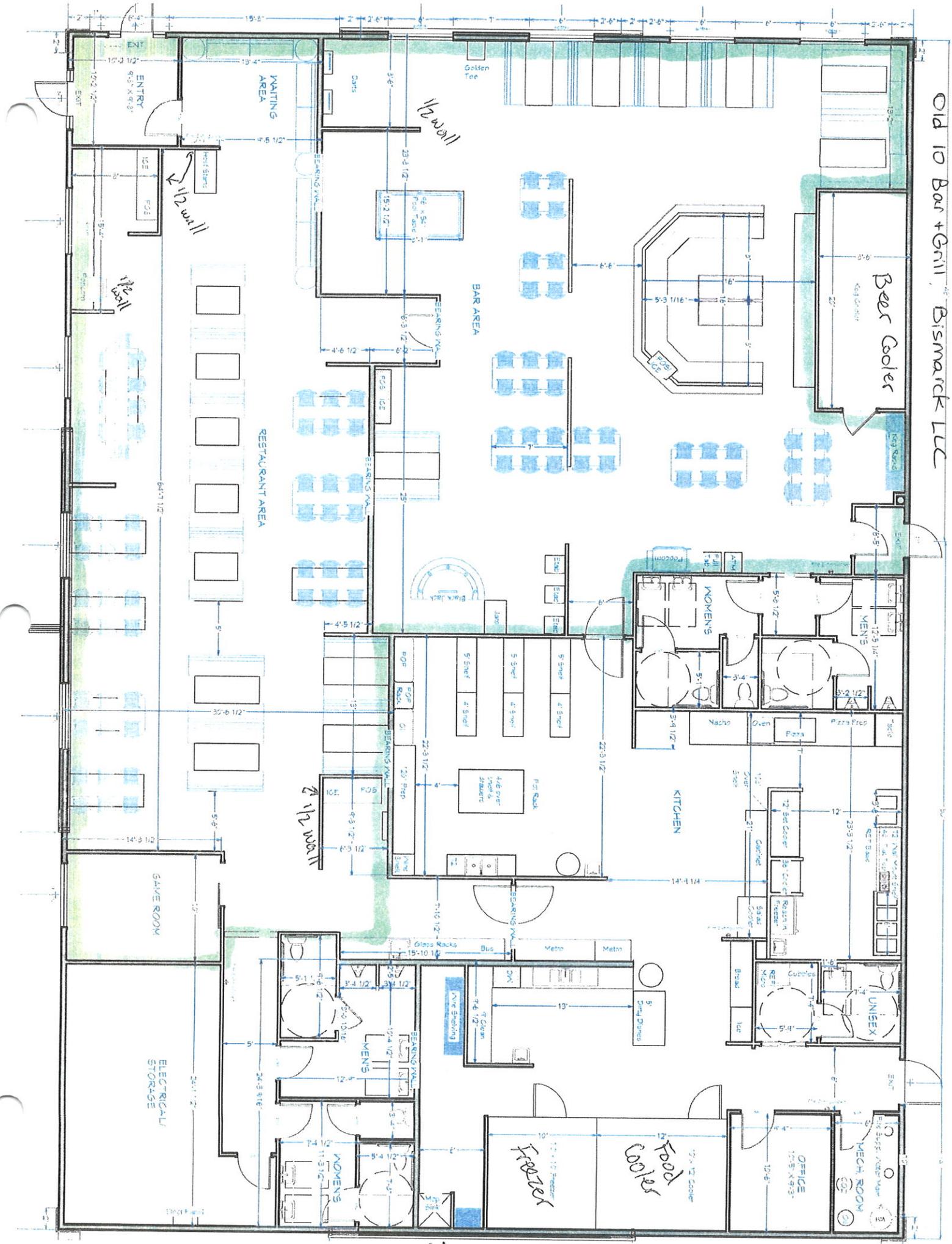
**Mail Payments To:**

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

## Old 10 Bar & Grill Bismarck LLC

|                                    | <u>May 1 - 29, 23</u> |                   |
|------------------------------------|-----------------------|-------------------|
| <b>Income</b>                      |                       |                   |
| 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            |
| <b>Total Income</b>                | <b>\$</b>             | <b>291,294.53</b> |

**Note: We only opened in the middle of April 2023 so have no prior calendar years numbers to submit with this renewal form**



Beer Cooler

BAR AREA

KITCHEN

RESTAURANT AREA

SHOE ROOM

ELECTRICAL STORAGE

Freezer

Food Cooler

OFFICE

MECH. ROOM

UNISEX

MENS

WOMENS

11'0\"/>

11'0\"/>

11'0\"/>

2' 1/2\"/>

N

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
- 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:\***

Bismarck

**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:\***

**Email Address:**

Board President

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

See Uploaded list of other Officers & Directors

**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:**

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:\***

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**

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:\***

Clark Erickson

//

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

**Date:\***

5/9/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[Credit Card Authorization Form](#)

Choose File No file chosen

**Mail Payments To:**

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

| Customer Ref.    | Name                                       | Address 1                   | Address 2                | City          | ST | Zip Code   | Phone #                                   |
|------------------|--|-----------------------------|--------------------------|---------------|----|------------|---|
| 0260099          | FISCHER, DALE L                            | PO BOX 36                   |                          | GLYNDON       | MN | 56547-0036 | 218-498-2533                              |
|                  | Phone #: 218-498-2533                      | Fax #: LP AG 2009           |                          |               |    |            |   |
|                  | Birth: 06/01/1954                          | <i>MN-E335066510811</i>     | <i>white-male-farmer</i> |               |    |            | Contact: Director - President - 2021      |
| 0654501          | NELSON, JAMES C                            | 4567 70TH AVE S             |                          | MOORHEAD      | MN | 56560-7607 | 701-866-0597                              |
|                  | Email: jamesjill14602@msn.com              |                             |                          |               |    |            |   |
|                  | Phone #: 701-866-0597                      | Fax #:                      |                          |               |    |            |   |
|                  | Birth: 08/03/1979                          | <i>MN-T860221759814</i>     | <i>white-male-farmer</i> |               |    |            | Contact: Director - 2021 - Vice President |
| 0717050          | SCHROEDER, DAVID A                         | 7500 80TH ST SO             |                          | SABIN         | MN | 56580-9515 | 218-789-7654                              |
|                  | Email: toneseker1@gmail.com                |                             |                          |               |    |            |   |
|                  | Phone #: 218-789-7654                      | Fax #: 218-790-8827 Cell    |                          |               |    |            |   |
|                  | Birth: 12/31/1954                          | <i>MN-m553185299313</i>     | <i>white-male-farmer</i> |               |    |            | Contact: DIRECTOR - 2020                  |
| 0884221          | SUNDE, TIM J                               | 1112 6th AVENUE NE          |                          | DILWORTH      | MN | 56529      | 701-261-6673                              |
|                  | Email: anitaflatt@hotmail.com              |                             |                          |               |    |            |   |
|                  | Phone #: 701-261-6673                      | Fax #: CARDS 0001,0002,0003 |                          |               |    |            |   |
|                  | Birth: 03/24/1956                          | <i>MN-P716122861014</i>     | <i>white-male-farmer</i> |               |    |            | Contact: Director - 2022                  |
| 0896470          | TANG, WAYNE K                              | 25226 TOWN & COUNTRY        |                          | DETROIT LAKES | MN | 56501      | 218-847-2180                              |
|                  | Email: wtang69252@aol.com                  |                             |                          |               |    |            |   |
|                  | Phone #: 218-847-2180                      | Fax #: cell 701-866-2003    |                          |               |    |            |   |
|                  | Birth: 09/18/1954                          | <i>ND-TAN-54-4169</i>       | <i>white-male-farmer</i> |               |    |            | Contact: Director - 2020                  |
| <b>State: ND</b> |  |                             |                          |               |    |            |   |
| 0230470          | ERICKSON, CLARK                            | ERICKSON, SHERRI            | 310 51ST AVE E           | WEST FARGO    | ND | 58078      | 701-238-2338                              |
|                  | Email: cerickson@businessoperationsinc.com |                             |                          |               |    |            |   |
|                  | Phone #: 701-238-2338                      | Fax #: CELL                 |                          |               |    |            |   |
|                  | Birth: 02/24/1964                          | <i>ND-ERI-64-7492</i>       | <i>white-male-C.O.O.</i> |               |    |            | Contact: COO                              |
| 1410837          | HEJL, JOHN A                               | 15560 28TH STREET           |                          | AMENIA        | ND | 58044-9746 | USE HEJL FARM                             |
|                  | Phone #: USE HEJL FARM                     | Fax #: 1410640              |                          |               |    |            |   |
|                  | Birth: 06/24/1985                          | <i>ND-HEJ-85-2466</i>       | <i>white-male-farmer</i> |               |    |            | Contact: 1410640 Secretary                |
| 1588174          | MADSEN, DALE R                             | P O BOX 384                 | 361 6TH AVE S            | CASSELTON     | ND | 58012-0384 | 701-347-5615                              |
|                  | Email: dmadsen636@aol.com                  |                             |                          |               |    |            |   |
|                  | Phone #: 701-347-5615                      | Fax #: CELL 367-4631        |                          |               |    |            |   |
|                  | Birth: 04/02/1949                          | <i>ND-MAD-49-7885</i>       | <i>white-male-farmer</i> |               |    |            | Contact: Director - 2020                  |
| 0801500          | SATRANG, KENT G                            | 3343 Maple Leaf Loop        |                          | FARGO         | ND | 58104      | 701-790-5075                              |
|                  | Email: sat711rang@aol.com                  |                             |                          |               |    |            |   |
|                  | Phone #: 701-790-5075                      | Fax #: CELL                 |                          |               |    |            |   |
|                  | Birth: 11/07/1957                          | <i>ND-SAT-57-8423</i>       | <i>white-male-CEO</i>    |               |    |            | Contact: CEO/GM                           |

All are 0% ownership- company is a customer-owned coop.



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
- 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:\***

**Email Address:**

Owner

**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:**

[Empty text box for Home Address]

**City:**

[Empty text box for City]

**State:**

[Empty text box for State]

**Zip:**

[Empty text box for Zip]

**Phone No.:**

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

[Empty text box for Officer/Director/Stockholder Title]

**Email address:**

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:

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:\*

AR\_20210525.pdf

#### Liquor License Transfers

##### Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

##### Upload Notarized Alcoholic Beverage License Transfer Form

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:\***

Stacy Gangl

//

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

**Date:\***

5/9/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[Credit Card Authorization Form](#)

Choose File No file chosen

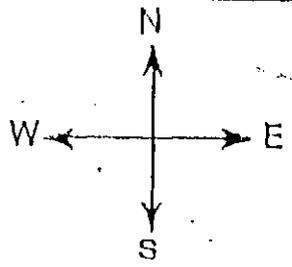
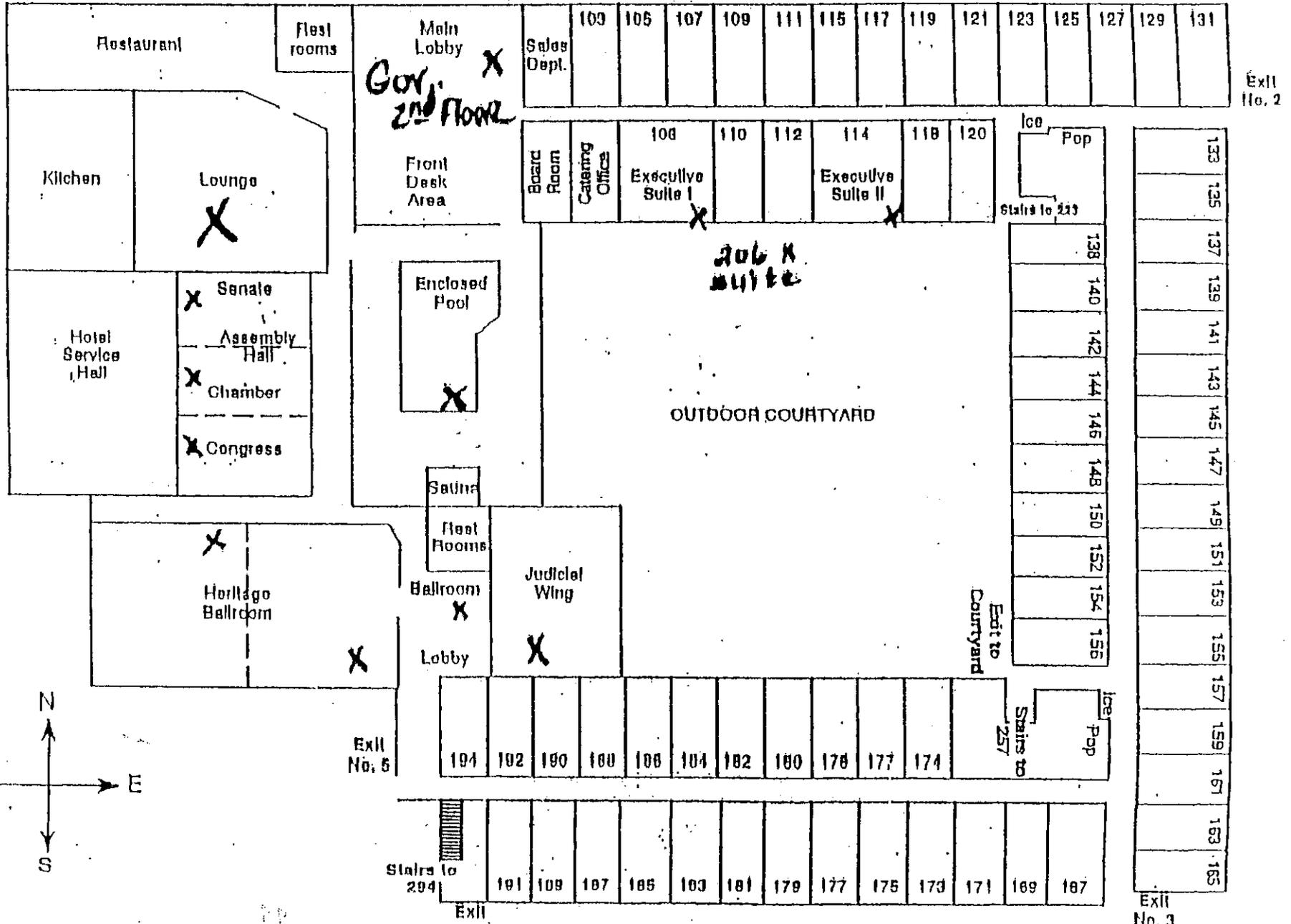
**Mail Payments To:**

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





# APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| <b>License Type:</b>   |  |   |  |  |
|--|--|---|--|--|
|  | <input type="checkbox"/> New Application   | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer  | <input type="checkbox"/> Relocation  |
| Class A: Nationally Organized Fraternal Order or Club<br><span style="float: right;"><input type="checkbox"/> \$3,700</span>                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-2: Concession at the Bismarck Municipal Country Club<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-3: Commercial passenger vessels on the Missouri River<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><span style="float: right;"><input type="checkbox"/> \$650</span> |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><span style="float: right;"><input type="checkbox"/> \$650</span> | Class B-6: Commercial Airline<br><span style="float: right;"><input type="checkbox"/> \$650</span>   | Class C-1: Hotel or Motel Full Service<br><span style="float: right;"><input type="checkbox"/> \$3,800</span>                     | Class C-2: Hotel or Motel<br><span style="float: right;"><input type="checkbox"/> \$1,000</span>                                   | Class D: Sale at Retail of Alcoholic Beverages<br><span style="float: right;"><input type="checkbox"/> \$4,100</span>            |
| Class E: Sale at Retail of Beer Only<br><span style="float: right;"><input type="checkbox"/> \$800</span>                                      | Class F-1: Restaurant - Alcoholic Beverages<br><span style="float: right;"><input checked="" type="checkbox"/> \$3,500</span>                        | Class F-2: Restaurant - Beer & Wine Only<br><span style="float: right;"><input type="checkbox"/> \$1,100</span>                   | Class G: Catered Retail Beer, Wine, & Liquor<br><span style="float: right;"><input type="checkbox"/> \$650</span>                  | Class H-1: Domestic Winery<br><span style="float: right;"><input type="checkbox"/> \$800</span>                                  |
| Class H-2: Domestic Brewery<br><span style="float: right;"><input type="checkbox"/> \$800</span>   | Class H-3: Domestic Distillery<br><span style="float: right;"><input type="checkbox"/> \$800</span>  | Class I-1: Senior Living Community<br><span style="float: right;"><input type="checkbox"/> \$350</span>                           | Class I-2: Complementary<br><span style="float: right;"><input type="checkbox"/> \$350</span>                                      |  |

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.

|   |                          |   |   |                                      |
|---|--------------------------|---|---|--------------------------------------|
| <b>Location Information:</b>  |                          |   |   |                                      |
| Legal Business Name:<br><b>LEIER ENTERPRISES INC</b>  |                          | Date of Incorporation:<br><b>3-4-92</b>   | State Business ID Number:<br><b>7,880,800</b> |                                      |
| Doing Business As (DBA) Name, if Applicable:<br><b>ROCK'N 50'S CAFE</b>   |                          | If out of state corporation, is corporation registered in North Dakota?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                      |
| Location Address:<br><b>2700 STATE ST.</b>  | City:<br><b>BISMARCK</b> | State:<br><b>ND</b>   | Zip:<br><b>58503</b>                          | Phone Number:<br><b>701-222-4612</b> |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br><b>DARWIN LEIER, PRESIDENT</b> |                          |   |   |                                      |

|  |  |                                      |                              |                      |
|--|--|--------------------------------------|------------------------------|----------------------|
| <b>Contact Information (Where correspondence is to be sent):</b> |  |                                      |                              |                      |
| Primary Contact:<br><b>DARWIN LEIER</b>                          |  | Phone Number:<br><b>701-222-4612</b> | Email Address:<br>[REDACTED] |                      |
| Mailing Address:<br><b>2700 STATE ST</b>                         |  | City:<br><b>BISMARCK</b>             | State:<br><b>ND</b>          | Zip:<br><b>58503</b> |

|  |                             |                                 |  |                       |
|--|-----------------------------|---------------------------------|--|-----------------------|
| Manager's Name:<br><b>DARWIN LEIER</b> |                             | Date of Birth:<br>[REDACTED]-55 | Percentage of Ownership:<br><b>50%</b> |                       |
| Driver's License Number:<br>[REDACTED] |                             | State Issued:<br><b>ND</b>      | Gender:<br><b>MALE</b>                 | Race:<br><b>White</b> |
| Home Address:<br>[REDACTED]            |                             | City:<br><b>BISMARCK</b>        | State:<br><b>ND</b>                    | Zip:<br><b>58503</b>  |
| Occupation:<br><b>RESTAURANT MGR.</b>  | Phone Number:<br>[REDACTED] | Title:<br><b>PRESIDENT</b>      | Email Address:<br>[REDACTED]           |                       |

**List all officers or directors of corporation or partners and percentage of ownership:**

|  |                     |                                 |                                 |
|--|---------------------|---------------------------------|---------------------------------|
| <b>Name:</b><br>BECKY KADRMAS          |                     | Date of Birth:<br>[REDACTED]-60 | Percentage of Ownership:<br>50% |
| Driver's License Number:<br>[REDACTED] |                     | State Issued:<br>ND             | Gender:<br>FEMALE               |
| Home Address:<br>[REDACTED]            |                     | City:<br>BISMARCK               | Race:<br>White                  |
| Occupation:<br>Flight ATTENDANT        |                     | State:<br>ND                    | Zip:<br>58503                   |
| Phone Number:<br>[REDACTED]            | Title:<br>SECRETARY | Email Address:                  |                                 |

|                          |        |                |                          |
|--------------------------|--------|----------------|--------------------------|
| <b>Name:</b>             |        | Date of Birth: | Percentage of Ownership: |
| Driver's License Number: |        | State Issued:  | Gender:                  |
| Home Address:            |        | City:          | Race:                    |
| Occupation:              |        | State:         | Zip:                     |
| Phone Number:            | Title: | Email Address: |                          |

|                          |        |                |                          |
|--------------------------|--------|----------------|--------------------------|
| <b>Name:</b>             |        | Date of Birth: | Percentage of Ownership: |
| Driver's License Number: |        | State Issued:  | Gender:                  |
| Home Address:            |        | City:          | Race:                    |
| Occupation:              |        | State:         | Zip:                     |
| Phone Number:            | Title: | Email Address: |                          |

|                          |        |                |                          |
|--------------------------|--------|----------------|--------------------------|
| <b>Name:</b>             |        | Date of Birth: | Percentage of Ownership: |
| Driver's License Number: |        | State Issued:  | Gender:                  |
| Home Address:            |        | City:          | Race:                    |
| Occupation:              |        | State:         | Zip:                     |
| 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                          | If no, please explain:   |
| 2. Have any of the persons listed above been convicted of any crime within the past five years?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | If yes, please give details:   |
| 11. Have all property taxes and special assessments currently due been paid?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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*

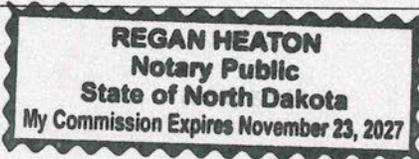
State of

Subscribed and sworn to before me this *10<sup>th</sup>*

*Burleigh*

County of

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

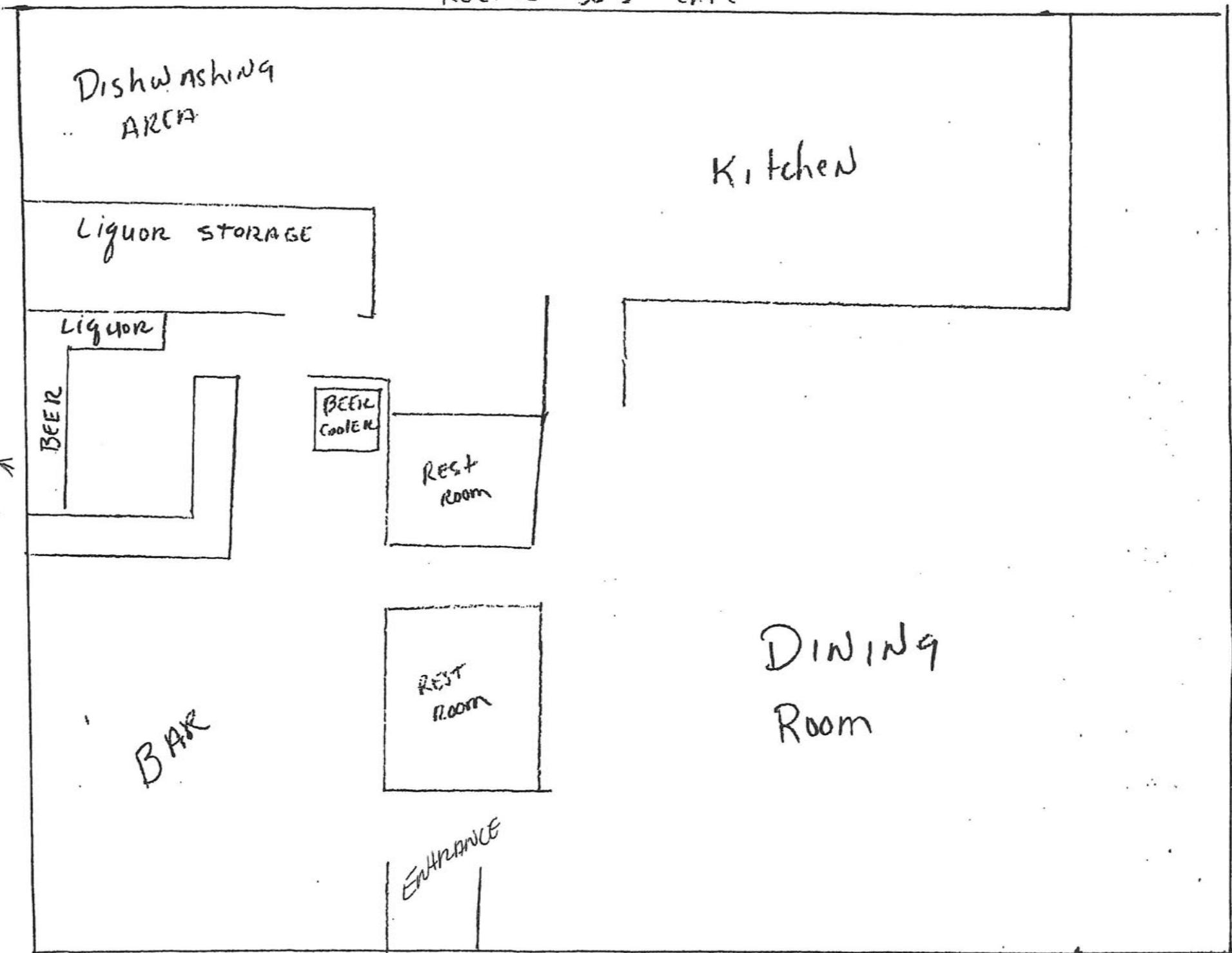
REST  
ROOM

DINING  
Room

BAR

ENTRANCE

North  
↑



Print

Retail Alcohol Beverage License - Submission #22970

Date Submitted: 5/17/2024



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
- 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

|                                |                        |                |              |
|--------------------------------|------------------------|----------------|--------------|
| <b>Driver's License No.:</b> * | <b>State Issued:</b> * | <b>Gender:</b> | <b>Race:</b> |
| [REDACTED]                     | ND                     | M              | W            |

**Home Address:**\*

[REDACTED]

|                |                 |               |                     |
|----------------|-----------------|---------------|---------------------|
| <b>City:</b> * | <b>State:</b> * | <b>Zip:</b> * | <b>Phone No.:</b> * |
| Bismarck       | ND              | 58504         | [REDACTED]          |

|  |                         |
|--|-------------------------|
| <b>Officer/Director/Stockholder Title:</b> * | <b>Email Address:</b> * |
| Restaurant Manager                           | [REDACTED]              |

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

|                |                         |                                   |
|----------------|-------------------------|-----------------------------------|
| <b>Name:</b> * | <b>Date of Birth:</b> * | <b>Percentage of Ownership:</b> * |
| Lee Howell     | [REDACTED]-66           | 50                                |

|                                |                        |                |              |
|--------------------------------|------------------------|----------------|--------------|
| <b>Driver's License No.:</b> * | <b>State Issued:</b> * | <b>Gender:</b> | <b>Race:</b> |
| [REDACTED]                     | South Dakota           | M              | W            |

**Home Address:**\*

[REDACTED]

|                |                 |               |                     |
|----------------|-----------------|---------------|---------------------|
| <b>City:</b> * | <b>State:</b> * | <b>Zip:</b> * | <b>Phone No.:</b> * |
| Sioux Falls    | South Dakota    | 57108         | [REDACTED]          |

**Officer/Director/Stockholder Title:\***

**Email Address:**

President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Todd Allen Hoekstra

[Redacted]-67

50

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

SD

M

W

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Sioux Falls

SD

57110

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

Vice President

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

Home Address:

[Empty text box for Home Address]

City:

[Empty text box for City]

State:

[Empty text box for State]

Zip:

[Empty text box for Zip]

Phone No.:

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

[Empty text box for Officer/Director/Stockholder Title]

Email address:

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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**

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**

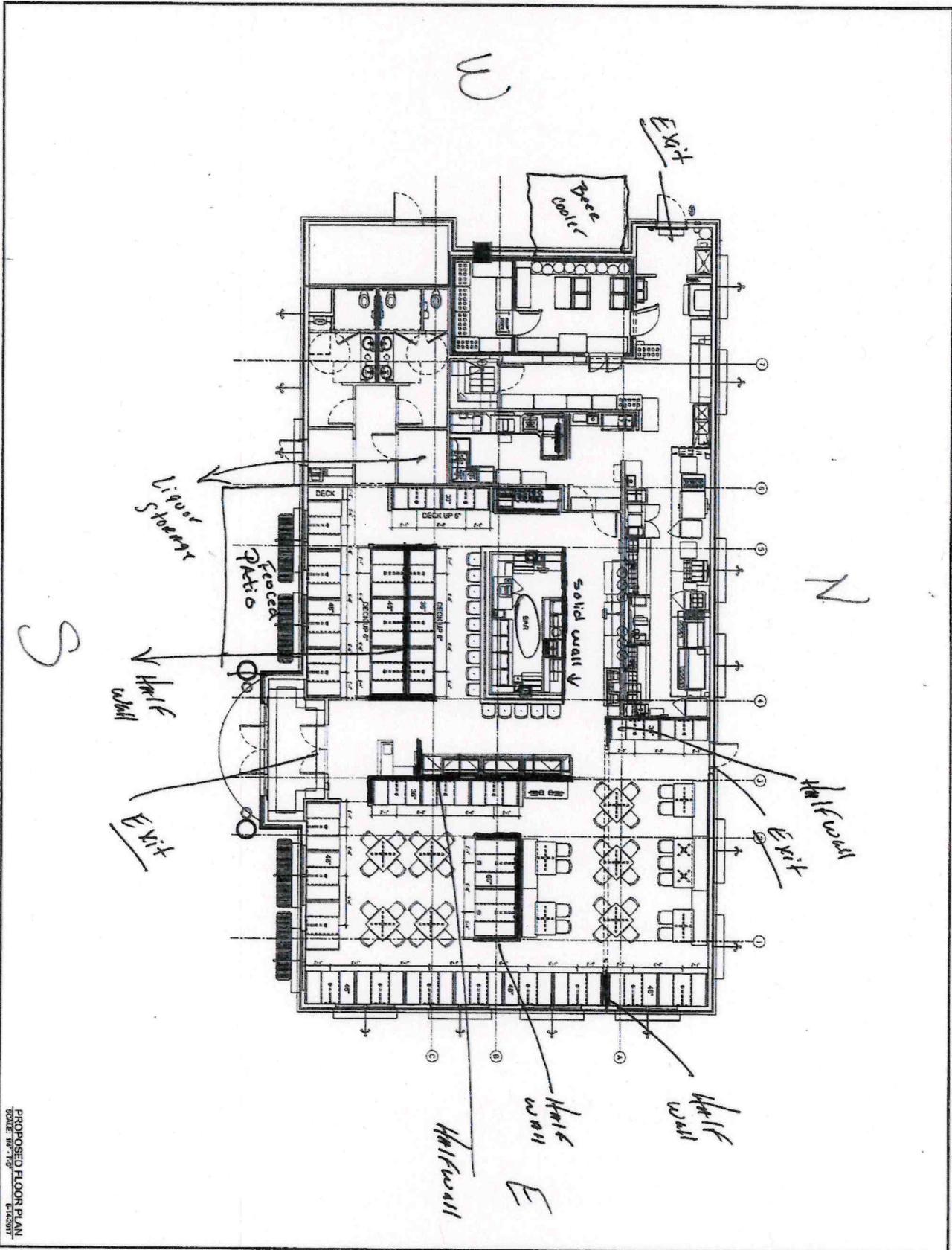
[Credit Card Authorization Form](#)

**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: 1/8" = 1'-0"

|                        |                          |
|------------------------|--------------------------|
| DATE: 11/1/12          | PROJECT: RUBY TUESDAY    |
| DRAWN BY: J. W. WILSON | CHECKED BY: J. W. WILSON |
| SCALE: 1/8" = 1'-0"    | PROJECT NO: 12-001       |
| FLOOR 1                |                          |

| NO. | REVISIONS |
|-----|-----------|
|     |           |
|     |           |
|     |           |

COPYRIGHT © 2012  
ALL RIGHTS RESERVED  
RESTAURANT DESIGN & SUPPLY  
1421 B. AVENUE  
SIOUX FALLS, SD 57104  
PH (605) 339-2821  
FX (605) 339-2827

**RD**  
**Restaurant Design & Supply**

Innovative Solutions. On time. On budget.

15Rrestaurantdesign.com  
1421 B. Avenue  
Sioux Falls, SD 57104  
Ph (605) 339-2821  
Fx (605) 339-2827

**RUBY TUESDAY**  
FOOD SERVICE EQUIPMENT DRAWINGS  
BISMARCK, NORTH DAKOTA

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
- 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:\***

**Email Address:**

owner

[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:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:**

- 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:\***

IMG.JPG

**Liquor License Transfers**

**Download Required Form for License Transfer:**

[Alcoholic Beverage License Transfer Form](#)

**Upload Notarized Alcoholic Beverage License Transfer Form**

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:\***

Qiang Wang

//

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

**Date:\***

5/8/2024

Electronic Signature

---

**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**

**Upload Credit Card Authorization Form**

[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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$5,667.59</u></b>       |

**Local Option Sales, Use and Gross Receipts Taxes**

| City/County     | Local Code | Tax               | Penalty* | Interest* | Comp 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          |
|                 |            | <b>\$2,236.23</b> |          |           | <b>\$67.09</b> | <b>\$2,169.14</b> |

**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: [REDACTED]  
 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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$5,502.30</u></b>       |

**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: [REDACTED]  
 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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$5,685.51</u></b>       |

**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: [REDACTED]





**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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$5,684.95</u></b>       |

**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          |
|                 |            | <b>\$2,245.36</b> |          |           | <b>\$67.36</b> | <b>\$2,178.00</b> |

**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: [REDACTED]





**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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$5,143.58</u></b>       |

**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: [REDACTED]  
 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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$4,731.75</u></b>       |

**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: [REDACTED]





**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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$4,775.52</u></b>       |

**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: [REDACTED]  
 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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b>\$5,141.10</b>              |

**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: [REDACTED]





**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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$4,801.90</u></b>       |

**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: [REDACTED]





**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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$4,700.85</u></b>       |

**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          |
|                 |            | <b>\$1,846.46</b> |          |           | <b>\$55.40</b> | <b>\$1,791.06</b> |

**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: [REDACTED]  
 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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$4,590.58</u></b>       |

**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          |
|                 |            | <b>\$1,803.39</b> |          |           | <b>\$54.11</b> | <b>\$1,749.28</b> |

**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: [REDACTED]





**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]



**Return Summary**

|                           | Column A<br>(Non-General Sales) | Column B<br>(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                        |
| <b>Total State Tax:</b>   |                                 | <b><u>\$5,849.38</u></b>       |

**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**

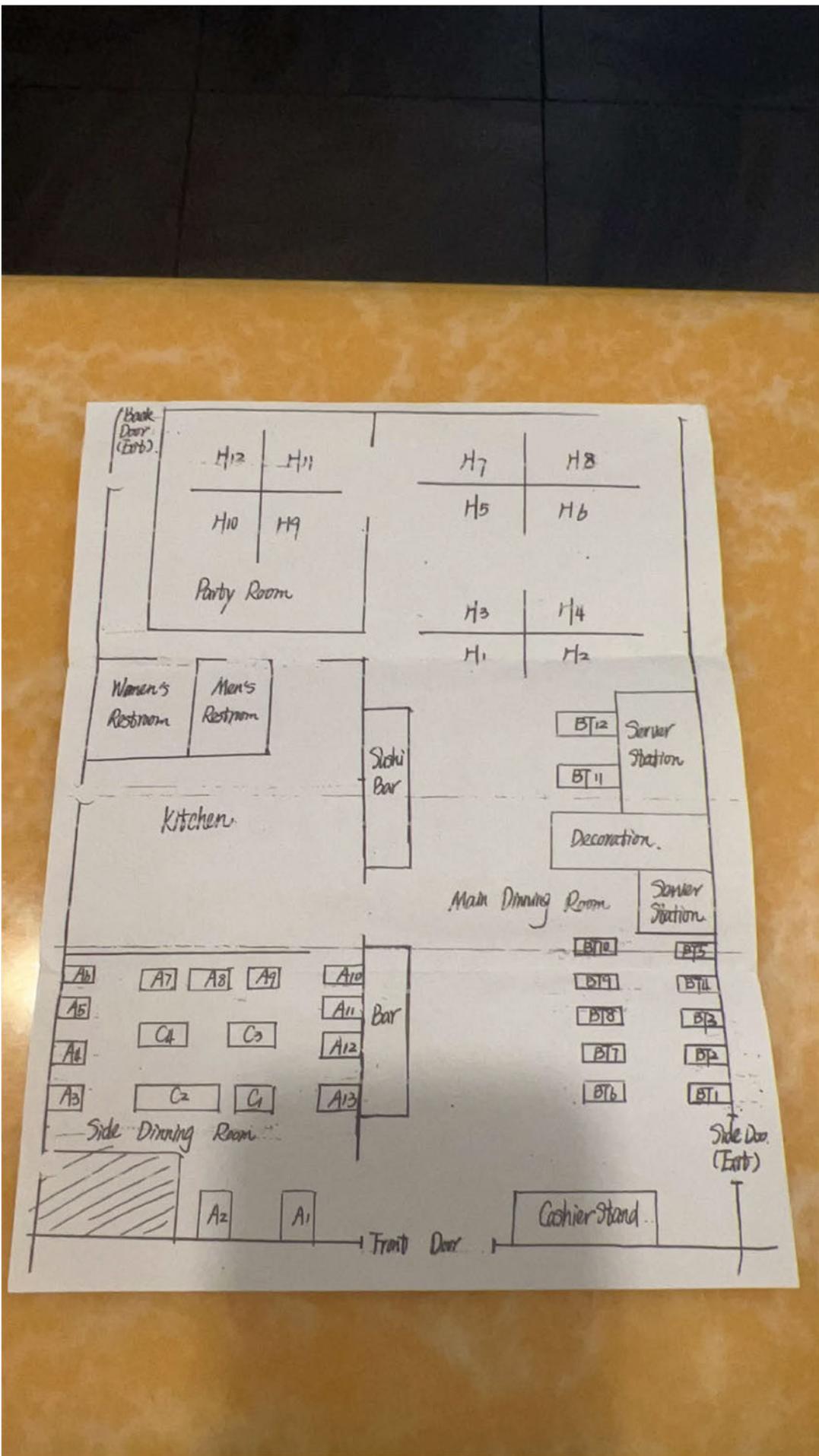
\*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

\*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: [REDACTED]





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
- 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:\***

Bismarck

**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:\***

**Email Address:**

Owner/Operator

[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:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:**

- 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:\***

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**

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:\***

Angie Engelhardt

//

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

**Date:\***

5/3/2024

Electronic Signature

---

**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,<br>May 1, 2023   |
|               | To : Tuesday,<br>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        |
| <b>Gross Sales (no Tax) (no discounts)</b> | <b>816,249.20</b> |
| <b>Round Difference :</b>                  | <b>-74.28</b>     |

### Discount & Comps Summary

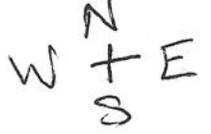
|                                   |                   |
|-----------------------------------|-------------------|
| Default Revenue Center            |                   |
| \$5 Reward Card [374.0]           | -1,870.00         |
| 10% Off Discount [191.0]          | -285.78           |
| 15% Off Discount [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        |
| <b>Total Discounts [3,771.0]</b>  | <b>-18,716.05</b> |

### 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        |
|                        | <b>Total:</b>          |           | <b>59,938.27</b>  |
|                        | <b>Total Receipts:</b> |           | <b>857,397.14</b> |

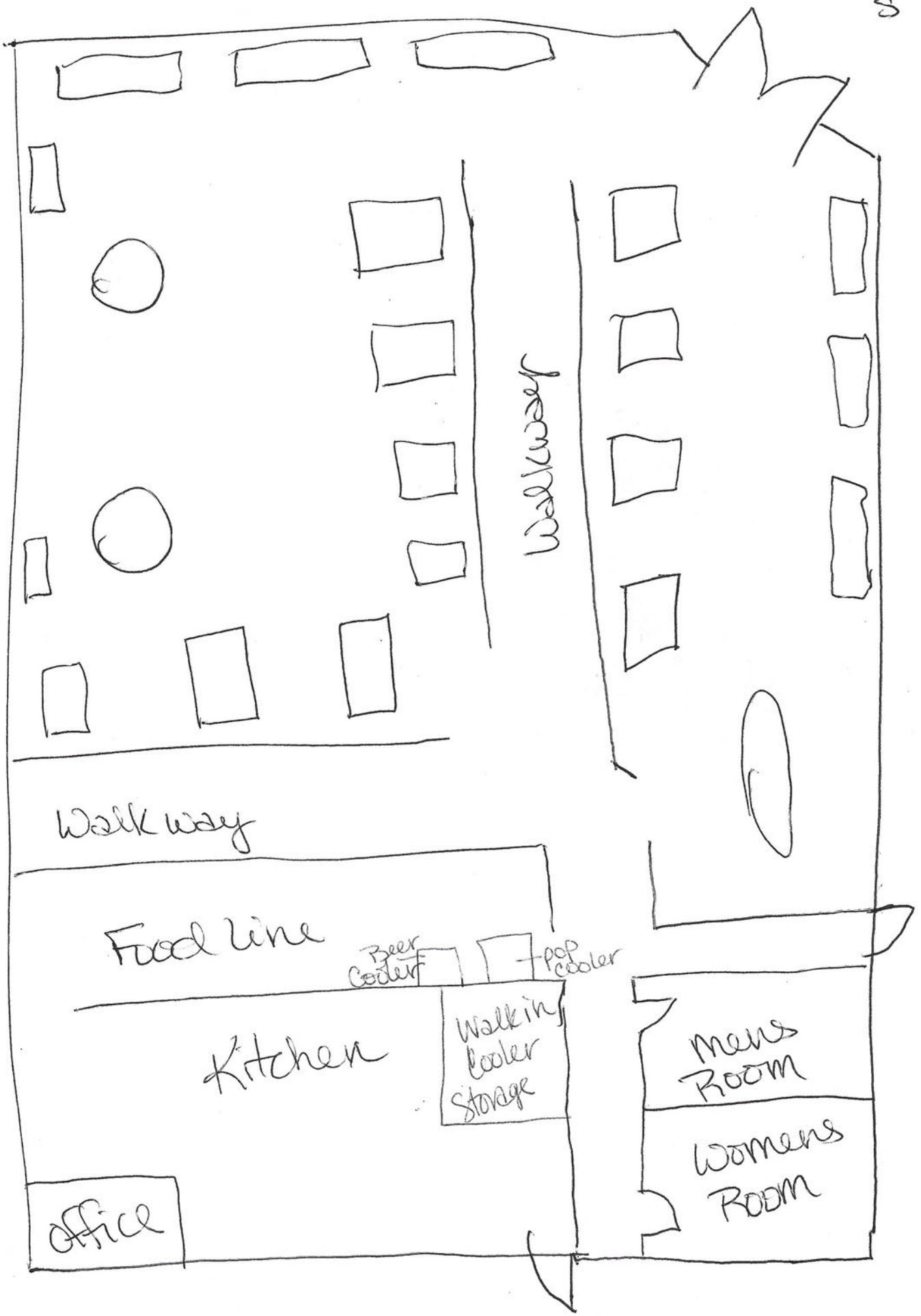
### Sales Received

# Taco Del Mar



34

~~TDW~~  
TDW





## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 2/6/2024

| License Type:   | <input type="checkbox"/> New Application  | <input checked="" type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer   | <input type="checkbox"/> Relocation   |
|---|---|--|---|---|
| Class A: Nationally Organized Fraternal Order or Club<br><input type="checkbox"/> \$3,700                   | Class B-1: Operator of the Beverage Concession at the Airport Terminal Building<br><input type="checkbox"/> \$650 | Class B-2: Concession at the Bismarck Municipal Country Club<br><input type="checkbox"/> \$650 | Class B-3: Commercial passenger vessels on the Missouri River<br><input type="checkbox"/> \$650 | Class B-4: Sale of Beer & Wine at the Bismarck Event Center<br><input type="checkbox"/> \$650 |
| Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations<br><input type="checkbox"/> \$650 | Class B-6: Commercial Airline<br><input type="checkbox"/> \$650   | Class C-1: Hotel or Motel Full Service<br><input type="checkbox"/> \$3,800                     | Class C-2: Hotel or Motel<br><input type="checkbox"/> \$1,000                                   | Class D: Sale at Retail of Alcoholic Beverages<br><input type="checkbox"/> \$4,100            |
| Class E: Sale at Retail of Beer Only<br><input type="checkbox"/> \$800                                      | Class F-1: Restaurant - Alcoholic Beverages<br><input checked="" type="checkbox"/> \$3,500                        | Class F-2: Restaurant - Beer & Wine Only<br><input type="checkbox"/> \$1,100                   | Class G: Catered Retail Beer, Wine, & Liquor<br><input type="checkbox"/> \$650                  | Class H-1: Domestic Winery<br><input type="checkbox"/> \$800                                  |
| Class H-2: Domestic Brewery<br><input type="checkbox"/> \$800   | Class H-3: Domestic Distillery<br><input type="checkbox"/> \$800  | Class I-1: Senior Living Community<br><input type="checkbox"/> \$350                           | Class I-2: Complementary<br><input type="checkbox"/> \$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:<br>Texas Roadhouse Holdings LLC  |                   | Date of Incorporation:<br>2/24/1997  | State Business ID Number: |                                 |
| Doing Business As (DBA) Name, if Applicable:<br>Texas Roadhouse   |                   | If out of state corporation, is corporation registered in North Dakota?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                           |                                 |
| Location Address:<br>1505 Burnt Boat Dr.  | City:<br>Bismarck | State:<br>ND   | Zip:<br>58503             | Phone Number:<br>(701) 250-6746 |
| Name and Title of Person Completing Form (must be the person listed in ownership information or manager):<br>Christopher C. Colson, Corporate Secretary |                   |  |                           |                                 |

| Contact Information (Where correspondence is to be sent): |                                 |  |               |
|---|---------------------------------|--|---------------|
| Primary Contact:<br>Rebecca Wonka                         | Phone Number:<br>(502) 814-1603 | Email Address:<br>licensingrenewals@texasroadhouse.com |               |
| Mailing Address:<br>6040 Dutchmans Ln                     | City:<br>Louisville             | State:<br>KY   | Zip:<br>40205 |

|                                  |                             |                                   |                                |
|----------------------------------|-----------------------------|-----------------------------------|--------------------------------|
| Manager's Name:<br>David Skur    |                             | Date of Birth:<br>[REDACTED] 1973 | Percentage of Ownership:<br>0% |
| Driver's License Number:         | State Issued:               | Gender:<br>Male                   | Race:<br>White                 |
| Home Address:<br>[REDACTED]      | City:<br>Bismarck           | State:<br>ND                      | Zip:<br>58503                  |
| Occupation:<br>Restaurant Manger | Phone Number:<br>[REDACTED] | Title:<br>Managing Partner        | Email Address:<br>[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.

| <u>Title</u>                           | <u>Full Name / Home Address</u>                      | <u>Common Stock Ownership</u> |
|--|--|-------------------------------|
| 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.

| <u>Title</u> | <u>Full Name / Home Address</u>                     | <u>Common Stock Ownership</u> |
|--------------|---|-------------------------------|
| 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, please explain: |
|--|------------------------|

|  |  |
|--|--|
| 2. Have any of the persons listed above been convicted of any crime within the past five years?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details:<br>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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details:<br>Texas Roadhouse - Fargo, ND<br>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?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details:<br>Restaurant - Food Sales |
|--|---|

|   |                             |
|---|-----------------------------|
| 11. Have all property taxes and special assessments currently due been paid?<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Subscribed and sworn to before me this \_\_\_\_\_

County of

day of \_\_\_\_\_

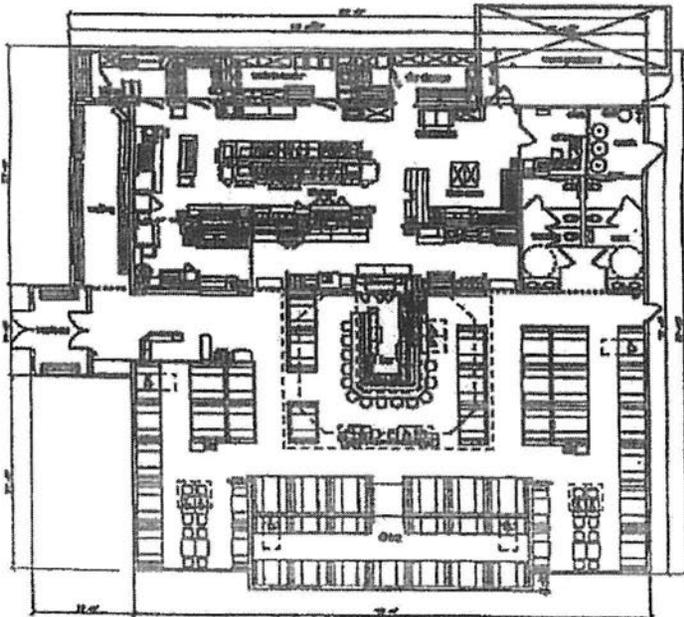
Notary Seal

Notary Public

My Commission Expires

# TEXAS Road House

Burnt Boat Dr. and Tyler Parkway  
Bismarck, ND



### GENERAL NOTES

#### SPECIAL CONDITIONS

The contractor shall verify with the architect the location of all existing conditions before starting work. The contractor shall be responsible for obtaining all necessary permits and licenses for the work to be performed. The contractor shall be responsible for obtaining all necessary insurance and bonding. The contractor shall be responsible for obtaining all necessary approvals from the appropriate authorities. The contractor shall be responsible for obtaining all necessary approvals from the appropriate authorities. The contractor shall be responsible for obtaining all necessary approvals from the appropriate authorities.

#### SPECIAL SPECIFICATIONS

1. The contractor shall verify with the architect the location of all existing conditions before starting work.
2. The contractor shall be responsible for obtaining all necessary permits and licenses for the work to be performed.
3. The contractor shall be responsible for obtaining all necessary insurance and bonding.
4. The contractor shall be responsible for obtaining all necessary approvals from the appropriate authorities.

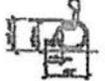


TABLE AND BOOTH ACCESS

### SCHEDULE OF DRAWINGS

| GENERAL            | ELECTRICAL         |
|--------------------|--------------------|
| 01 GENERAL PLAN    | 01 GENERAL PLAN    |
| 02 ELECTRICAL PLAN | 02 ELECTRICAL PLAN |
| 03 MECHANICAL PLAN | 03 MECHANICAL PLAN |
| 04 PLUMBING PLAN   | 04 PLUMBING PLAN   |
| 05 FINISHES        | 05 FINISHES        |
| 06 FURNITURE       | 06 FURNITURE       |
| 07 SIGNAGE         | 07 SIGNAGE         |
| 08 EXTERIOR        | 08 EXTERIOR        |
| 09 INTERIOR        | 09 INTERIOR        |
| 10 SPECIALTIES     | 10 SPECIALTIES     |
| 11 ACCESSORIES     | 11 ACCESSORIES     |
| 12 FINISHES        | 12 FINISHES        |
| 13 FURNITURE       | 13 FURNITURE       |
| 14 SIGNAGE         | 14 SIGNAGE         |
| 15 EXTERIOR        | 15 EXTERIOR        |
| 16 INTERIOR        | 16 INTERIOR        |
| 17 SPECIALTIES     | 17 SPECIALTIES     |
| 18 ACCESSORIES     | 18 ACCESSORIES     |

### CODE ANALYSIS

|                                  |   |
|----------------------------------|---|
| 1. IDENTIFY                      | SECTION 1, 2, 3   |
| 2. IDENTIFY ADDRESS              | 1401 UNIVERSITY BLVD, SUITE 200<br>BISMARCK, ND 58101-1001    |
| 3. PROJECT NAME                  | TEXAS ROADHOUSE   |
| 4. PROJECT ADDRESS               | BURNT BOAT DR. & TYLER PARKWAY<br>BISMARCK, ND                |
| 5. BUILDING CODE                 | 2009 IBC  |
| 6. CONSTRUCTION TYPE             | VB  |
| 7. USE GROUP                     | A2  |
| 8. NUMBER OF STOREYS IN BUILDING | 1   |
| 9. HEIGHT OF BUILDING            | 37'-0"  |
| 10. GROSS FLOOR AREA PER FLOOR   | 5700 SQ. FT.  |
| 11. FULLY FINISHED               | YES   |
| 12. COEFF. OF FLOOR              | 100% FINISHED PER REQUIREMENT<br>FROM FLOOR FINISHES SCHEDULE |

#### OCCUPANCY LOAD

| OCCUPANCY LOAD CATEGORY | AREA         | TOTAL       |
|-------------------------|--------------|-------------|
| DINING AREA (PER CODE)  | 4200 SQ. FT. | 207 PERSONS |
| KITCHEN (N.Y.)          | 200 SQ. FT.  | 20 PERSONS  |
| RESTROOMS (N.Y.)        | 200 SQ. FT.  | 20 PERSONS  |
| OFFICE (N.Y.)           | 200 SQ. FT.  | 20 PERSONS  |

MECHANICAL NOTES  
 1. MECHANICAL SYSTEMS SHALL BE DESIGNED TO SERVE THE FOLLOWING OCCUPANCY LOADS:  
 2. MECHANICAL SYSTEMS SHALL BE DESIGNED TO SERVE THE FOLLOWING OCCUPANCY LOADS:  
 3. MECHANICAL SYSTEMS SHALL BE DESIGNED TO SERVE THE FOLLOWING OCCUPANCY LOADS:

snid ARCHITECTS

TEXAS ROAD HOUSE  
BURNT BOAT DR. & TYLER PARKWAY  
BISMARCK, ND

COV

Print

Retail Alcohol Beverage License - Submission #22973

Date Submitted: 5/17/2024



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
- 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:\***

**Email Address:**

Pres

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

Chad Wachter

[Redacted]/1973

50

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

[Redacted]

ND

**Home Address:**

[Redacted]

**City:**

**State:**

**Zip:**

**Phone No.:**

Bismarck

ND

58504

[Redacted]

**Officer/Director/Stockholder Title:**

**Email Address:**

VP

[Redacted]

**Name:**

**Date of Birth:**

**Percentage of Ownership:**

**Driver's License No.:**

**State Issued:**

**Gender:**

**Race:**

Home Address:

[Empty text box for Home Address]

City:

[Empty text box for City]

State:

[Empty text box for State]

Zip:

[Empty text box for Zip]

Phone No.:

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

[Empty text box for Officer/Director/Stockholder Title]

Email address:

[Empty text box for 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:

[Empty text box for explanation]

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:

[Empty text box for convictions]

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:**

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**

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**

No file chosen

**Mail Payments To:**

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

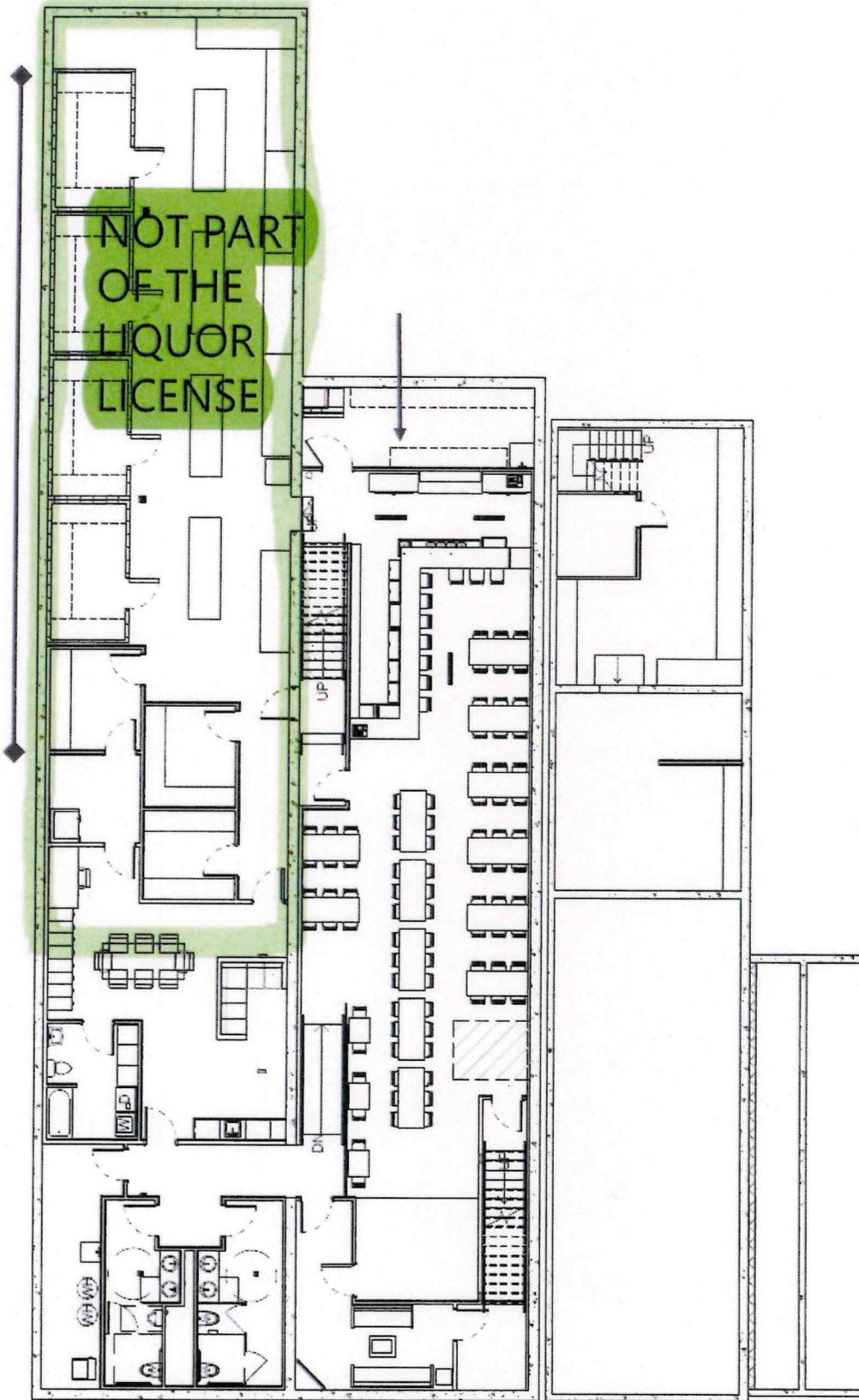
North

Main Floor and Second Level Floor Plan



**Lower Level Floor Plan**

North



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
- 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:\***

**Email Address:**

CFO

[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.**

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:**

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:\***

Bismarck Diagram.pdf

**Liquor License Transfers**

**Download Required Form for License Transfer:**

[Alcoholic Beverage License Transfer Form](#)

**Upload Notarized Alcoholic Beverage License Transfer Form**

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.\***

**Date:\***

5/10/2024

Electronic Signature

---

**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

CONCOURSE

EXIT EXIT EXIT

BAR AREA

CAFE AREA

RETAIL AREA

WAREWASHING

SERVICE AREA

BACK OF HOUSE



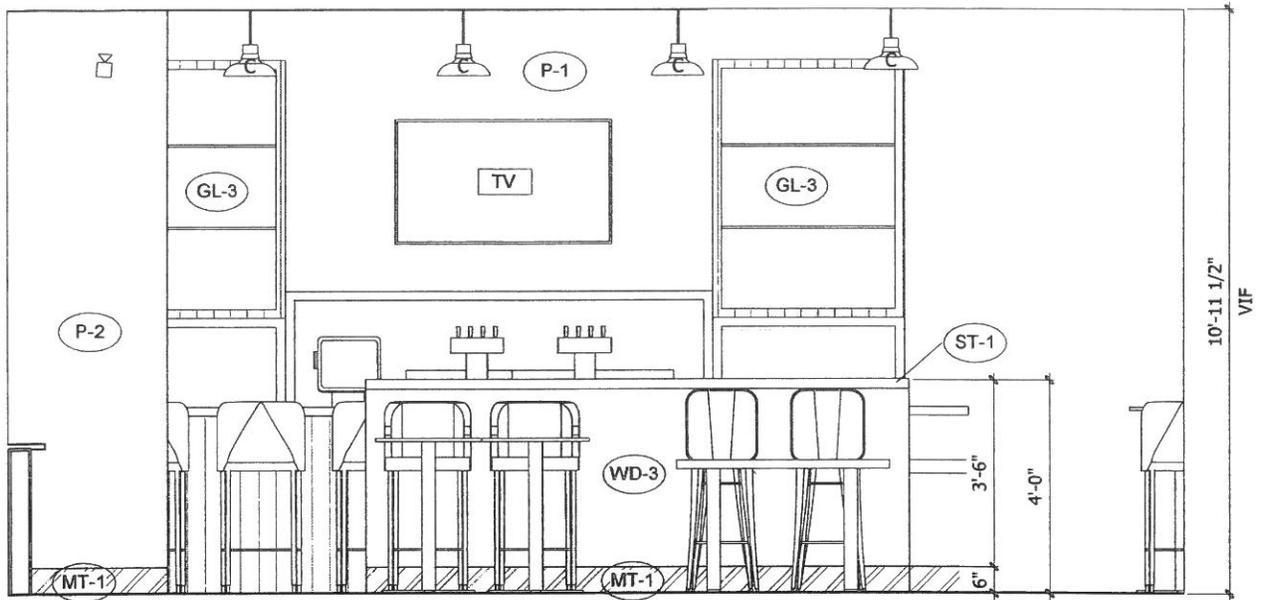
PROJECT  
NORTH



TRUE  
NORTH



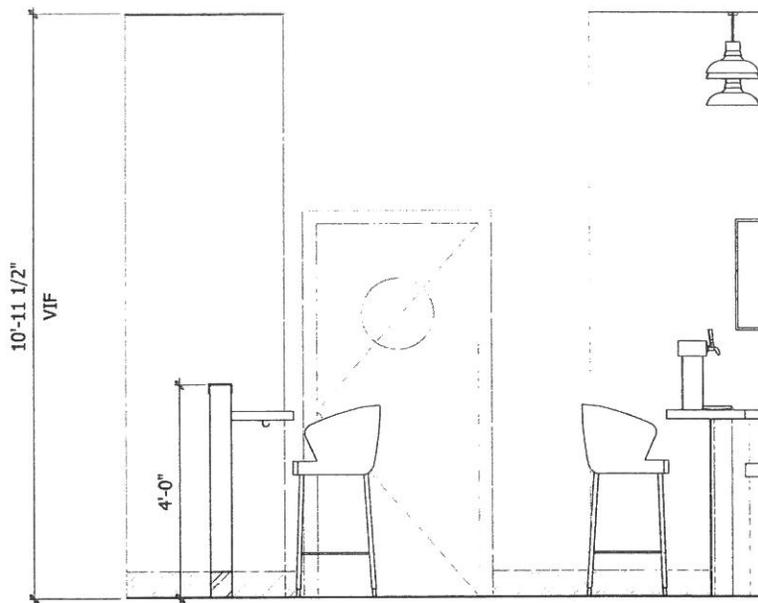
2301 University Dr.  
Bismarck, ND, 58504



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
- 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:\*

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:\***

**Email Address:**

OWNER/PRESIDENT

[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:**

[Empty text box for Home Address]

**City:**

**State:**

**Zip:**

**Phone No.:**

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

**Officer/Director/Stockholder Title:**

**Email address:**

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

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

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:**

[Empty text box for explanation]

**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:**

[Empty text box for convictions]

**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:**

Food Acohol Sales Report.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:\***

Site Diagram.pdf

**Liquor License Transfers**

**Download Required Form for License Transfer:**

[Alcoholic Beverage License Transfer Form](#)

**Upload Notarized Alcoholic Beverage License Transfer Form**

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:\***

JILL SANFORD

//

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

**Date:\***

5/5/2024

Electronic Signature

---

**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

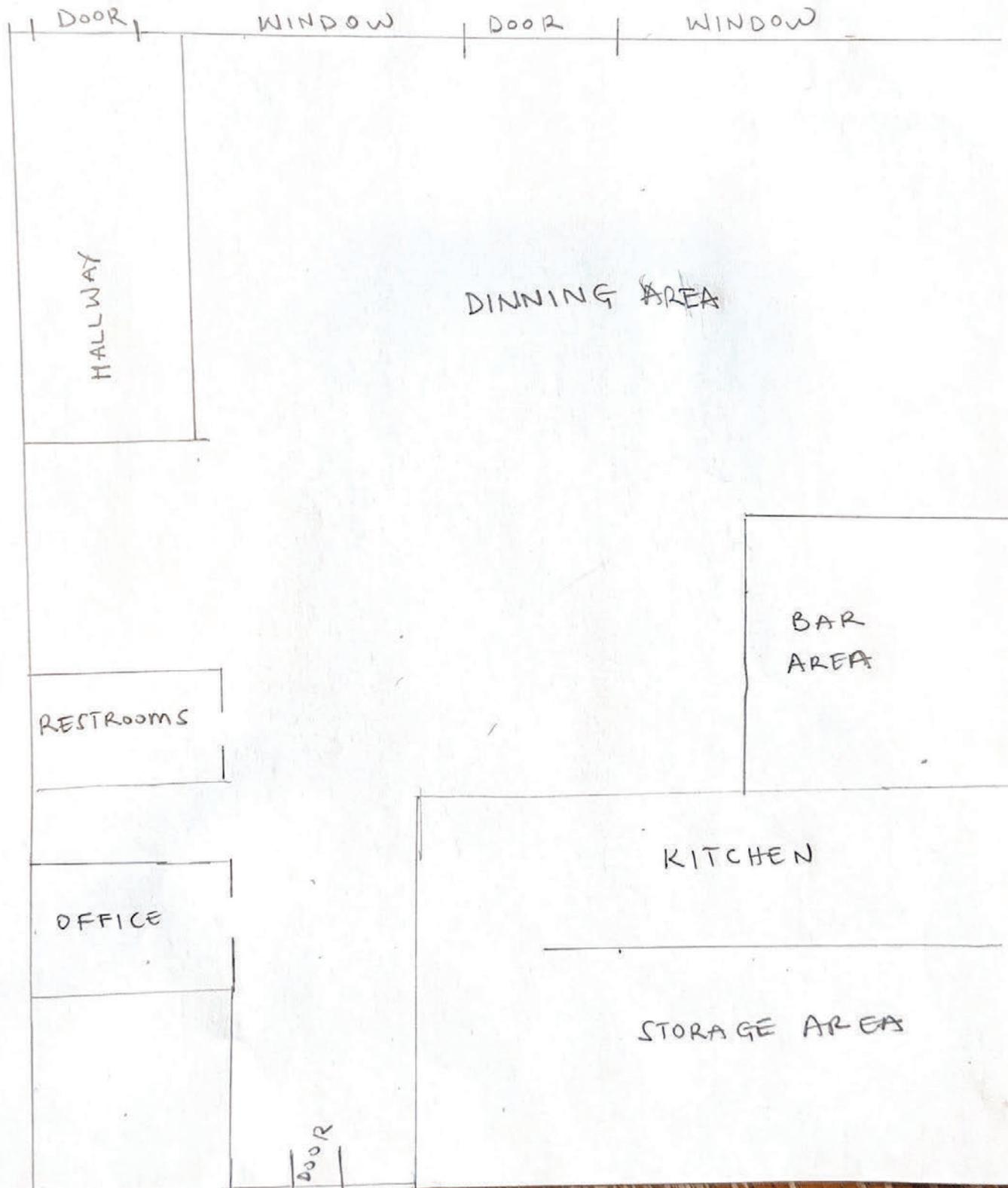
**Sanford Restaurants, Inc.**  
**Profit & Loss**  
January through December 2023

---

|                         | <u>Jan - Dec 23</u>        |
|-------------------------|----------------------------|
| Ordinary Income/Expense |                            |
| Income                  |                            |
| 4000 · Bar Sales        |                            |
| 4010 · Beer Sales       | 224,681.02                 |
| 4020 · Wine Sales       | 106,294.65                 |
|                         | <hr/>                      |
| Total 4000 · Bar Sales  | 330,975.67                 |
| 4100 · Food Sales       | 1,865,813.00               |
|                         | <hr/>                      |
| Total Income            | 2,196,788.67               |
|                         | <hr/>                      |
| Gross Profit            | 2,196,788.67               |
|                         | <hr/>                      |
| Net Ordinary Income     | 2,196,788.67               |
|                         | <hr/>                      |
| Net Income              | <u><u>2,196,788.67</u></u> |

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 to 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](mailto:rmoch@bismarcknd.gov)  
Katie Johnke, Nutrition Services Program Coordinator, 701-355-1555, [kjohnke@bismarcknd.gov](mailto:kjohnke@bismarcknd.gov)

**ATTACHMENTS:**

1. Matching Grant Application



**BISMARCK PARKS AND  
RECREATION DISTRICT**  
Est. 1927

[www.bisparks.org](http://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.

| <b>PROJECT ITEM</b> | <b>UNITS</b>  | <b>ESTIMATED COST</b> |
|---------------------|---------------|-----------------------|
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
| _____               | _____         | _____                 |
|                     | <b>TOTAL:</b> | _____                 |

**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](mailto:pjacobsen@bismarcknd.gov)  
Rachel Lukaszewski, Principal Transportation Planner, 701-355-1852,  
[rlukaszewski@bismarcknd.gov](mailto: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](mailto: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.

|                             |    |            |
|-----------------------------|----|------------|
| <b>ENGINEER'S ESTIMATE:</b> | \$ | 240,382.80 |
| <b>CIP BUDGET**:</b>        | \$ | 250,000.00 |

|                             | <b>AMOUNT</b>        |
|-----------------------------|----------------------|
| <b>BIDDER</b>               |                      |
| Traffic Safety Services Inc | \$ <u>220,220.90</u> |

\*\* CIP Budget includes proposed construction costs only

# PROJECT BUDGET

|               |        |                    |                                   |
|---------------|--------|--------------------|-----------------------------------|
| <b>Number</b> | HC 168 | <b>Description</b> | 2024 Pavement Marking Maintenance |
|---------------|--------|--------------------|-----------------------------------|

|                        |          |
|------------------------|----------|
| <b>Scheduled Start</b> | 6/4/2024 |
|------------------------|----------|

|                      |           |
|----------------------|-----------|
| <b>Scheduled End</b> | 9/15/2024 |
|----------------------|-----------|

## Project Contracts

| <u>Project Construction Contracts</u> | <u>Amount</u>     |
|---------------------------------------|-------------------|
| Traffic Safety Services, Inc -----    | 220,220.90        |
| Subtotal                              | 220,220.90        |
| Contingencies 10%                     | 22,022.09         |
| <b>Total Construction Contracts</b>   | <b>242,242.99</b> |

| <u>Other Contracts, Land Purchases, Etc.</u> | <u>Contract No.</u> | <u>Amount</u> |
|--|---------------------|---------------|
| Subtotal                                     |                     | -             |
| *Contingencies 10%                           |                     | -             |
| <b>Total Other Contracts</b>                 |                     | <b>-</b>      |

| <u>Work by Other City Departments</u>       | <u>Amount</u> |
|---|---------------|
| Subtotal                                    | -             |
| *Contingencies 10%                          | -             |
| <b>Total Work by Other City Departments</b> | <b>-</b>      |

## SUMMARY

|   |                   |
|---|-------------------|
| <b>Construction Cost - No Contingencies</b>       | <b>220,220.90</b> |
| <b>TOTAL CONSTRUCTION COST WITH CONTINGENCIES</b> | <b>242,242.99</b> |
| Engineering 10% -----                             | 24,224.30         |
| Administration -----                              | -                 |
| Advertising and Legal -----                       | -                 |
| Interest During Construction -----                | -                 |
| <b>HC 168 TOTAL PROJECT COST</b> -----            | <b>266,467.29</b> |

| <u>Project Funding</u>        | <u>Amount</u>     |
|-------------------------------|-------------------|
| City Funded - Sales Tax ----- | 266467.29         |
| <b>Total Funding</b>          | <b>266,467.29</b> |

**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](mailto: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](mailto: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 5<sup>th</sup> 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.

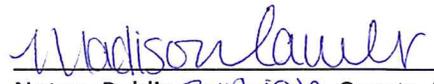
IN WITNESS WHEREOF, the Grantors have hereto fixed their signatures this the 8 day of May, 2024.

County  
STATE OF Burleigh )  
State ) SS  
COUNTY OF North Dakota )

  
\_\_\_\_\_  
Jamie Schmidt, Vice President  
INVESTCORE, INC.  
PO BOX 1437  
BISMARCK, ND 58502

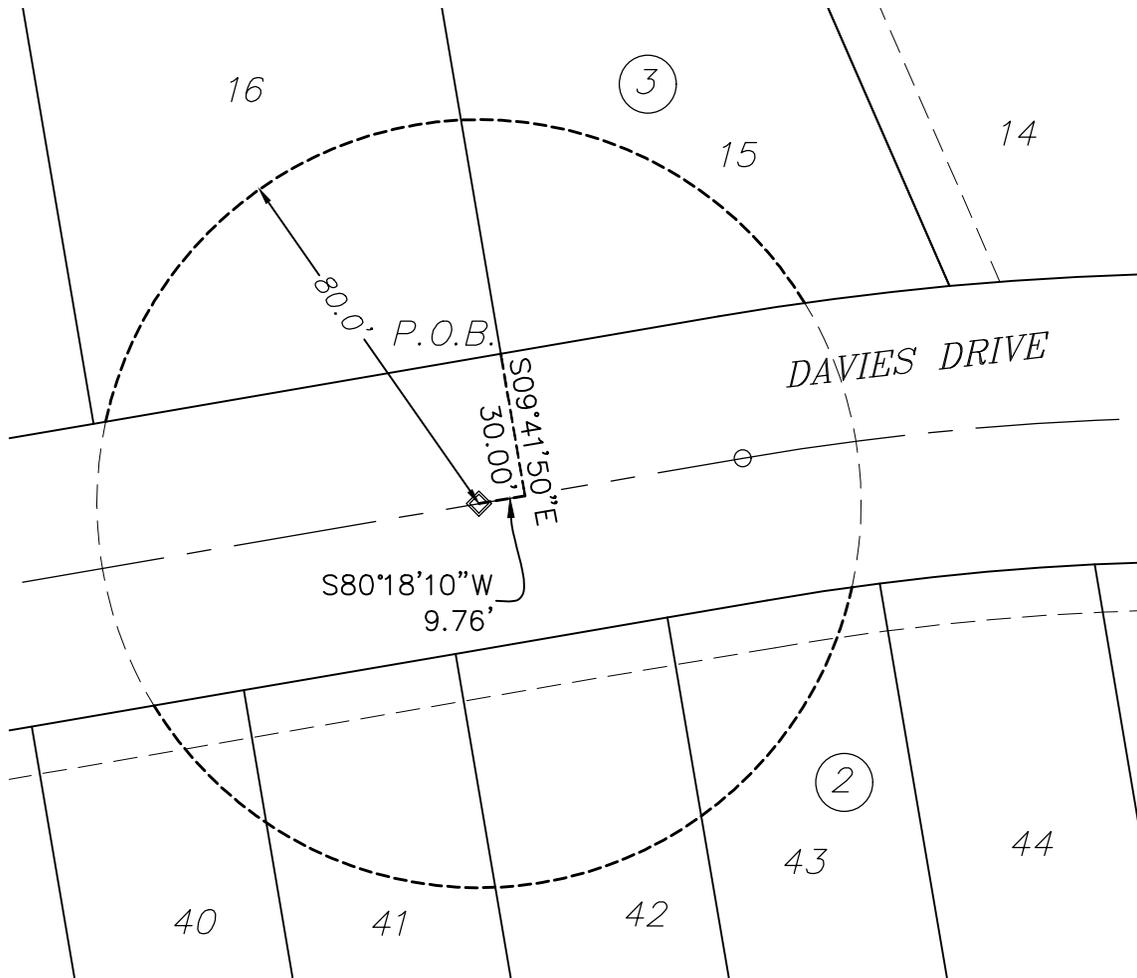
On this 8 day of May, 2024, before me appeared Jamie Schmidt, Vice-President of Investcore, Inc., known to me to be the person that is described in and that he executed the foregoing instrument, and acknowledged that he executed the same.

**MADISON LAWLER**  
Notary Public  
State of North Dakota  
My Commission Expires April 25, 2026

  
\_\_\_\_\_  
Notary Public, Burleigh County, ND  
My Commission Expires: April 25, 2026



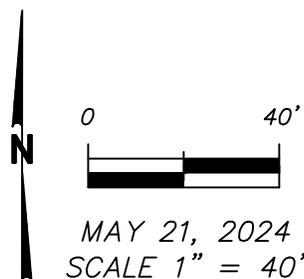
# ACCESS EASEMENT EXHIBIT



## 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 ENDPPOINT





## 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](mailto:ajensen@bismarcknd.gov)

**ATTACHMENTS:**

1. Abatements



**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 Gullikson

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 Spornstein  
MS



**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 Henry Gullikson

County Auditor's File No. 24-609

Date Application Was Filed With The County Auditor 5/9/24

Date County Auditor Mailed Application to Township Clerk or City Auditor 5/9/24  
(must be within five business days of filing date)

Mark Spiankowski

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         | \$ <u>110,000</u> |
| Improvements | \$ <u>396,200</u> |
| Total        | \$ <u>506,200</u> |

(1)

**Total true and full value of the property described above for the year 2022 should be:**

|              |                   |
|--------------|-------------------|
| Land         | \$ <u>110,000</u> |
| Improvements | \$ <u>351,500</u> |
| Total        | \$ <u>461,500</u> |

(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.

Signature of Preparer (if other than applicant) \_\_\_\_\_ Date 4/29/24  
Signature of Applicant Margaret Dando Date 4/29/24

**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 5/20/14

Date County Auditor Mailed Application to Township Clerk or City Auditor \_\_\_\_\_  
(must be within five business days of filing date)

Mark Solarzewski  
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 71  
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? \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
yes/no
2. Has the property been offered for sale on the open market? \_\_\_\_\_ If yes, how long? \_\_\_\_\_  
yes/no  
Asking price: \$ \_\_\_\_\_ Terms of sale: \_\_\_\_\_
3. The property was independently appraised: \_\_\_\_\_ Purpose of appraisal: \_\_\_\_\_  
yes/no  
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 Danco

Date 4/29/24

**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 Sobrandonis*

*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](mailto:lschmidt@bismarcknd.gov)  
Julie Peplinski, HR Assistant, 701-355-1334, [jpeplinski@bismarcknd.gov](mailto:jpeplinski@bismarcknd.gov)

**ATTACHMENTS:**

1. Title VI Community Participation Plan - Final Draft

# City of Bismarck-Bismarck Airport Community Participation Plan (CPP)<sup>1</sup>

## 1. Administration

The purpose of this CPP is to ensure that stakeholders or communities affected<sup>2</sup> 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.<sup>3</sup> 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:

| <b>Responsible Official</b> | <b>Title, Office, and Responsibilities</b>  |
|-----------------------------|---|
| <b>Leanne Schmidt</b>       | Human Resources Director, Title VI Coordinator, and ADA Coordinator   |
| <b>Timothy Thorsen</b>      | Assistant Airport Director, Airport Staff Official supporting Title VI program, Airport DBE/ACDBE Liaison Officer |
| <b>Janelle Combs</b>        | 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.

---

<sup>1</sup> 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>

<sup>2</sup> Within this CPP, the term “affected” also means *served*, in addition to *positively or negatively impacted*.

<sup>3</sup> 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/](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**

|   |
|---|
| <b>1. Terminal Expansion Study</b>                        |
| <b>2. City Commission meetings</b>                        |
| <b>3. Budget Committee meetings</b>                       |
| <b>4. FAA CIP meetings</b>                                |
| <b>5. NDAC CIP meetings</b>                               |
| <b>6. Periodic project plan review meetings</b>           |
| <b>7. Weekly scheduled construction progress meetings</b> |

City of Bismarck seeks public input for the above processes through the following methods:

| <b>Public Input Methods</b>  | <b>Planning Process(es)<br/>that use each Method</b> |
|--|--|
| <b>A. Advertised (Public Notice) through local newspaper of record</b>                               | #2, 3, 6   |
| <b>B. Published on City and Airport Website</b>  | #1,2,3, 6  |
| <b>C. Direct outreach to known ACDBE's on NDDOT web site (Unified Certification Program for ND).</b> | #1   |
| <b>D. Public Open house for project review</b>   | #1   |
| <b>E. Public comment period at City Commission Meetings</b>  | #1,2,3,4   |

### **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,<sup>4</sup> are provided below.

| Affected Community | Key Community Reps. (CBOs, leaders, etc.)   | Focused Outreach Steps   |
|--------------------|---|--|
| a. Bismarck Public | a. City Administration Assistants.<br>b. City Communications Strategist<br>c. Airport Marketing and Operations Manager<br>. | a. Public Notices (Bismarck Tribune)<br>b. Commission Meetings (Public Access TV and Internet).<br>c. City Website<br>d. Airport web site<br>e. Public open house meetings<br>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.

---

<sup>4</sup> “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.<sup>5</sup> 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.**

---

<sup>5</sup> 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.



## 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](mailto:lschmidt@bismarcknd.gov)  
Julie Peplinski, HR Assistant, 701-355-1334, [jpeplinski@bismarcknd.gov](mailto:jpeplinski@bismarcknd.gov)

**ATTACHMENTS:**

1. Title VI Community Participation Plan - Final Draft



**CITY OF BISMARCK**

**TITLE VI PLAN**

**May 2024**

Title VI Coordinator

Leanne Schmidt, Director of Human Resources

221 N 5<sup>th</sup> Street, PO Box 5503, Bismarck, ND 58506-5503

|   |                    |
|---|--------------------|
| <b>I. EQUAL EMPLOYMENT OPPORTUNITY ACT (EEO)</b> .....                        | <b>3</b>           |
| A. Equal Employment Opportunity (EEO) Report .....                            | 3                  |
| B. Organization, Staffing, and Responsibilities .....                         | 3                  |
| C. Purposes and Responsibilities.....   | 4                  |
| D. Selection Process .....  | 5                  |
| E. EEOC Reporting for Publicly Held Meetings .....                            | 5                  |
| <br>  |                    |
| <b>II. AMERICANS WITH DISABILITIES ACT (ADA)</b> .....                        | <b>6</b>           |
| A. Title VI Coordinator.....  | 6                  |
| B. ADA Coordinator.....   | 7                  |
| C. DBE Liaison Officer .....  | 8                  |
| D. City of Bismarck Title VI/Nondiscrimination and ADA Policy Statement ..... | 8                  |
| <br>  |                    |
| <b>III. LIMITED ENGLISH PROFICIENCY PLAN</b> .....                            | <b>10</b>          |
| A. Introduction .....   | 10                 |
| B. Plan Summary .....   | 10                 |
| C. Meaningful Access: Four-Factor Analysis .....                              | 11                 |
| D. Language Assistance .....  | 15                 |
| E. Language Assistance Measures .....   | 17                 |
| F. Staff Training .....   | 17                 |
| G. Monitoring .....   | <u>1817</u>        |
| H. Dissemination of the City of Bismarck LEP Plan .....                       | 18                 |
| <br>  |                    |
| <b>IV. TITLE VI COMPLAINTS</b> .....  | <b><u>1849</u></b> |
| A. Title VI/ADA Complaint Procedure.....                                      | <u>1849</u>        |
| B. Title VI Yearly Reporting Practice .....                                   | 22                 |
| <br>  |                    |
| <b>V. TITLE VI PROGRAM MONITORING ACTIVITIES</b> .....                        | <b><u>2223</u></b> |
| Subrecipient Monitoring .....   | <u>2223</u>        |
| <br>  |                    |
| <b>VI. GOALS AND ACCOMPLISHMENTS</b> .....                                    | <b><u>2324</u></b> |
| <br>  |                    |
| <b>VII. APPENDIX</b> .....  | <b><u>2425</u></b> |
| A. Appendix A of Title Assurances.....  | <u>2425</u>        |
| B. Appendix B of the Title VI Assurances .....                                | <u>2627</u>        |
| C. Appendix C of the Title VI Assurances.....                                 | 28                 |
| D. Appendix D of the Title VI Assurances .....                                | 29                 |
| E. Appendix E of the Title VI Assurances .....                                | <u>2930</u>        |
| F. Appendix F Airport Specific Provisions .....                               | 31                 |
| G. Appendix G Propio Language Services information                            |                    |

## I. EQUAL EMPLOYMENT OPPORTUNITY ACT (EEO)

### A. Equal Employment Opportunity (EEO) Report

The City of Bismarck is an equal opportunity employer and has employment policies that adhere to the Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA).

Bi-annually, the City of Bismarck submits an EEO-4 Report on the demographics of its workforce. This is a required report for employers of 15 or more employees.

There is also EEO information submitted voluntarily by applicants of all posted positions. That information goes with the applicant if they become an employee.

The City of Bismarck is an equal opportunity employer and does not discriminate against or exclude any particular class of people based on race, color, religion, sex, national origin, age, disability, or genetic information. Vacancies are advertised on the City of Bismarck website, which is accessible to both internal and external candidates.

### B. Organization, Staffing, and Responsibilities

The City of Bismarck operates under the commission form of municipal government; four commissioners and a mayor are elected at large and reside within the city limits. The City of Bismarck does not recognize wards or districts from which electors must reside. The Mayor serves as the President of the Board of City Commission. The President (Mayor) votes as a member of the board and does not have veto power.

There are five portfolios designated to each member of the City Commission. Each commissioner is responsible for serving as the liaison with the city department directors and committees, councils, or boards assigned. They prioritize their focus and communications to support operations. Every two years, after each election, a reorganization meeting is scheduled to distribute the portfolios to each commissioner.

Additionally, the city commission is advised by a number of boards and committees. The purpose and responsibilities of each are listed below.

Positions on the City of Bismarck's commissions, councils, boards, and committees are elected or appointed and are listed below. The organization members will be polled annually and given an opportunity to self-attest to their race and gender.

The City of Bismarck Administration Department ensures that notices for public meetings reach all segments of the impacted community. The Title VI Coordinator will identify the effective media platforms to share announcements and notices. Announcements are made in social media, general circulation newspapers, community newspapers, email broadcasts, and posted at the City/County Building public area.

### **C. Purposes and Responsibilities**

#### **Bismarck Parking Authority**

Parking Authorities are allowed under state law. The Bismarck Parking Authority provides convenient, reasonably priced parking to the residents, clients, customers, merchants, and employees of the Downtown Parking District. The Parking Authority currently manages three ramps and one surface lot. The Bismarck City Commission appoints members and must be residents of the City of Bismarck, as well as other requirements for ownership in the affected area. <http://www.bismarckparkingauthority.com/>

#### **City Commission**

The Board of City Commissioners has the sole authority to pass and adopt rules and regulations concerning the organization, management, and operation of all the departments of the city and the other agencies created by it for the administration of the city's affairs. Reference: NDCC Sec. 40-09-14

#### **Historic Preservation Commission**

The Historic Preservation Commission is a seven-member board that carries out matters related to the Historic Preservation Ordinance of the City of Bismarck. Their duties include advising on matters related to nominations to the National Register of Historic Places, working to promote and educate about the City's history, heritage, historic properties, and past citizens, and serving as a local historic resource for the citizens and other City Boards/Commissions seeking historic expertise. <https://bismarcknd.gov/1870/Historic-Preservation-Commission>

#### **Library Board**

The Library Board of Directors governs library operations. Board members must be residents of Bismarck and are appointed by the City Commission under the authority of state statute to three-year terms. Meeting dates are subject to change by action of the Board. <http://www.bismarcklibrary.org/159/Library-Board>

## **Metropolitan Planning Organization (MPO) Policy Board**

The Bismarck-Mandan MPO consists of the cities of Bismarck, Mandan, Lincoln, and portions of Burleigh and Morton Counties. The Policy Board represents the member cities/counties and is the decision-making body of the MPO.

<https://www.bismarcknd.gov/133/Metropolitan-Planning-Organization>

### **D. Selection Process**

The City of Bismarck follows a process for appointing individuals to the various advisory boards within local government. When a position becomes vacant, the City Administration Department works collectively with other City departments to advertise the vacancy and announce the application for appointment. The local newspaper, the Bismarck Tribune, is provided with a press release containing information pertinent to the vacant position. The announcement is also posted on the City's social media accounts and the City's official website- bismarcknd.gov. In most cases, residency in the city is a requirement for serving as a board or committee member. The exception would be the City Planning and Zoning Commission, which provides two positions for individuals who live within the City's Extra Territorial Area (ETA); these representatives reside within Burleigh County but outside the corporate limits of the City of Bismarck.

The City of Bismarck provides a unified advisory board application to any member of the public who is interested in applying for an open position on a board. The applications are collected by the department director whose department staffs the advisory Board. The department director reviews each application to determine qualifications and credentials appropriate for serving in an advisory capacity. A recommendation from the department director is provided to the Board of City Commissioners, at which time the Commission is tasked with confirming the recommendation or passing on the application(s) at a regularly scheduled meeting, which occurs on the second and fourth Tuesday of each month.

### **E. EEOC Reporting for Publicly Held Meetings**

The Civil Rights Act of 1964 and related nondiscrimination authorities require the North Dakota Department of Transportation to ensure everyone has the opportunity to comment on the transportation programs and activities that may affect their community.

The City of Bismarck monitors attendance to ensure equal opportunity at all publicly held meetings. The survey sheet found on the next page will be presented for voluntary participation of the attendees. This survey is for affirmative action purposes only. It will aid in monitoring attendance, determining demographics being reached, and how to announce future meetings to the public.

## II. AMERICANS WITH DISABILITIES ACT (ADA)

### A. Title VI Coordinator

The Title VI Coordinator is charged with the responsibility for implementing, monitoring, and ensuring the City's compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Proactively ensures that the City is in compliance with nondiscrimination requirements of Title VI and reports to City of Bismarck leadership on the status of Title VI compliances.
2. Responds promptly to requests by Federal Authorities for data and records and for the scheduling of compliance reviews and other meetings to determine compliance with Title VI and related requirements.
3. Process the disposition of Title VI complaints received by the City and forward them to the applicable Federal Authorities within 15 days of receipt, together with any actions taken to resolve the matter.
4. Provides applicable Federal Authority with updates regarding its response and status of early resolution efforts to complaints concerning Title VI and related requirements (49 CFR Part 21, Appendix C(b)(3)), including resolution efforts.
5. Coordinates data collection to evaluate whether racial or ethnic groups are unequally benefited or impacted by City programs. The data will be regularly assessed and readily available upon request (49 CFR § 21.9(b) & (c)). Data collection methods may include but are not limited to optional demographic questions in City customer satisfaction surveys, customer complaints, City event sign-in sheets, bids/proposals for City contracts, and other methods.
6. Maintains demographic data for members of appointed planning and advisory bodies for the Airport and identifies any disparities compared to the community. Provides information to the membership selecting official/committee, particularly when vacancies occur.
7. Collect statistical data (race, color, sex, age, disability, or national origin) of participants in and beneficiaries of state highway programs, e.g., relocates, affected citizens, and impacted communities.
8. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid highway fund contracts administered through the City.
9. Annually reviews City Title VI Plan program directives and, where applicable, includes Title VI language and related requirements. Disseminate information throughout the staff and City leadership.
10. Conduct training programs on Title VI and other related statutes, including anti-harassment training, language, and assistance resources and practices, collecting and assessing demographic data, reporting Title VI complaints and other required program-specific notifications for City employees and, which include the following: Include a statement about the City of Bismarck's Title VI Plan in the Employee Newsletter, advise all employees of the availability of

the Title VI Plan on the City of Bismarck's Intranet, post the Title VI Plan on the City of Bismarck Internet, post the Title VI Plan on employee bulletin boards at City of Bismarck worksites, inform all employees that a copy of the Title VI Plan is available upon request and instruct all new employees about the Title VI Plan during orientation. See appendix for department-specific sponsor responsibilities.

11. Prepare a yearly report of Title VI accomplishments and goals, as required.
12. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English, and post the Title VI Plan on the City of Bismarck web page.
13. Conduct post-grant approval reviews of City programs and applicants (e.g., highway location, design and relocation, and persons seeking contracts with the City) for compliance with Title VI requirements.
14. Identify and take corrective action to help eliminate discrimination.
15. Establish procedures to promptly resolve identified Title VI deficiencies. Document remedial actions agreed to be necessary. Provide remedial actions within 90 days of identification of a deficiency.
16. Establish, maintain, and coordinate a Limited English Proficiency Plan as detailed within this document.
17. Ensure federally sponsored programs have and maintain a Community Participation Plan (CPP).
18. Maintains a copy of 49 CFR Part 21 for inspection by any person asking for it during normal working hours (49 CFR 21, Appendix C (b)(2)(i)).

## **B. ADA Coordinator**

The Americans with Disabilities Act (ADA) of 1990 is a companion civil rights legislation with the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against people with disabilities. ADA implementing regulations to Title II of the act prohibit discrimination in the provision of services, programs, and activities by state and local governments such that "...No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity." 28 CFR § 35.130(a).

The City of Bismarck will make every reasonable accommodation to provide an accessible meeting facility for all persons and ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others, 28 CFR §35.160. Individuals may request appropriate provisions, auxiliary aids, or services (such as sign language, interpreter, accessible parking, or materials in alternative format) by contacting the ADA Coordinator, Leanne Schmidt, Director of Human Resources, City of Bismarck, at 701-355-1330 or TDD 711, or at [lschmidt@bismarcknd.gov](mailto:lschmidt@bismarcknd.gov).

The Americans with Disabilities Act requires public agencies with more than 50 employees to create and maintain a transition plan. The City of Bismarck employs more than 50 employees; for information about the City of Bismarck's ADA transition plan, please contact Leanne Schmidt. Contact information is listed above.

As the Americans with Disabilities Act is companion civil rights legislation with the Civil Rights Act of 1964, all disability/handicap-related complaints will follow the complaint procedures and forms as outlined in the City of Bismarck Title VI and Nondiscrimination Program.

Complaints about violations of ADA by units of state and local governments may also be filed directly with the US Department of Justice. For assistance, please call the toll-free ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY) or go to <http://www.ada.gov/>.

### **C. DBE Liaison Officer**

The DBE Liaison Officer shall have direct, independent access to the Mayor as the Chief Executive Officer for the City of Bismarck concerning DBE program matters. The liaison officer is responsible for implementing all aspects of your DBE program. You must also have adequate staff to administer the program in compliance with this part.

### **D. City of Bismarck Title VI/Nondiscrimination and ADA Policy Statement**

The City of Bismarck prohibits discrimination on the basis of race, color, national origin (including limited English proficiency (LEP)), sex (including sexual orientation and gender identity), creed, or age, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 (PL 100.259), Section 520 of the Airport and Airway Improvement Act of 1982 (if applicable), Section 162(a) of the Federal-Aid Highway Act of 1973 of 23 USC 324 (if applicable), Age Discrimination Act of 1975g, and Section 504 of the Rehabilitation Act of 1973/ADA of 1990 and related authorities (hereafter, "Title VI and related requirements"). Title VI and the additional Nondiscrimination requirements are applicable to programs receiving federal financial assistance due to the Civil Rights Restoration Act of 1987.

There are two Presidential Executive Orders that place further emphasis on the Title VI protections of race and national origin. Executive Order 12898 ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations. Executive Order 13166 directs recipients of Federal financial assistance that to ensure compliance with Title VI; they

must take reasonable steps to ensure that limited English proficiency persons have meaningful access to their programs.

The City of Bismarck is personally committed to and supports taking all steps to ensure that no person or groups of persons shall, on the grounds of race, color, national origin, sex, age, disability, limited English proficiency, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by The City of Bismarck, its recipients, sub-recipients, and contractors. Additionally, the City of Bismarck agrees, among other things, to understand the communities surrounding or in the flight path of its Airport, as well as customers that use the Airport. Anytime communities may be impacted by programs or activities, the City of Bismarck takes action to involve them and the general public in the decision-making process.

The City of Bismarck Human Resources Director is appointed as the Title VI Coordinator and ADA Coordinator and is granted the authority to develop, administer, and monitor the Title VI/Nondiscrimination and ADA Program as promulgated. The City of Bismarck requires nondiscrimination assurances from each tenant, contractor, and concessionaire providing an activity, service, or facility at any federally funded location in the City of Bismarck, including the Airport and other entities. Assurances must be included in any related lease, contract, or franchise agreement between the City of Bismarck and each tenant, contractor, and concessionaire, as well as in any similar agreements with their sub-tenants and sub-contractors.

Anyone who needs additional information or believes that he or she has been discriminated against should contact Leanne Schmidt, Title VI Coordinator and ADA Coordinator, PO Box 5530, Bismarck, ND 58506, 701-355-1330. TTY users may call Relay North Dakota at 711 or 1 800-366-6888 (toll-free).

### III. LIMITED ENGLISH PROFICIENCY PLAN

#### A. Introduction

This Limited English Proficiency Plan (LEP) has been prepared to address the City of Bismarck's responsibilities as a sub-recipient of federal financial assistance as they relate to the needs of individuals with Limited English Proficiency language skills. The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964, 42 USC 2000d, et seq, and its implementing regulations, which state that no person shall be subjected to discrimination on the basis of race, color, or national origin.

Executive Order 13166, titled ***Improving Access to Services for Persons with Limited English Proficiency***, indicates that differing treatment based upon a person's inability to speak, read, write, or understand English is a type of national origin discrimination. It directs each agency to publish guidance for its respective recipients, clarifying their obligation to ensure that such discrimination does not take place. This order applies to all state and local agencies that receive federal funds, including all the City of Bismarck and its sub-recipients.

#### B. Plan Summary

The City of Bismarck has developed this ***Limited English Proficiency Plan*** to help identify reasonable steps for providing language assistance to individuals with Limited English Proficiency (LEP) who wish to access the services provided. As defined in Executive Order 13166, LEP individuals are those who do not speak English as their primary language and have limited ability to read, speak, write, or understand English. This plan outlines how to identify a person who may need language assistance, the ways in which assistance may be provided, staff training that may be required, and how to notify LEP individuals that assistance is available.

In order to prepare this plan, the City of Bismarck used the four-factor LEP analysis, which considers the following factors:

1. The number or proportion of LEP persons served or encountered in the City of Bismarck.
2. The frequency with which LEP individuals come in contact with the program, activity, or services.
3. The nature and importance of the program, activity, or service provided by the program.
4. The resources available to the Recipient and costs.

### C. Meaningful Access: Four-Factor Analysis

1. The Number or proportion of LEPs served or encountered in the eligible service population.

The City of Bismarck is a local public agency with a defined service area as follows: areas within the boundaries of the city of Bismarck. Services may be provided by a specific area as follows: police, fire, administration, public works, library, and municipal court. The City of Bismarck's defined service area does not include the public school district or the park district.

All previous contacts with LEP persons were identified by language along with the type of service provided for the reporting period, January 1, 2022, through December 31, 2022. The following contacts occurred.

In-person contacts: In-person contacts are not specifically identified separately from the interpretive services in the last period.

Telephonic Interpreter Services:

| Telephonic Interpreter Services (January 2022 - December 2022) |          |           |          |            |          |          |          |          |          |
|--|----------|-----------|----------|------------|----------|----------|----------|----------|----------|
| Department   | French   | Spanish   | Arabic   | Vietnamese | Burmese  | Swahili  | Chuukese | Turkish  | Russian  |
| Central Communications   | 2        | 66        | 2        |            |          |          |          | 1        | 1        |
| Public Health  | 8        | 11        |          | 1          | 6        | 2        | 1        |          | 1        |
| Municipal Court  |          | 86        |          |            |          |          |          |          |          |
| Police Department  |          | 11        |          | 1          |          | 1        | 2        |          |          |
| Attorney   |          | 1         |          |            |          |          |          |          |          |
| Event Center   |          | 1         |          |            |          |          |          |          |          |
| <b>Grand Total</b>   | <b>9</b> | <b>90</b> | <b>2</b> | <b>2</b>   | <b>6</b> | <b>3</b> | <b>3</b> | <b>2</b> | <b>2</b> |

The City of Bismarck attempted to identify LEP minority populations that are eligible beneficiaries who may be underserved because of existing language barriers.

Additional data on LEP populations was obtained from sources such as census, school systems, religious organizations, community organizations, community agencies, and state and local governments.

The City of Bismarck consulted additional data sources:

## US Census for the City of Bismarck

- 2017-2021 American Community Survey 5-Year Estimates
  - The City of Bismarck staff reviewed the 2017-2021 American Community Survey 5-Year Estimates for the City of Bismarck and determined that 3,170 individuals in the city of Bismarck (4.6 % of the population) speak a language other than English. Of those, 1,059 individuals have limited English proficiency; that is, they speak English less than "very well" or "not at all." This is only 1.5 % of the overall population in the City of Bismarck.
  - Individuals with Limited English Proficiency that are greater in number than 5% of the language group are:

| Language                                   | Total | Total who speak English Less than very well | Percent |
|--|-------|---|---------|
| Spanish                                    | 888   | 395   | 44%     |
| German or West Germanic languages          | 698   | 75  | 11%     |
| Other Unspecified languages                | 318   | 106   | 33%     |
| Russian, Polish, or other Slavic languages | 285   | 127   | 45%     |
| French, Haitian, or Cajun                  | 257   | 135   | 52%     |
| Other Indo-European languages              | 282   | 29  | 10%     |
| Tagalog, (incl. Filipino)                  | 223   | 75  | 34%     |
| Arabic                                     | 88    | 65  | 74%     |
| Vietnamese                                 | 66    | 9   | 14%     |
| Chinese (Incl. Mandarin, Cantonese)        | 28    | 28  | 100%    |
| Other Asian and Pacific Island languages   | 27    | 15  | 55%     |

Data from 2021: ACS 5-year Estimates Table B16001

- Characteristics of People by Language Spoken at Home – Table S1603, 2017-2021 ACS 5 Year Estimates report language estimates. Around 4% of all children, ages 5 to 17, speak a language other than English at home. For adults ages 18 and over, that number is 5%.

North Dakota Department of Public Instruction (NDDPI) - Reports the English Language Learner languages.

- In 2021-2022, NDDPI reported 3,534 ELL students in 12 school districts across ND. Bismarck Public School District has 388 ELL students, or about 9% of the ELL student population.

ND Department of Health & Services (NDDHHS) is administering the state refugee resettlement program. The Lutheran Social Services of North Dakota (LSSND) previously provided refugee resettlement in ND through January 2021.

- NDHHS is the state agency responsible for managing the resettlement of refugee programs in North Dakota.

| Fiscal Year | Settled in Bismarck, ND |
|-------------|-------------------------|
| 2018        | 22                      |
| 2019        | 24                      |
| 2020        | 8                       |
| 2021        | 1                       |
| 2022        | 54                      |

**2. The frequency with which LEP individuals encounter the program, activity, or service.**

The City of Bismarck identified the frequency with which City of Bismarck staff have or should have contact with LEP individuals from different language groups seeking assistance. Spanish-speaking individuals are the most frequently encountered LEP language group.

| Telephonic Interpreter Services (January to December 2022) |        |         |        |            |         |         |          |         |         |
|--|--------|---------|--------|------------|---------|---------|----------|---------|---------|
| Department   | French | Spanish | Arabic | Vietnamese | Burmese | Swahili | Chuukese | Turkish | Russian |
| Central Communications                                     | 2      | 52      | 2      |            |         |         |          | 1       | 1       |
| Public Health  | 6      | 9       |        | 1          | 6       | 1       |          |         |         |
| Municipal Court  |        | 8       |        |            |         |         |          |         |         |
| Police Department  |        | 8       |        | 1          |         | 1       | 3        |         | 1       |
| Attorney   |        | 1       |        |            |         |         |          |         |         |
| Civic Center   |        | 1       |        |            |         |         |          | 1       |         |
| Grand Total  | 8      | 79      | 2      | 2          | 6       | 2       | 3        | 2       | 2       |

- Telephonic interpreter service was used for all 98 walk-in and/or call-in customers during the past 12-month reporting period of January 2022 through December 2022.
- Contacts ranged from 1 per month to 22 per month for an average of 9 calls per month.

### 3. **The nature and importance of services provided by the City of Bismarck to the LEP population.**

The City of Bismarck determined the importance of its services for the LEP population in its service area by reviewing and considering the following factors, including the identification of vital documents.

#### Identification of Vital Documents

A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits or is required by law.

- Examples:
  - Applications
  - Consent and complaint forms
  - Notices of rights and disciplinary action
  - Notices advising LEP persons of the availability of free language assistance
  - Written tests that assess competency for a particular license, job, or skill for which English competency is not required
  - Letters or notices that require a response from the beneficiary or client
  - In larger documents, the translation of vital information contained within the document will suffice and need not be translated in its entirety.
  - Outreach docs: It is difficult to determine if a vital lack of awareness may effectively deny LEP persons access. It's important to continually survey/assess the needs of eligible service populations to determine what outreach materials are critical to translate.

The City of Bismarck provides a Request for Reasonable Accommodations form for individuals to request services for oral or written translations as determined by the Four-Factor Analysis or defined by Safe Harbor requirements. Safe Harbor applies to written translations only.

Vital documents will be translated when a significant number of percentages of the population eligible to be served or likely to be directly affected by the program/activity need services or information in a language other than English to communicate effectively.

If the English language version is posted on the City of Bismarck website, the translation will be posted on the website.

The City of Bismarck considered the importance of immediate and long-term effects of a delay in written translations. Most services have several days to weeks allowed for comment or completion.

Failure to provide written translation under these cited circumstances does not mean that the City of Bismarck is in noncompliance; rather, it provides a starting point for the City of Bismarck to consider in relation to the Four Factors.

#### **4. The resources available to the Recipient and costs.**

The city contracted with Telelanguage in April 2018 with Telelanguage Services. In 2022, Telelanguage was acquired by Propio Language Services, who honored the contract started with the city. Interpretation rates are listed below and paid by the city.

- Phone interpretation services rate is \$1.05 per minute.
- Written translation services rate is \$0.19 per word with 250 words minimum.

Oral telephonic and written interpreter services are provided free of charge for the people served.

#### **D. Language Assistance**

A person who does not speak English as their primary language or who has a limited ability to read, write, speak, or understand English may be a Limited English Proficient person and may be entitled to language assistance with respect to City of Bismarck services.

Language assistance can include interpretation, which means an oral or spoken transfer of a message from one language into another language, and/or translation, which means the written transfer of a message from one language into another language.

After applying the four-factor analysis, the City of Bismarck has examined the following language assistance options and identified which methods will provide the City of Bismarck with an effective LEP Plan. Spanish-speaking individuals are most frequently encountered by the City of Bismarck.

## Language Assistance Services

### Oral Language Services

Using Propio Language Services interpreter lines offers prompt interpreting assistance in many different languages. Services are available 24 hours a day, 365 days a year by calling 800-514-9237, then providing a first name and a department access code. See Appendix G for more information.

- Contracting for Interpreters
  - The North Dakota Courts have an interpreters list available for independent contractors.
- Use of family members, friends, and other customers/passengers as interpreters
  - The City of Bismarck allows, at the request of LEP individuals, if they are not willing to speak with an interpreter provided by the City of Bismarck.

### Written Language Services - Translation of Documents

For 'vital' City of Bismarck documents, if there are fewer than 50 persons in a language group (that reaches five percent of the population of persons eligible to be served or likely to be affected or encountered), the City of Bismarck does not translate 'vital' written materials but will provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

- Identification of Vital Documents
  - A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits or is required by law.
    - Examples:
      - Applications
      - Consent and complaint forms
      - Notices of rights and disciplinary action
      - Notices advising LEP persons of the availability of free language assistance
      - Written tests that assess competency for a particular license, job, or skill for which English competency is not required
      - Letters or notices that require a response from the beneficiary or client
      - For larger documents, the translation of vital information contained within the document will suffice and need not be translated in its entirety.
      - Outreach docs: difficult to determine if vital- lack of awareness may effectively deny LEP persons access. It's important to continually survey/assess the needs of eligible

service populations to determine what outreach materials are critical to translate.

Failure to provide written translation under these cited circumstances does not mean that the sub-recipient is in noncompliance; rather, it provides a starting point for sub-recipients to consider in relation to the Four Factors.

#### **E. Language Assistance Measures**

The City of Bismarck employees will inform all LEP individuals attempting to access services that the City of Bismarck provides free interpreter services upon request for their interactions with the City of Bismarck.

When the City of Bismarck receives a request or identifies a need for services, the City of Bismarck will make every effort to provide the services in a timely manner. The City of Bismarck will pay for interpreter services and translation of vital documents as necessary.

#### **F. Staff Training**

Training includes how to obtain language assistance services and communication with interpreters and translators.

- Annual training is provided to all City of Bismarck employees.
  - Information to know their obligations to provide meaningful access to information and services for LEP persons.
  - Information on City of Bismarck LEP procedures
  - Description of language assistance services offered to the public.
  - Instructions to work effectively with telephone interpreters.
  - Instructions for transferring calls with LEP individuals on the telephone line.
  - Use Propio Language Services telephonic interpreter language lists and resource materials. Use of "I Speak" cards for in-person LEP individuals. It is located at:  
<http://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/ISpeakCards.pdf>

## **G. Monitoring**

The City of Bismarck will update the LEP Plan as required. The plan has been updated with data from the 2020 US Census and is available when higher concentrations of LEP individuals are present in the City of Bismarck service area. Updates will include the following:

- The number of encountered LEP persons, by language, who received language assistance services annually.
- The frequency of encounters with LEP persons
- The current/primary language of LEP populations in the service area.
- Whether the need for translation services has changed.
- Whether local language assistance programs have been effective.
- Whether the City of Bismarck's financial resources are sufficient to fund language assistance resources needed.
- Determine whether the City of Bismarck fully complies with the goals of this LEP Plan.
- Determine the number and type of complaints received concerning the needs of LEP individuals.
- Whether staff are knowledgeable about City of Bismarck LEP procedures.

## **H. Dissemination of the City of Bismarck LEP Plan**

- Post the City of Bismarck LEP Plan to their website.
- Post City of Bismarck LEP Plan in all City Buildings and employee breakrooms.
- Display free language assistance posters in all the City of Bismarck building's public areas.
- State on agendas, public notices, brochures, flyers, and ads that a Request for Reasonable Accommodation is available to request language assistance (oral interpretation and written translation) of documents from the City of Bismarck.

## **IV. TITLE VI COMPLAINTS**

### **A. Title VI/ADA Complaint Procedure**

This procedure outlines the Title VI and ADA complaint procedures related to providing programs, services, and benefits. It does not deny the Complainant the right to file formal complaints with the applicable state or federal agency or to seek private counsel for complaints alleging discrimination, intimidation, or retaliation of any kind that is prohibited by law.

Title VI of the Civil Rights Act of 1964 and Titles II and III of the Americans with Disabilities Act of 1990 requires that no person in the United States shall, on the grounds of disability, race, color, or national origin, be excluded from, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Any person who believes that they have been subjected to discrimination may file a written complaint with the City of Bismarck. Complaints must be filed within 180 calendar days of the alleged incident.

The Complainant may download the complaint form from the CITY OF BISMARCK website (<https://www.bismarcknd.gov/1413/Title-VI>) or request the complaint form from the Title VI Coordinator.

The complaint will include the following information:

- a. Name, address, and telephone number of the Complainant.
- b. The basis of the complaint, i.e., race, color, national origin, sex, elderly or disabled.
- c. The date or dates on which the alleged discriminatory event or events occurred.
- d. The nature of the incident that led the Complainant to feel discrimination was a factor.
- e. Names, addresses, and telephone numbers of persons who may have knowledge of the event.
- f. Other agencies or courts where a complaint may have been filed and a contact name.
- g. Complainant's signature and date.
- h. If the Complainant is unable to write a complaint, City of Bismarck staff will assist the Complainant.
- i. The complaint may be mailed or faxed to the following address: City of Bismarck, 221 N. Fifth St, Bismarck, ND 58506 or (701) 222-6470 (Fax)
- j. The complaint may be sent via email to [lschmidt@bismarcknd.gov](mailto:lschmidt@bismarcknd.gov). The Complainant also has the right within the 180-day timeframe to file a Title VI or ADA claim with the appropriate agency:

|   |   |
|---|---|
| North Dakota Department of Transportation<br>Civil Rights Division<br>608 E Boulevard Ave.<br>Bismarck, ND 58507-0700<br>Phone: (701) 328-2576<br>TTY: 711 or (800) 366-6888<br>Email: <a href="mailto:civilrights@nd.gov">civilrights@nd.gov</a> | United States Department of Transportation<br>(USDOT) Departmental Office of Civil Rights<br>US Department of Transportation<br>Office of Civil Rights<br>1200 New Jersey Ave., SE.<br>Washington, DC 20590<br>Phone: (202) 366-4648<br>Fax: (202) 366-5575<br>TTY/Assistive Device: (202) 366-9696 |
|---|---|

|   |  |
|---|--|
| <p>FHWA<br/> North Dakota Division Office<br/> 4503 Coleman St. N., Suite 205<br/> Bismarck, ND 58503<br/> Phone: (701) 250-4204<br/> Fax: (701) 250-4395<br/> Email: <a href="mailto:NorthDakota.fhwa@dot.gov">NorthDakota.fhwa@dot.gov</a></p>  | <p>USDOJ - Race, Color, National Origin Complaints<br/> Federal Coordination and Compliance Section - NWB<br/> Civil Rights Division<br/> US Department of Justice (USDOJ)<br/> 950 Pennsylvania Avenue, NW.<br/> Washington, DC 20530<br/> Phone: (888) 848-5306 (English and Spanish)<br/> (202) 307-2222 (voice)<br/> (202) 307-2678 (TDD)</p>  |
| <p>United States Department of Transportation (FHWA)<br/> Federal Highway Administration<br/> US Department of Transportation<br/> Office of Civil Rights<br/> 1200 New Jersey Ave., SE.<br/> 8th Floor E81-105<br/> Washington, DC 20590<br/> Phone: (202) 366-0693<br/> Fax: (202) 366-1599<br/> TTY: (202) 366-5132<br/> Email: <a href="mailto:CivilRights.FHWA@dot.gov">CivilRights.FHWA@dot.gov</a></p> | <p>USDOJ - ADA Complaints<br/> US Department of Justice (USDOJ)<br/> 950 Pennsylvania Avenue, NW.<br/> Civil Rights Division<br/> Disability Rights Section –<br/> 1425 NYAV Washington, DC 20530<br/> Fax: (202) 307-1197<br/> ADA Information Line:<br/> (800) 514-0301 (voice) or (800)514-0383 (TTY) Main Section<br/> Telephone Number:<br/> (202) 307-0663 (voice and TTY)</p>                             |
| <p>Federal Transit Administration (FTA)<br/> Office of Civil Rights<br/> Attention: Complaint Team<br/> East Building, 5th Floor - TCR<br/> 1200 New Jersey Ave., SE.<br/> Washington, DC 20590<br/> Phone: (888) 446-4511</p>  | <p>Federal Aviation Administration<br/> Office of Civil Rights<br/> (ACR-4)<br/> 800 Independence Avenue SW<br/> Washington DC, 20591<br/> (718)553-3297<br/> Complaint link:<br/> <a href="https://www.faa.gov/about/office_org/headquarters_offices/acr/external-discrimination-complaints/form">https://www.faa.gov/about/office_org/headquarters_offices/acr/external-discrimination-complaints/form</a></p> |

Internal Complaint Referral. All Title VI complaints received by departments must be promptly forwarded to the coordinator within five business days of receipt.

The City of Bismarck will begin an investigation and will contact the Complainant in writing no later than fifteen (15) working days after receipt of the Title VI complaint or five (5) days after receipt of the ADA complaint. The Complainant will be notified within 30 days if additional information is required to investigate the complaint. If the Complainant fails to provide the requested information on a timely basis, the City of Bismarck may administratively close the complaint.

The City of Bismarck will use its best effort to complete the investigation of Title VI and ADA complaints within sixty (60) calendar days of receipt of the complaint. A written

investigation report will be prepared by the investigator and sent to the Complainant filing the complaint. The report shall include a summary description of the incident, findings, and recommendations for disposition.

Consultation with Legal Counsel. In each case, the coordinator will consult with the Legal Counsel regarding the investigation and the report. Legal counsel will ensure that the report is consistent with the applicable Title VI nondiscrimination requirements.

Forwarding Report and Response to Complainant. At the completion of the investigation, the Complainant and respondent will receive a letter of findings and determination of the investigation and any applicable resolution. The letter transmitting the findings and any applicable resolution will state City's conclusion regarding whether unlawful discrimination occurred and will describe the Complainant's appeal rights.

Intimidation and Retaliation Prohibited. City of Bismarck employees, contractors, and tenants will not intimidate or retaliate against a person who has filed a complaint alleging discrimination.

Appeal Rights. The Complainant must be notified of their right to appeal the findings or determinations and of the procedures and requirements for an appeal:

- The Complainant may appeal in writing to the Bismarck City Administrator
- The written appeal must be received within ten (10) business days after mailing of the written decision.
- The written appeal must contain all arguments, evidence, and documents supporting the basis for the appeal.
- The Bismarck City Administrator will issue a final written decision in response to the appeal.

This complaint procedure is shared with the public through the following methods:

- Websites, In-person, and Other Distribution Methods

#### Bismarck Airport Additional Procedures

Initial FAA Notification. A copy of each Title VI complaint will be forwarded to the FAA within 15 days of initial receipt (not the date that the coordinator was notified). The airport staff supporting the coordinator will forward a copy of the complaint and a statement describing all actions taken to resolve the matter and the results thereof to the FAA Civil Rights staff. (Note: complaints based on disability do not have to be forwarded to FAA.) To transmit complaint information to the FAA, the Coordinator will [describe contacts and process – it is preferred for the information to be uploaded to the FAA Civil Rights Connect System, which issues automated notifications to FAA staff]. The coordinator will also seek technical assistance from

the FAA, as needed, throughout the complaint intake, investigation, and resolution process.

Cooperation with FAA. The coordinator will promptly investigate all Title VI complaints, including those referred by the FAA for investigation. If the FAA is investigating a complaint against the City of Bismarck, the Coordinator will avoid interfering with the FAA investigation, cooperate with the FAA when needed, and share factual information with the FAA.

A summary of the investigation report, any appeal, or follow-up actions will be sent to the FAA via the FAA Civil Rights Connect System.

## **B. TITLE VI YEARLY REPORTING PRACTICE**

At the end of each fiscal year, the City of Bismarck will have a yearly complaint reporting log. This will list all Title VI complaints that have come in during that time frame.

The City of Bismarck will identify and implement measures to reduce the chances of similar discrimination in the future.

## **V. TITLE VI PROGRAM MONITORING ACTIVITIES**

### **Subrecipient Monitoring**

The Title VI Recipient Checklist/Form and the Title VI Subrecipient Monitoring Checklist/Form will be completed on an annual basis and provided to appropriate federal agencies requiring them at appropriate times. The Forms are a Word document and provide additional detail to accompany the checklist, which is saved in Excel. The suggested review period is in January to cover activities of the prior year (January-December). A representative from the City of Bismarck Human Resources Department and/or an assigned City personnel will complete the Title VI Recipient Checklist to ensure the City's Title VI procedures and plan follow federal regulations. The DBE Liaison Officer will follow up with the city personnel to ensure the City's checklist is completed. The DBE Liaison Officer will also complete the Title VI Subrecipient Monitoring Checklist to ensure that the City's Title VI processes and plan are being carried out. At a minimum, both checklists will be collected and saved by the DBE Liaison Officer for review annually. If requested by a federal agency, the checklists may also be uploaded to TrAMS or sent directly to the Title VI Oversight Agent at FTA Region 8 or another location. The following pages provide the questions and framework for the checklists as mentioned above.

### **Additional Information/Actions Requested of Sub-Recipient of the FTA Only:**

1. Listing of Title VI complaints/lawsuits that have occurred since the latest Title VI program Submission.
2. List of transit facilities sited since the last Comprehensive Review and a copy of corresponding equity analyses.
3. List of transit facilities to be constructed/leased in the upcoming three Federal fiscal years and a copy of equity analysis completed or scheduled for equity analysis completion.
4. List of any fare increases or major service changes since the latest Title VI program submission, the date of the change, and a brief description of the change.
5. Any service equity and/or fare equity analyses conducted since the submission of the last Title VI program for fare or major service changes.
6. Any service equity and/or fare equity analyses conducted since the submission of the last Title VI program for new fixed guideway service, New Starts, or Small Starts projects.
7. Competitive selection or annual program of projects process.
8. List of all sub-recipient applications received during the review period and identify those:
  - a. Accepted or Rejected
  - b. Applicants that are minority organizations or that serve minority or low-income communities
  - c. Amount of funds allocated
9. Are there any other known issues that should be addressed within the Subrecipients Title VI Plan?

## **VI. GOALS AND ACCOMPLISHMENTS**

**Goals:** For the upcoming 2023 year, the City of Bismarck has sited these as the goals to reach.

1. Provide a good response to the City of Bismarck's Title VI plan during any potential audit.
2. Transition responsibilities of Title VI coordination to an HR Generalist who will continue to work with the Title VI Coordinator.
3. Collaborate with the commissions, councils, boards, and committees to provide information by explaining the forms and their purpose to encourage participation.
4. Prepare and present for all-staff training during the year.
5. Continue to update the City of Bismarck's Title VI plan.
6. Continue to update the City of Bismarck's ADA plan.
7. Gather updated census information as available.
8. Monitor the NDDOT Title VI website for any required form updates and make changes to posted documents as needed.

**Accomplishments:** During the triennial period, here are the accomplishments obtained by the City of Bismarck in compliance with the Title VI program.

1. The completed thorough review and update of the City of Bismarck Title VI Plan.
2. The City of Bismarck employees reviewed annual training material on Title VI and Limited English Proficiency.
3. The City of Bismarck's Title VI program coordination continues to be with the MPO's Title VI program to assist each other with questions and ideas and help to ensure each program flourishes.
4. Ensured continued interpretive services with the change to Propio Language Services and provided updated information to departments and employees.

**Training:**

New employee orientation incorporates Title VI training. Topics include:

- Title VI and related laws prohibit discrimination on the basis of race, color, national origin (including LEP), sex (including sexual orientation and gender identity), creed, or age.
- Title VI complaints must be forwarded to the Coordinator.
- Protections against retaliation for filing civil rights complaints or related actions.
- Title VI notices must be displayed throughout the Airport's public facilities.
- All contracts must include Title VI clauses.
- Language interpretation and translation services.
- Cultural and community relations sensitivity training.
- Anti-harassment training.

Refresher information will be provided annually.

**VII. APPENDIX**

**City of Bismarck**

**A. Appendix A of Title Assurances**

During the performance of this contract, the Contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the Contractor) agrees as follows:

1. Compliance with Regulations: The Contractor (hereinafter includes consultants) will comply with the Acts and the Regulations relative to Nondiscrimination in Federally assisted programs of the US Department of Transportation, the Federal Highway Administration, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract. The link to FAA contract provisions is found at

[https://www.faa.gov/airports/aip/grant\\_assurances/#current-assurances](https://www.faa.gov/airports/aip/grant_assurances/#current-assurances).

2. Nondiscrimination: The Contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor will not participate directly or indirectly in the discrimination prohibited by the Acts and the Regulations, including employment practices, when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR Part 21.
3. Solicitations for Subcontracts, Including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, the Contractor will notify each potential subcontractor or supplier of the Contractor's obligations under this contract and the Acts and the Regulations relative to Nondiscrimination on the grounds of race, color, or national origin.
4. Information and Reports: The Contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the Recipient or the Federal Highway Administration to be pertinent to ascertain compliance with such Acts, Regulations, and instructions. Where any information required of a Contractor is in the exclusive possession of another who fails or refuses to furnish the information, the Contractor will so certify to the Recipient or the Federal Highway Administration as appropriate and will set forth what efforts it has made to obtain the information.
5. Sanctions for Noncompliance: In the event of a contractor's noncompliance with the nondiscrimination provisions of this contract, the Recipient will impose such contract sanctions as it or the Federal Highway Administration may determine to be appropriate, including, but not limited to:
  - a. withholding payments to the Contractor under the contract until the Contractor complies and/or
  - b. canceling, terminating, or suspending a contract, in whole or in part.
6. Incorporation of Provisions: The Contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations, and directives issued pursuant thereto. The Contractor will act with respect to any subcontract or procurement as the Recipient or the Federal Highway Administration may direct as a means of enforcing such provisions, including sanctions for noncompliance. Provided that if the Contractor becomes involved in or is threatened with litigation by a subcontractor or

supplier because of such direction, the Contractor may request the Recipient to enter into any litigation to protect the interests of the Recipient. In addition, the Contractor may request the United States to enter into litigation to protect the interests of the United States.

7. That the Recipient will include the clauses set forth in Appendix C and Appendix D of this Assurance as a covenant running with the land in any future deeds, leases, licenses, permits, or similar instruments entered into by the Recipient with other parties:
  - a. For the subsequent transfer of real property acquired or improved under the applicable activity, project, or program; and
  - b. For the construction or use of, or access to, space on, over, or under real property acquired or improved under the applicable activity, project, or program.
8. That this Assurance obligates the Recipient for the period during which Federal financial assistance is extended to the program, except where the Federal financial assistance is to provide, or is in the form of, personal property, or real property, or interest therein, or structures or improvements thereon, in which case the Assurance obligates the Recipient, or any transferee for the longer of the following periods:
  - a. the period during which the property is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits, or
  - b. the period during which the Recipient retains ownership or possession of the property.
9. The Recipient will provide for such methods of administration for the program as are found by the Secretary of Transportation or the official to whom they delegate specific authority to give reasonable guarantee that it, other recipients, sub-recipients, subgrantees, contractors, subcontractors, consultants, transferees, successors in interest, and other participants of Federal financial assistance under such program will comply with all requirements imposed or pursuant to the Acts, the Regulations, and this Assurance.
10. The Recipient agrees that the United States has a right to seek judicial enforcement with regard to any matter arising under the Acts, the Regulations, and this Assurance.

## **B. Appendix B of the Title VI Assurances**

### **CLAUSES FOR DEEDS TRANSFERRING UNITED STATES PROPERTY**

The following clauses will be included in deeds effecting or recording the transfer of

real property, structures, or improvements thereon, or granting interest therein from the United States pursuant to the provisions of Assurance 4:

NOW, THEREFORE, the US Department of Transportation as authorized by law and upon the condition that the City of Bismarck will accept title to the lands and maintain the project constructed thereon in accordance with Title 23, United States Code, the Regulations for the Administration of the Federal-Aid Highway Program, and the policies and procedures prescribed by the Federal Highway Administration of the US Department of Transportation in accordance and in compliance with all requirements imposed by Title 49, Code of Federal Regulations, US Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the US Department of Transportation pertaining to and effectuating the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 USC § 2000d to 2000d-4), does hereby remise, release, quitclaim and convey unto the City of Bismarck all the right, title and interest of the US Department of Transportation in and to said lands described in Exhibit A attached hereto and made a part hereof.

(HABENDUM CLAUSE)

TO HAVE AND TO HOLD said lands and interests therein unto the City of Bismarck and its successors forever, subject, however, to the covenants, conditions, restrictions, and reservations herein contained as follows, which will remain in effect for the period during which the real property or structures are used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits and will be binding on the City of Bismarck, its successors and assigns.

The City of Bismarck, in consideration of the conveyance of said lands and interests in lands, does hereby covenant and agree as a covenant running with the land for itself, its successors and assigns, that (1) no person will on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination with regard to any facility located wholly or in part on, over, or under such lands hereby conveyed [,] [and]\* (2) that the City of Bismarck will use the lands and interests in lands and interests in lands so conveyed, in compliance with all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, US Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Non-discrimination in Federally-assisted programs of the US Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations and Acts may be amended[, and (3) that in the event of breach of any of the above-mentioned nondiscrimination conditions, the Department will have a right to enter or re-enter said lands and facilities on said land, and that above described land and facilities will thereon revert to and vest in and become the absolute property of the US Department of Transportation and its assigns as such interest existed prior to this instruction].\*

(\*Reverter clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

### **C. Appendix C of the Title VI Assurances**

#### **CLAUSES FOR TRANSFER OF REAL PROPERTY ACQUIRED OR IMPROVED UNDER THE ACTIVITY, FACILITY, OR PROGRAM**

The following clauses will be included in deeds, licenses, leases, permits, or similar instruments entered into by the City of Bismarck pursuant to the provisions of Assurance 7(a):

- A. The (grantee, lessee, permittee, etc., as appropriate) for themselves, their heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree [in the case of deeds and leases add "as a covenant running with the land"] that:
  - 1. In the event facilities are constructed, maintained, or otherwise operated on the property described in this (deed, license, lease, permit, etc.) for a purpose for which a US Department of Transportation activity, facility, or program is extended or for another purpose involving the provision of similar services or benefits, the (grantee, licensee, lessee, permittee, etc.) will maintain and operate such facilities and services in compliance with all requirements imposed by the Acts and Regulations (as may be amended) such that no person on the grounds of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities.
- B. With respect to licenses, leases, permits, etc., in the event of a breach of any of the above Nondiscrimination covenants, the City of Bismarck will have the right to terminate the (lease, license, permit, etc.) and to enter, re-enter, and repossess said lands and facilities thereon, and hold the same as if the (lease, license, permit, etc.) had never been made or issued. \*
- C. With respect to a deed, in the event of a breach of any of the above Nondiscrimination covenants, the City of Bismarck will have the right to enter or re-enter the lands and facilities thereon, and the above-described lands and facilities will thereupon revert to and vest in and become the absolute property of the City of Bismarck and its assigns. \*

(\*Reverter clause and related language to be used only when it is determined that such a clause is necessary to make clear the purpose of Title VI.)

## D. Appendix D of the Title VI Assurances

### CLAUSES FOR CONSTRUCTION/USE/ACCESS TO REAL PROPERTY ACQUIRED UNDER THE ACTIVITY, FACILITY OR PROGRAM

The following clauses will be included in deeds, licenses, permits, or similar instruments/agreements entered into by the City of Bismarck pursuant to the provisions of Assurance 7(b):

- A. The (grantee, licensee, permittee, etc., as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree (in the case of deeds and leases add, "as a covenant running with the land") that (1) no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land, and the furnishing of services thereon, no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, (3) that the (grantee, licensee, lessee, permittee, etc.) will use the premises in compliance with all other requirements imposed by or pursuant to the Acts and Regulations, as amended, set forth in this Assurance.
- B. With respect to (licenses, leases, permits, etc.), in the event of breach of any of the above Non-discrimination covenants, The City of Bismarck will have the right to terminate the (license, permit, etc., as appropriate) and to enter or re-enter and repossess said land and the facilities thereon, and hold the same as if said (license, permit, etc., as appropriate) had never been made or issued.\*
- C. With respect to deeds, in the event of a breach of any of the above Nondiscrimination covenants, The City of Bismarck will thereupon revert to and vest in and become the absolute property of The City of Bismarck and its assigns. \*

(\*Reverter clause and related language to be used only when it is determined that such a clause is necessary to make clear the purpose of Title VI.)

## E. Appendix E of the Title VI Assurances

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the Contractor) agrees to comply with the following nondiscrimination statutes and authorities, including but not limited to:

### **Pertinent Nondiscrimination Authorities:**

- Title VI of the Civil Rights Act of 1964 (42 USC § 2000d *et seq.*, 78 stat. 252) (prohibits discrimination based on race, color, and national origin); and 49 CFR Part 21.
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 USC § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Federal-Aid Highway Act of 1973, (23 USC § 324 *et seq.*), (prohibits discrimination on the basis of sex);
- Section 504 of the Rehabilitation Act of 1973 (29 USC § 794 *et seq.*), as amended, (prohibits discrimination on the basis of disability); and 49 CFR Part 27;
- The Age Discrimination Act of 1975, as amended (42 USC § 6101 *et seq.*), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982 (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987 (PL 100-209), (Broadened the scope, coverage, and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 USC §§ 12131-12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration's Nondiscrimination statute (49 USC § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human

health or environmental effects on minority and low-income populations;

- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 USC 1681 et seq).

## **F. Appendix F Airport Specific Provisions**

### Title VI Policy Statement

City of Bismarck assures that no person shall on the grounds of race, color, national origin (including limited English proficiency (LEP)), sex (including sexual orientation and gender identity), creed, or age, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 (PL 100.259), Section 520 of the Airport and Airway Improvement Act of 1982, and related authorities (hereafter, "Title VI and related requirements"), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity that receives U.S. Department of Transportation (DOT) funding. Title VI also prohibits retaliation for asserting or otherwise participating in claims of discrimination.

City of Bismarck further assures every effort will be made to ensure nondiscrimination in all its programs and activities, whether those programs are federally funded or not. The Airport Sponsor agrees, among other things, to understand the communities surrounding or in the flight path, as well as customers that use the airport. Anytime communities may be impacted by programs or activities the City of Bismarck will take action to involve them and the general public in the decision-making process.

City of Bismarck requires nondiscrimination assurances, as prescribed by FAA, from each tenant, contractor, and concessionaire providing an activity, service, or facility at the airport. Assurances must be included in any related lease, contract, or franchise agreement between City of Bismarck and each tenant, contractor, and concessionaire, as well as in any similar agreements with their own sub-tenants and sub-contractors.

Leanne Schmidt available at (701) 355-1332 and lschmidt@bismarcknd.gov, is responsible for overseeing the Airport Sponsor's compliance with Title VI and the point of contact for all airport Title VI matters and related responsibilities, including those required by 49 CFR Part 21.

|                             |                               |
|-----------------------------|-------------------------------|
| Signature                   | Effective Date                |
| Leanne Schmidt              |                               |
| Director of Human Resources | [Effective Date plus 3 years] |
|                             | 3-Year Expiration Date        |

In addition to the Coordinator and City's leadership, the following people also assist with our Title VI program requirements specifically for the city's Airport:

| Staff Supporting Title VI Program              | Airport Sponsor Program / Office |
|--|----------------------------------|
| Timothy Thorsen,<br>Assistant Airport Director | <b>Bismarck Airport</b>          |

**The City** has the following airport program sub-recipients:

| Sub-Recipients |
|----------------|
| <i>None</i>    |

As of the date of this plan, **the City** has the following pending applications for Federal financial assistance for Airport projects:

| Federal Source                | Grant Number                 | Amount             |
|-------------------------------|------------------------------|--------------------|
| FAA AIP Special Discretionary | <b>TBD (Wetland Phase 9)</b> | <b>\$8,100,000</b> |

In addition, the **City's Airport's** sub-recipients have the following pending applications for Federal financial assistance (either directly from the FAA or passed through the State DOT).

| Federal Source | Grant Number | Amount |
|----------------|--------------|--------|
| None           |              |        |

Updated information for pending and awarded grant applications will be available through the following methods:

| Federal Source           | Grant Award Information Available at: |
|--------------------------|---------------------------------------|
| FAA-Dakota Minnesota ADO | Kyle Sebesta, Kyle.E.Sebesta@faa.gov. |

The Coordinator has not requested and received access to the Title VI portion of the FAA Civil Rights Connect System (<https://faa.civilrightsconnect.com/>); however, Airport staff supporting Title VI Program, Timothy Thorsen has received access to the Title VI portion of the Civil Rights Connect System.

The City of Bismarck will conspicuously display the FAA-provided Unlawful Discrimination Poster in all public areas on airport property, including those with pedestrian activity. The Coordinator ensures that these posters are visible, accessible,<sup>1</sup> and maintained. The poster template is available at [Unlawful Discrimination Poster \(faa.gov\)](#), and a completed copy is attached. See Section 15 Appendix.

Posters are displayed in the terminal and other areas on City of Bismarck Airport property, including the following public locations:

| Terminal/FBO/Concessions/<br>Other Locations  | Quantity in<br>Pre-Security<br>Area | Quantity in<br>Post-Security<br>Area | Additional<br>Quantities |
|---|-------------------------------------|--------------------------------------|--------------------------|
| All three Passenger Terminal Entrances and Information Center Passenger Boarding Area | 4                                   | 2                                    | 0                        |
| Car Rental Counters   | 3                                   |                                      |                          |
| FBO Lobbies   |                                     |                                      | 2                        |
| Runway Express Lobby  |                                     |                                      | 1                        |

"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. The City of Bismarck Administration Department contacts leaders and representatives in Affected Communities directly to confirm effective media platforms to reach all Affected Communities<sup>2</sup> and provide important feedback on

<sup>1</sup> For more information about website accessibility, please visit ADA.gov.

<sup>2</sup> We will not subject any persons to discrimination based on race, color, national origin, age, sex, or creed. The term "protected communities" is used within this Title VI Plan to highlight the requirements of

translated materials. The office maintains records of all such notices and the efforts made to reach each of the Affected Communities.

Detailed information on our public notice and outreach procedures is available in the Bismarck Airport Community Participation Plan ("CPP"). A copy of the CPP is available at <https://www.bismarckairport.com/>. A copy of each CPP report completed since the last Title VI Plan will be attached to the CPP.

To ensure that the community is effectively informed of and able to participate in public hearings, Bismarck Airport includes public notices translated into appropriate languages, including for any language spoken by a significant number or proportion of the Affected Community population that has limited English proficiency (LEP). Such social media postings and notices will include directions for obtaining an interpreter, free of charge, for public hearings. 28 CFR § 42.405(d). See Limited English Proficiency (LEP) Section. Vital written documents which include, but are not limited to, consent and complaint forms; intake and application forms with the potential for important consequences; written notices of rights; notices of denials, losses, or decreases in benefits or services; notice of disciplinary action; signs; and notices advising LEP individuals of free language assistance services are available in translated languages on our website.

## 6. Community Statistics

Title VI regulations require Federal grant recipients to know their community demographics. See 49 CFR § 21.9(b). By knowing this information, the City of Bismarck will be able to identify, understand, and engage with communities. In doing so, the City of Bismarck needs to know about communities eligible to be served, actually or potentially affected, benefited, or burdened by the City of Bismarck's airport program.

| Affected Communities <sup>3</sup> | Population |
|-----------------------------------|------------|
| <i>City of Bismarck</i>           | 76,625     |

(Hereafter, the above communities will be referred to collectively as "the Affected Communities").

We have identified the following facts about the Affected Communities:

### Low-Income Communities<sup>4</sup>

---

Title VI, 49 U.S.C. § 47123, the Age Discrimination Act of 1975, and, in some instances, includes low-income populations under Executive Order 12898.

<sup>3</sup> "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.

<sup>4</sup> Low-income data must be collected to assist in our compliance with Environmental Justice requirements (not Title VI requirements). For example, this data will be utilized in our Community Participation Plan

A low-income area is an identifiable group of persons living in geographic proximity whose median household income is at or below the Department of Health and Human Services poverty guidelines. Pursuant to Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," the City of Bismarck is collecting information about affected and potentially affected low-income communities. According to the US Census Bureau Poverty in the United States: 2021, Table B-5, number, and percentage of people in Poverty by State using 3 Year Average, the overall poverty level for the state of North Dakota is approximately 9.1 %. The poverty rate remains similar compared with the rest of the state of North Dakota.

| Affected Communities    | Poverty Rate |
|-------------------------|--------------|
| <i>City of Bismarck</i> | 9.1 %        |

Racial and Ethnic Communities

Demographic data for race, color, and national origin was evaluated to identify racial and ethnic communities and populations in each Affected Community. The demographic composition by race, color, or national origin for the specific Affected Communities are as follows<sup>5</sup>:

**Affected Community: City of Bismarck**  
**Total Affected Community Population: 76,625**

| Demographic Group within Affected Community      | Number of People in Minority Group | Percent of Total Affected Community Population |
|--|------------------------------------|--|
| <i>White</i>                                     | 68,732                             | 89.7%  |
| <i>Black or African American</i>                 | 2,068                              | 2.7  |
| <i>American Indian or Alaska Native</i>          | 3,754                              | 4.9%   |
| <i>Asian</i>                                     | 613                                | 0.8%   |
| <i>Native Hawaiian or other Pacific Islander</i> | 229                                | 0.3%   |
| <i>Hispanic or Latino</i>                        | 1,839                              | 2.4%   |
| <i>More than one</i>                             | 2,988                              | 3.9%   |
| <i>White alone, not Hispanic or Latino</i>       | 65,667                             | 85.7%  |

**See Census Quick Facts, Bismarck City, North Dakota <https://www.Census.gov/quickfacts/bismarckcitynorthdakota>. Note Burleigh County is not**

---

(CPP) to help ensure the meaningful involvement of low-income communities in airport programs and activities.

<sup>5</sup> Recommend using demographic groups from the U.S. Census.

## ***listed in the "Persistent Poverty" or "Tracts of Poverty" for North Dakota***

### **Beneficiary Diversity**

Demographic information is collected from airport customers, attendees at community meetings, and businesses seeking opportunities at the Airport through voluntary disclosures.

#### **Description of Beneficiary Demographic Information Collection Methods**

- *Using a QR code placed throughout the Airport, Bismarck Airport conducts ongoing surveys of airport guests for a voluntary request for demographic information.*
- *Participants at pre-bid meetings and other public meetings are asked to complete an anonymous survey that includes demographic information.*
- *Businesses that submit bids or offers are asked to complete an anonymous survey that includes demographic information using a QR code placed in the specification document and submitted through a data collection website.*

### **Potential or Known Community Impacts**

Projects or services receiving federal financial assistance have the potential to touch so many aspects of American life. Thus, in general, no City of Bismarck activity must have a discriminatory disparate impact on the basis of race, color, national origin (including LEP), sex (including sexual orientation and gender identity), creed, or age. This means that policies or procedures that have a disparate impact would require a well-documented, substantial, legitimate, nondiscriminatory justification, summarized below. Impacts to protected communities must be avoided or minimized to the extent possible. No project with a discriminatory impact on protected communities will be undertaken.<sup>6</sup>

The following airport facilities are already in use or under construction and are expected to be in use within the next three years.

| <b>Existing Airport Facilities</b>            | <b>Affected Community Impacted by Operation of the Facility</b> |
|---|---|
| <i>Commercial Passenger Terminal Bldg. 17</i> | <i>None</i>   |
| <i>Terminal Public Parking lots</i>           | <i>None</i>   |
| <i>Snow Removal Building 18</i>               | <i>None</i>   |
| <i>Runway 13-31</i>                           | <i>None</i>   |
| <i>Runway 03-21</i>                           | <i>None</i>   |

<sup>6</sup> In order to carry out an alternative with a discriminatory impact, the airport sponsor must demonstrate that there was a substantial legitimate justification for the decision. The sponsor must also show that alternatives with less discriminatory impacts were meaningfully considered and rejected for legitimate reasons.

|                                    |             |
|------------------------------------|-------------|
| Taxiway B                          | <i>None</i> |
| Taxiway C                          | <i>None</i> |
| Taxiway D                          | <i>None</i> |
| Taxiway E                          | <i>None</i> |
| Passenger Terminal Apron           | <i>None</i> |
| General Aviation Apron             | <i>None</i> |
| ARFF Building 14                   | <i>None</i> |
| Operations Building 15             | <i>None</i> |
| Hangar 5                           | <i>None</i> |
| Hangar 41                          | <i>None</i> |
| Airport Access/Service Road System | <i>None</i> |

The following airport facility projects (including all alternatives) are in construction or expected to be in construction within the next three years:

| <b>Airport Facility Construction Projects</b> | <b>Affected Community Impacted by Construction of the Facility</b> |
|---|--|
| Wetland Removal Phase 5/6                     | <i>None</i>  |
| Wetland Removal Phase 7/8                     | <i>None</i>  |
| Wetland Removal Phase 9                       | <i>None</i>  |
| SRE Building Project                          | <i>None</i>  |
| GA Apron Phase 4                              | <i>None</i>  |
| Hangar 5 Demolition and GA Apron Phase 5      | <i>None</i>  |
| Taxiway C North Rehabilitation                | <i>None</i>  |
| Runway 3-21 & Taxiway D Rehabilitation        | <i>None</i>  |
| Passenger Boarding Bridge #2 & #3 Replacement | <i>None</i>  |
| Terminal Expansion Study                      | <i>None</i>  |

We have analyzed the above existing facilities and facility construction projects for disparate impacts on the basis of race, color, or national origin (including LEP) in Affected Communities. The following have disparate impacts:

| <b>Facilities or Construction Projects with Disparate Impacts</b> | <b>Affected Community Impacted</b> | <b>Impact Can Be Eliminated?</b> |
|---|------------------------------------|----------------------------------|
| None  |                                    |                                  |

**Justifications: None**

| <b>Facilities or Construction Projects</b> | <b>Justification</b> |
|--|----------------------|
| None                                       |                      |

## Transportation

### 49 Part CFR 21 Appendix C (a)(1)(ix)

In the Community Statistics section of this plan, we identified Affected Communities and provided demographic and related data for the community populations. The minority and disadvantaged community areas located within the Affected Communities are identified below. Other minority and disadvantaged community areas that are near the Airport but not within Affected Communities are also identified below.

We have coordinated with Bis-Man Transit to encourage them to provide transit service access between the Airport and these areas.

The following chart identifies existing and planned transit services connecting the airport employment centers with the identified minority and disadvantaged community areas.

| <b>Minority and/or Disadvantaged Community Areas</b> | <b>Transit Service</b> | <b>Planned or Existing</b> |
|--|------------------------|----------------------------|
| Bismarck-Mandan Transit                              | Fixed-Route buses      | Existing                   |
| Bismarck- Mandan Transit                             | Paratransit vans       | Existing                   |

## 10. Minority Businesses

### 49 CFR 21 Appendix C (a)(1)(x)

Bids for airport concessions and other business opportunities are solicited from area minority and woman-owned businesses through the following methods:

| <b>Airport Business Opportunity</b>  | <b>Minority Business Outreach Methods</b>   |
|--------------------------------------|---|
| <i>Café, Gift Shop, Bar</i>          | <i>Advertised (Public Notice) through local newspaper of record, published on City and Airport Websites, advertised nationally in the American Association of Airport Executives website, and direct outreach to known ACDBEs on the NDDOT website (Unified Certification Program for ND).</i>  |
| <i>Snack and Beverage Concession</i> | <i>Advertised (Public Notice) through local newspaper of record, published on City and Airport Websites, advertised nationally in the American Association of Airport Executives website, and direct outreach to known ACDBEs on the NDDOT website (Unified Certification Program for ND). Currently filled with qualified ACDBE.</i> |
| <i>Pay Parking Lot</i>               | <i>Advertised (Public Notice) through the local newspaper of</i>  |

|                            |  |
|----------------------------|--|
| <i>Management Contract</i> | <i>record, published on City and Airport Websites, advertised nationally in the American Association of Airport Executives website, and direct outreach to known ACDBEs on the NDDOT website (Unified Certification Program for ND).</i>   |
| <i>Airport Advertising</i> | <i>Advertised (Public Notice) through the local newspaper of record, published on City and Airport Websites, advertised nationally in the American Association of Airport Executives website, and direct outreach to known ACDBEs on the NDDOT website (Unified Certification Program for ND).</i> |

Selections comply with Title VI, Part 21, and related requirements. Information on the award process and documentation for specific bid decisions is kept with the Bismarck Airport administration.

Initial FAA Notification. A copy of each Title VI complaint will be forwarded to the FAA within 15 days of initial receipt (not the date that the Coordinator was notified). The Coordinator will forward a copy of the complaint and a statement describing all actions taken to resolve the matter and the results thereof to the FAA Civil Rights staff. (Note: complaints based on disability do not have to be forwarded to FAA.) To transmit complaint information to the FAA, the Coordinator will work with the Assistant Airport Director, who will upload the information to the FAA using the FAA Civil Rights Connect System, which issues automated notifications to FAA staff. The Coordinator, assisted by the Assistant Airport Director or designee, will also seek technical assistance from the FAA, as needed, throughout the complaint intake, investigation, and resolution process.

Forwarding Report and Response to Complainant. At the completion of the investigation, the Complainant and respondent will receive a letter of findings and determination of the investigation and any applicable resolution. The letter transmitting the findings and any applicable resolution will state the City of Bismarck's conclusion regarding whether unlawful discrimination occurred and will describe the Complainant's appeal rights. A summary of the investigation report, any appeal, or follow-up actions will be sent to the FAA via the FAA Civil Rights Connect System.

#### 15. Completed Unlawful Discrimination Poster

[Unlawful Discrimination Poster \(faa.gov\)](http://faa.gov)

**FAA Notification. The Coordinator will notify FAA of any pending investigations and reviews, including:**

- **Compliance reviews or audits concerning civil rights requirements**
- **Complaints, lawsuits, or other investigations alleging noncompliance with civil rights requirements**

Title VI complaints must be forwarded to FAA contacts within 15 days of receipt. For all other civil rights investigations, **the** City of Bismarck must notify FAA contacts of any new investigations prior to grant execution.

At regular intervals, the Coordinator will provide FAA contacts with status updates for the investigations and reviews until completed. For each existing investigation or review completed within five years of this plan, the Coordinator will also provide a statement about the outcome unless previously provided.

**Airport Grant and Procurement Assurances 49 CFR § 21.7 (a)(1); 49 CFR Part 21 Appendix C (b). City of Bismarck will complete standard grant assurances for Title VI and related requirements, in the form prescribed by FAA. See [https://www.faa.gov/airports/aip/grant\\_assurances/#current-assurances](https://www.faa.gov/airports/aip/grant_assurances/#current-assurances).**

**Clauses/Covenants: a. All contracts, leases, deeds, licenses, permits, and other similar instruments, must contain the contractual requirements and clauses, in the form prescribed by FAA. See [https://www.faa.gov/airports/aip/procurement/federal\\_contract\\_provisions/](https://www.faa.gov/airports/aip/procurement/federal_contract_provisions/). Note that unlike many other clauses, Civil Rights clauses are required in all contracts. Note also special clauses that are required for certain types of contracts, such as land acquisition. b. City of Bismarck requires, Civil Rights clauses to be included in solicitations and contracts for all subcontractors, subleases, and any other agreements. Prime contractors are required to submit subcontracts to the airport's consulting engineer to review for required provisions.**



**The City of Bismarck is committed to providing nondiscriminatory service. No person shall, on the basis of a person's national origin, race, color, disability, sex, age, and/or income status, be excluded from participation or be subjected to discrimination or harassment by the City of Bismarck or any of its locations.**

**Contact Leanne Schmidt, Director of Human Resources and Title VI Coordinator for the City of Bismarck, at 701-355-1332 or [lschmidt@bismarcknd.gov](mailto:lschmidt@bismarcknd.gov) to request additional information on our nondiscrimination obligations or to file a complaint.**

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





## 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

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.      |
| • <u>Construction Services Alternate Bid Only</u> | <u>\$500.00.</u> |
| 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  
Mike Berg, PE  
Principal / Vice President  
Apex Engineering Group, Inc.

4/17/24

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.





Water | Transportation | Municipal | Facilities

# 2024 Rate Schedule

| <b>Classification</b>           | <b>Hourly Rate</b> |
|---------------------------------|--------------------|
| 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 <sup>2</sup> |

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](mailto: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 20<sup>th</sup> 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](mailto:ssalwei@bismarcknd.gov)  
Christy Ames-Davis, Forestry Programs Coordinator, 701-355-1723, [comes@bismarcknd.gov](mailto:comes@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<br>24-169 | CFDA Number<br>10.680 | Grant Period<br>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<br>USDA - Forest Service   |   | Title of Project/Program<br>Forest Health-Invasive Species  |                                    |
| Federal Agreement Date<br>11/01/2022   | Federal Agreement Amount<br>\$80,000.00 | Federal Agreement Number<br>23-DG-11010000-002  | NDDOA Grant Code<br>DA07325        |
| Subgrantee Name and Address<br>Bismarck City Weed Board<br>601 S 26th Street<br>Bismarck, ND 58504 |   | Grantee Name and Address<br>ND Department of Agriculture<br>600 E. Boulevard Ave., Dept. 602<br>Bismarck, ND 58505-0020 |                                    |
| Subgrantee Contact Name<br>John Arlien   | Telephone Number<br>(701) 220-0365      | Grantee Contact Name<br>Samantha Brunner  | Telephone Number<br>(701) 328-4765 |
| <b>Financial Information</b><br>Amount of Financial Assistance                                     | Subgrantee Amount<br>\$4,237.50         | Subgrantee Share Required<br>\$1,412.50   | Total Project Cost<br>\$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<br>Jeannie Jacobs-Kopp |      |
| Title                                   |      | Title<br>Grants and Contracts Officer                          |      |

## Noxious Weed Mapping Technology Grant Application

**Applicant Weed Board: City of Bismarck**

**Primary Contact: John Arlien**

**Address: 601 south 26<sup>th</sup> 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.

Applicant understands there will be a cost share of 25% to the county and 75% to the state.

Applicant has attached a quote if purchasing equipment from a company other than what is included on the state contract with Spray Sync

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<br>24-170 | CFDA Number<br>10.680 | Grant Period<br>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<br>USDA - Forest Service  |   | Title of Project/Program<br>Cooperative Weed Management Cost Share Program  |                                    |
| Federal Agreement Date<br>06/09/2023  | Federal Agreement Amount<br>\$45,000.00 | Federal Agreement Number<br>23-DG-11010000-005  | NDDOA Grant Code<br>DA07226        |
| Subgrantee Name and Address<br>Bismarck City Weed Board<br>601 S. 26th Street<br>Bismarck, ND 58506 |   | Grantee Name and Address<br>ND Department of Agriculture<br>600 E. Boulevard Ave., Dept. 602<br>Bismarck, ND 58505-0020 |                                    |
| Subgrantee Contact Name<br>John Arlien  | Telephone Number<br>(701) 220-0365      | Grantee Contact Name<br>Samantha Brunner  | Telephone Number<br>(701) 328-4765 |
| <b>Financial Information</b><br>Amount of Financial Assistance                                      | Subgrantee Amount<br>\$2,161.40         | Subgrantee Share Required<br>\$2,161.40   | Total Project Cost<br>\$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.  
 Subgrantee 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<br>Jeannie Jacobs-Kopp |      |
| Title                                   |      | Title<br>Grants and Contracts Officer                          |      |

**North Dakota Department of Agriculture  
U.S. Forest Service Weed Control Cost-Share Funding Request**

**Section 1. Applicant Details**

|                             |                       |                        |                        |
|-----------------------------|-----------------------|------------------------|------------------------|
| <b>Project Coordinator:</b> | Jon Arien             | <b>Project Agency:</b> | City of Bismarck       |
| <b>Address:</b>             | 601 south 26th Street |                        |                        |
| <b>City:</b>                | Bismarck              | <b>State:</b>          | ND                     |
|                             |                       | <b>Zip Code:</b>       | 58506                  |
| <b>Telephone Number:</b>    | 701-220-0365          | <b>Email Address:</b>  | Jarlien@bismarcknd.gov |

**Section 2. Cost-share Request Details**

|  |  |                                     |                                    |
|--|--|-------------------------------------|------------------------------------|
| <b>Project Title:</b>  | Ash Coulee   |                                     |                                    |
| <b>Project Location:</b><br>(address, GPS coordinates, or TRS description) | 46°51'21.6"N 100°48'34.0"W   |                                     |                                    |
| <b>Project Purpose:</b>  | 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. |                                     |                                    |
| <b>Total Cost of Project:</b>  | 4322.80  | <b>Amount of Funding Requested:</b> | 2161.4                             |
| <b>Funding Period:</b>   | Start date: 5/4/24   | End date: 9/20/24                   |                                    |
| <b>Approx. Acres to be treated or controlled:</b>                          | 31.84  |                                     |                                    |
| <b>Methods of Control</b><br>(check all that apply):                       | Herbicide <input checked="" type="checkbox"/>  | Biological <input type="checkbox"/> | Cultural <input type="checkbox"/>  |
|  |  | Mechanical <input type="checkbox"/> | Reseeding <input type="checkbox"/> |
| <b>Other (describe):</b>   |  |                                     |                                    |
| <b>Weeds targeted in proposed project:</b>                                 | 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      |
| <b>Applicant Signature</b> | <b>Date</b> |



## 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](mailto: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**

|                             |                           |                        |                               |                  |       |
|-----------------------------|---------------------------|------------------------|-------------------------------|------------------|-------|
| <b>Project Coordinator:</b> | Mike Sullivan/David Mayer | <b>Project Agency:</b> | Bismarck Parks and Recreation |                  |       |
| <b>Address:</b>             | 627 West Arbor Ave        |                        |                               |                  |       |
| <b>City:</b>                | Bismarck                  | <b>State:</b>          | ND                            | <b>Zip Code:</b> | 58504 |
| <b>Telephone Number:</b>    | 701-222-6464              | <b>Email Address:</b>  | msullivan@bisparks.org        |                  |       |

**Section 2. Cost-share Request Details**

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>Project Title:</b>  | Bismarck Parks and Recreation   |  |  |  |  |
| <b>Project Location:</b><br>(address, GPS coordinates, or TRS description) | 46°51'18.3"N 100°48'32.8"W  |  |  |  |  |
| <b>Project Purpose:</b>  | 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. |  |  |  |  |
| <b>Total Cost of Project:</b>  | 6825.60   | <b>Amount of Funding Requested:</b>        | 3412.80                                  |  |  |
| <b>Funding Period:</b>   | Start date: 3/19/24   |  | End date: 9/20/24                        |  |  |
| <b>Approx. Acres to be treated or controlled:</b>                          | 31.84 Acres   |  |  |  |  |
| <b>Methods of Control</b><br>(check all that apply):                       | <b>Herbicide</b> <input checked="" type="checkbox"/>  | <b>Biological</b> <input type="checkbox"/> | <b>Cultural</b> <input type="checkbox"/> | <b>Mechanical</b> <input type="checkbox"/> | <b>Re seeding</b> <input type="checkbox"/> |
| <b>Other (describe):</b>   |   |  |  |  |  |
| <b>Weeds targeted in proposed project:</b>                                 | 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 re seeding.

**Do you agree to the above requirements?**  YES  NO

**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.

|   |         |
|---|---------|
|  | 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](mailto:ssalwei@bismarcknd.gov)  
Christy Ames-Davis, Forestry Programs Coordinator, 701-355-1723, [comes@bismarcknd.gov](mailto:comes@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<br>23-254 | CFDA Number<br>N/A | Grant Period<br>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<br>Targeted Assistance Grant (TAG) |             | NDDOA Fund Number<br>9100.376                          | NDDOA Grant Code<br>DA00927        |                                       |
| Grantee Name<br>Bismarck City Weed Board                    |             | Grantor Name<br>North Dakota Department of Agriculture |                                    |                                       |
| Address<br>601 S 26th Street                                |             | Address<br>600 E. Boulevard Ave., Dept. 602            |                                    |                                       |
| City<br>Bismarck  | State<br>ND | ZIP Code<br>58504                                      | City<br>Bismarck                   | State<br>ND                           |
|   |             |  | ZIP Code<br>58505-0020             |                                       |
| Grantee Contact Name<br>John Arlien                         |             | Telephone Number<br>(701) 220-0365                     |                                    | Grantor Contact Name<br>Richard Weisz |
|   |             |  |                                    | Telephone Number<br>(701) 328-2250    |
| <b>Financial Information</b>                                |             | Grant Amount<br>\$2,500.00                             | Grantee Share Required<br>\$833.33 | Total Project Cost<br>\$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 be 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<br>  | Date<br>3-4-24 | Signature<br>Jeannie Jacobs-Kopp                               | Digitally Signed by Jeannie Jacobs-Kopp<br>Date: 2024.03.07 11:32:40 -06'00' |
| Typed Name of Authorized Representative<br>John Arlien |                | Typed Name of Authorized Representative<br>Jeannie Jacobs-Kopp |  |
| Title<br>City Weed Officer                             |                | Title<br>Grants and Contracts Officer                          |  |

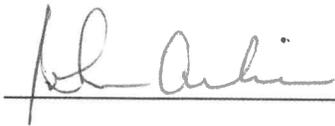
**GRANTEE CERTIFICATIONS FOR REQUIREMENTS  
FOR NOTICE OF GRANT AWARDS  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025**

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

# Bismarck

## GRANT REVIEW FORM

- Application**     
  **Fast Track**     
  **Award**     
  **Subrecipient Agreement**  
**Application**

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



3/4/2024

**APPROVALS:**

Department Director  Date: 3/4/2024

Grants Coordinator  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  Date: 3/4/2024

Comments: OK

Administrator  Date: 3/6/2024

Comments: okay

Mayor's Approval for Online Submission:      Date:



## 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.



## 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 Agriculture 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](mailto:dwiles@bismarcknd.gov)

Steven Salwei, Director Public Works Services, 701-355-1705, [ssalwei@bismarcknd.gov](mailto:ssalwei@bismarcknd.gov)

**ATTACHMENTS:**

1. 2024 TAG



**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<br>23-254 | CFDA Number<br>N/A | Grant Period<br>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<br>Targeted Assistance Grant (TAG) |                                    | NDDOA Fund Number<br>9100.376                          | NDDOA Grant Code<br>DA00927        |                        |
| Grantee Name<br>Bismarck City Weed Board                    |                                    | Grantor Name<br>North Dakota Department of Agriculture |                                    |                        |
| Address<br>601 S 26th Street                                |                                    | Address<br>600 E. Boulevard Ave., Dept. 602            |                                    |                        |
| City<br>Bismarck  | State<br>ND                        | ZIP Code<br>58504                                      | City<br>Bismarck                   | State<br>ND            |
|   |                                    |  |                                    | ZIP Code<br>58505-0020 |
| Grantee Contact Name<br>John Arlien                         | Telephone Number<br>(701) 220-0365 | Grantor Contact Name<br>Richard Weisz                  | Telephone Number<br>(701) 328-2250 |                        |
| <b>Financial Information</b>                                | Grant Amount<br>\$2,500.00         | Grantee Share Required<br>\$833.33                     | Total Project Cost<br>\$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 be 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.

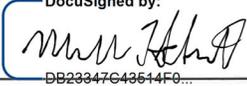
| Evidence of Grantee's Acceptance                             |                  | Evidence of Departmental Acceptance                            |      |
|--|------------------|--|------|
| Signature<br>  | Date<br>3/6/2024 | Signature  | Date |
| Typed Name of Authorized Representative<br>Michael T Schmitz |                  | Typed Name of Authorized Representative<br>Jeannie Jacobs-Kopp |      |
| Title<br>President, Board of City Commissioners              |                  | Title<br>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:  \_\_\_\_\_  
DB23347C43514F0...

Name of Authorized Representative: Michael T Schmitz, President, Board of City Commissioners \_\_\_\_\_

Date: 3/6/2024 \_\_\_\_\_

## **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.



**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

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

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.

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. SPOILIATION – 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.

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, voluntarily 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.

**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   | Envelope Originator:       |
| Enveloped Stamping: Enabled  | Gale Nicholson             |
| Time Zone: (UTC-06:00) Central Time (US & Canada)                          | 221 N 5th Street           |
|  | Bismarck, ND 58501         |
|  | gnicholson@bismarcknd.gov  |
|  | IP Address: 165.234.252.11 |

**Record Tracking**

|                       |                           |                    |
|-----------------------|---------------------------|--------------------|
| Status: Original      | Holder: Gale Nicholson    | Location: DocuSign |
| 2/13/2024 11:28:22 AM | gnicholson@bismarcknd.gov |                    |

**Signer Events**

Douglas Wiles  
 dwiles@bismarcknd.gov  
 Acting Director of Service Operations  
 Security Level: Email, Account Authentication (None)

**Signature**



Signature Adoption: Pre-selected Style  
 Using IP Address: 165.234.252.11

**Timestamp**

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

Dmitry 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<br>khunke@bismarcknd.gov<br>City Administrator<br>Administrator<br>Security Level: Email, Account Authentication (None) | <br>Signature Adoption: Pre-selected Style<br>Using IP Address: 165.234.252.11 | Sent: 3/4/2024 2:51:46 PM<br>Viewed: 3/6/2024 12:04:00 PM<br>Signed: 3/6/2024 12:04:18 PM |

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

|  |   |  |
|--|---|--|
| Michael Schmitz<br>mschmitz@bismarcknd.gov<br>President Board of Commissioners/Mayor<br>City of Bismarck<br>Security Level: Email, Account Authentication (None) | <br>Signature Adoption: Drawn on Device<br>Using IP Address: 174.229.184.22<br>Signed using mobile | Sent: 3/6/2024 12:04:33 PM<br>Viewed: 3/6/2024 12:13:47 PM<br>Signed: 3/6/2024 12:13:57 PM |
|--|---|--|

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

| 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<br>fiscalservices@bismarcknd.gov<br>Security Level: Email, Account Authentication (None) |  | Sent: 3/6/2024 12:14:00 PM<br>Viewed: 3/6/2024 2:17:31 PM |
|--|---|---|

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

|  |   |                            |
|--|---|----------------------------|
| Christy Ames-Davis<br>comes@bismarcknd.gov<br>Security Level: Email, Account Authentication (None) |  | Sent: 3/6/2024 12:14:01 PM |
|--|---|----------------------------|

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

| 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](mailto:ssalwei@bismarcknd.gov)  
Kurt Ohnell, Fleet Manager, 701-355-1711, [kohnell@bismarcknd.gov](mailto: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 1/2 Ton, removed from Unit 1628 Roads and Streets
- (1) Used, take-off Pickup Box 8' 2016 Ford 3/4 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](mailto:ssalwei@bismarcknd.gov)  
Kurt Ohnell, Fleet Manager, 701-355-1711, [kohnell@bismarcknd.gov](mailto: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](mailto:ssalwei@bismarcknd.gov)  
Kurt Ohnell, Fleet Manager, 701-355-1711, [kohnell@bismarcknd.gov](mailto: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.

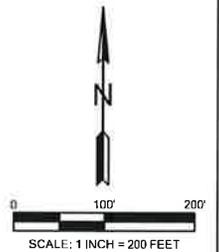
**STAFF CONTACT INFORMATION:**

Amber Araujo, Executive Assistant, 701-355-1739, [aaraujo@bismarcknd.gov](mailto:aaraujo@bismarcknd.gov)

**ATTACHMENTS:**

1. Change Order No. 1 - BEK Consulting





PEBBLE CREEK GOLF COURSE  
BISMARCK, ND

LANDSCAPING AREAS

DATE: 04/23/2024



## 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](mailto:wolsen@bismarcknd.gov)

**ATTACHMENTS:**

1. Days Inn Application



## APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TOD 711  
221 N 5th St • Bismarck, ND 58501

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

LAST REVISED: 6/20/2022

|  |   |  |   |   |
|--|---|--|---|---|
| <b>License Type:</b>   |   | <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation  | <input checked="" type="checkbox"/> Partnership   |
| <input checked="" type="checkbox"/> New Application  | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Transfer  | <input type="checkbox"/> Relocation   |   |
| <b>A-Nationally Organized Fraternal Order or Club</b><br>\$3,700.00 <input type="checkbox"/> | <b>B-Airport Terminal Building</b><br>\$650.00 <input type="checkbox"/>                           | <b>C-Hotel or Motel Full Service</b><br>\$3,800.00 <input type="checkbox"/>                    | <b>C2-Hotel or Motel</b><br>\$1,000.00 <input checked="" type="checkbox"/>          | <b>D-Sale at Retail of Alcoholic Beverages</b><br>\$4,100.00 <input type="checkbox"/>       |
| <b>E-Sale at Retail of Beer Only</b><br>\$800.00 <input type="checkbox"/>                    | <b>F1-Restaurant - Alcoholic Beverages - 55/45 Split</b><br>\$3,600.00 <input type="checkbox"/>   | <b>F2-Restaurant - Beer/Wine Only - 55/45 Split</b><br>\$1,500.00 <input type="checkbox"/>     | <b>F3-Restaurant - Beer Only - 55/45 Split</b><br>\$900.00 <input type="checkbox"/> | <b>G-Concession Bismarck Municipal Country Club</b><br>\$725.00 <input type="checkbox"/>    |
| <b>H-Commercial vessels on the Missouri River</b><br>\$725.00 <input type="checkbox"/>       | <b>I1-Restaurant - Alcoholic Beverages - 70/30 Split</b><br>\$3,450.00 <input type="checkbox"/>   | <b>I2-Restaurant - Beer and Wine Only - 70/30 Split</b><br>\$1,450.00 <input type="checkbox"/> | <b>I3-Restaurant - Beer Only - 70/30 Split</b><br>\$800.00 <input type="checkbox"/> | <b>J-Non-profit Organization Club or Establishment</b><br>\$100.00 <input type="checkbox"/> |
| <b>K-Beer and Wine at the Bismarck Event Center</b><br>\$650.00 <input type="checkbox"/>     | <b>L-Beer &amp; Wine at Parks &amp; Recreation Locations</b><br>\$350.00 <input type="checkbox"/> | <b>M-Catered Retail Beer, Wine, &amp; Liquor</b><br>\$650.00 <input type="checkbox"/>          | <b>N-Domestic Winery</b><br>\$800.00 <input type="checkbox"/>                       | <b>O-Microbrewery</b><br>\$800.00 <input type="checkbox"/>                                  |
| <b>P-Event Site</b><br>\$650.00 <input type="checkbox"/>                                     | <b>Q-Restaurant On-Sale and Off-Sale Wine</b><br>\$3,800.00 <input type="checkbox"/>              | <b>R-Commercial Airline</b><br>\$75.00 <input type="checkbox"/>                                | <b>S-Beer Arcade</b><br>\$850.00 <input type="checkbox"/>                           | <b>T-Senior Living Community</b><br>\$350.00 <input type="checkbox"/>                       |
| <b>U-Domestic Distillery</b><br>\$800.00 <input type="checkbox"/>                            |   |  |   |   |

|  |                   |  |   |                                 |
|--|-------------------|--|---|---------------------------------|
| <b>Location Information:</b>   |                   |  |   |                                 |
| Name of Partnership or Corporation:<br>Merlin Hotel Group  |                   | Date of Incorporation:<br>05/18/2022   | State Business ID Number:<br>[REDACTED] |                                 |
| Name of business for which license is requested (DBA):<br>Days Inn Bismarck, ND - Merlin Hotel Group |                   | If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |                                 |
| Location Address:<br>1300 E. Capitol Ave   | City:<br>Bismarck | State:<br>North Dakota   | Zip:<br>58501                           | Phone Number:<br>(701) 223-9151 |
| Owner of Building or Premises:<br>No   |                   |  |   |                                 |

|   |  |                             |   |
|---|--|-----------------------------|---|
| <b>Correspondence Information (Where correspondence is to be sent):</b> |  |                             |   |
| Primary Contact:<br>Eric Hjelmstad                                      |  | Phone Number:<br>[REDACTED] | Email Address:<br>[REDACTED]            |
| Mailing Address:<br>1300 East Capitol Ave                               |  | City:<br>Bismarck           | State:<br>North Dakota<br>Zip:<br>58501 |

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

|   |                                    |  |                                      |
|---|------------------------------------|--|--------------------------------------|
| <b>Manager's Name:</b><br>Eric Hjelmstad      |                                    | <b>Date of Birth:</b><br>[REDACTED] 1983 | <b>Percentage of Ownership:</b><br>0 |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>ND         | <b>Gender:</b><br>Male                   | <b>Race:</b><br>Caucasion            |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>Bismarck                 | <b>State:</b><br>ND                  |
| <b>Zip:</b><br>58503                          |                                    |  |                                      |
| <b>Occupation:</b><br>Hospitality Manager     | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>GM                      | <b>Email Address:</b><br>[REDACTED]  |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>Name:</b><br>Naveen Aggarwal               |                                    | <b>Date of Birth:</b><br>[REDACTED]/1974 | <b>Percentage of Ownership:</b><br>100% |
| <b>Driver's License Number:</b><br>[REDACTED] | <b>State Issued:</b><br>WA         | <b>Gender:</b><br>Male                   | <b>Race:</b><br>Asian                   |
| <b>Home Address:</b><br>[REDACTED]            |                                    | <b>City:</b><br>Sammamish                | <b>State:</b><br>WA                     |
| <b>Zip:</b><br>98075                          |                                    |  |   |
| <b>Occupation:</b><br>Managing Partner        | <b>Phone Number:</b><br>[REDACTED] | <b>Title:</b><br>Managing Partner        | <b>Email Address:</b><br>[REDACTED]     |

|                                 |                      |                       |                                 |
|---------------------------------|----------------------|-----------------------|---------------------------------|
| <b>Name:</b>                    |                      | <b>Date of Birth:</b> | <b>Percentage of Ownership:</b> |
| <b>Driver's License Number:</b> | <b>State Issued:</b> | <b>Gender:</b>        | <b>Race:</b>                    |
| <b>Home Address:</b>            |                      | <b>City:</b>          | <b>State:</b>                   |
| <b>Zip:</b>                     |                      |                       |                                 |
| <b>Occupation:</b>              | <b>Phone Number:</b> | <b>Title:</b>         | <b>Email Address:</b>           |

|                                 |                      |                       |                                 |
|---------------------------------|----------------------|-----------------------|---------------------------------|
| <b>Name:</b>                    |                      | <b>Date of Birth:</b> | <b>Percentage of Ownership:</b> |
| <b>Driver's License Number:</b> | <b>State Issued:</b> | <b>Gender:</b>        | <b>Race:</b>                    |
| <b>Home Address:</b>            |                      | <b>City:</b>          | <b>State:</b>                   |
| <b>Zip:</b>                     |                      |                       |                                 |
| <b>Occupation:</b>              | <b>Phone Number:</b> | <b>Title:</b>         | <b>Email Address:</b>           |

**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 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

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:

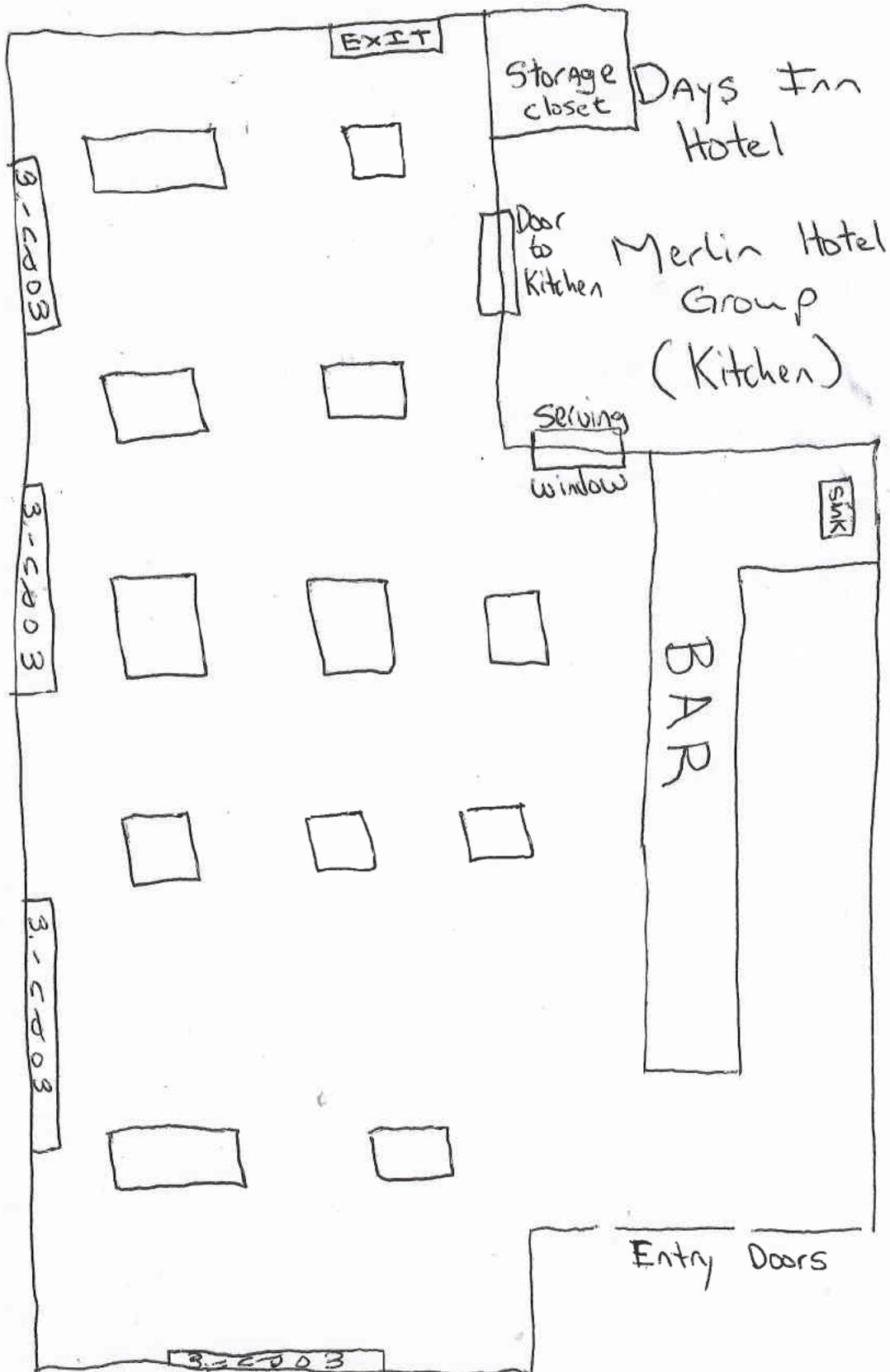
All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross 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

North





## 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](mailto: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
- 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.:**

[Empty field]

**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:**

█-1961

**Percentage of Ownership:**

0

**Driver's License No.:**

**State Issued:**

ND

**Gender:**

Male

**Race:**

White

**Home Address:**

█

**City:**

Mandan

**State:**

ND

**Zip:**

58554

**Phone No.:**

█

**Occupation:**

Agriculture

**Title:**

Farmer

**Email Address:**

**Name:**

Kevin Schmidt

**Date of Birth:**

█-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:**

[Redacted]

**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:**

[Redacted]

**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:**

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:\***

Expressway Floorplan.docx

**Liquor License Transfers**

**Download Required Form for License Transfer:**

[Alcoholic Beverage License Transfer Form](#)

**Upload Notarized Alcoholic Beverage License Transfer Form**

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:\***

Sarah Tschider

//

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

**Date:\***

5/1/2024

Electronic Signature

---

**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



Mandan, ND 58554

Elwood Barth



Solen, ND 58570

George Ferderer



Mandan, ND 58554

James Schmidt



Menoken, ND 58558

Kevin Schmidt



Mandan, ND 58554

Jeff Perkins



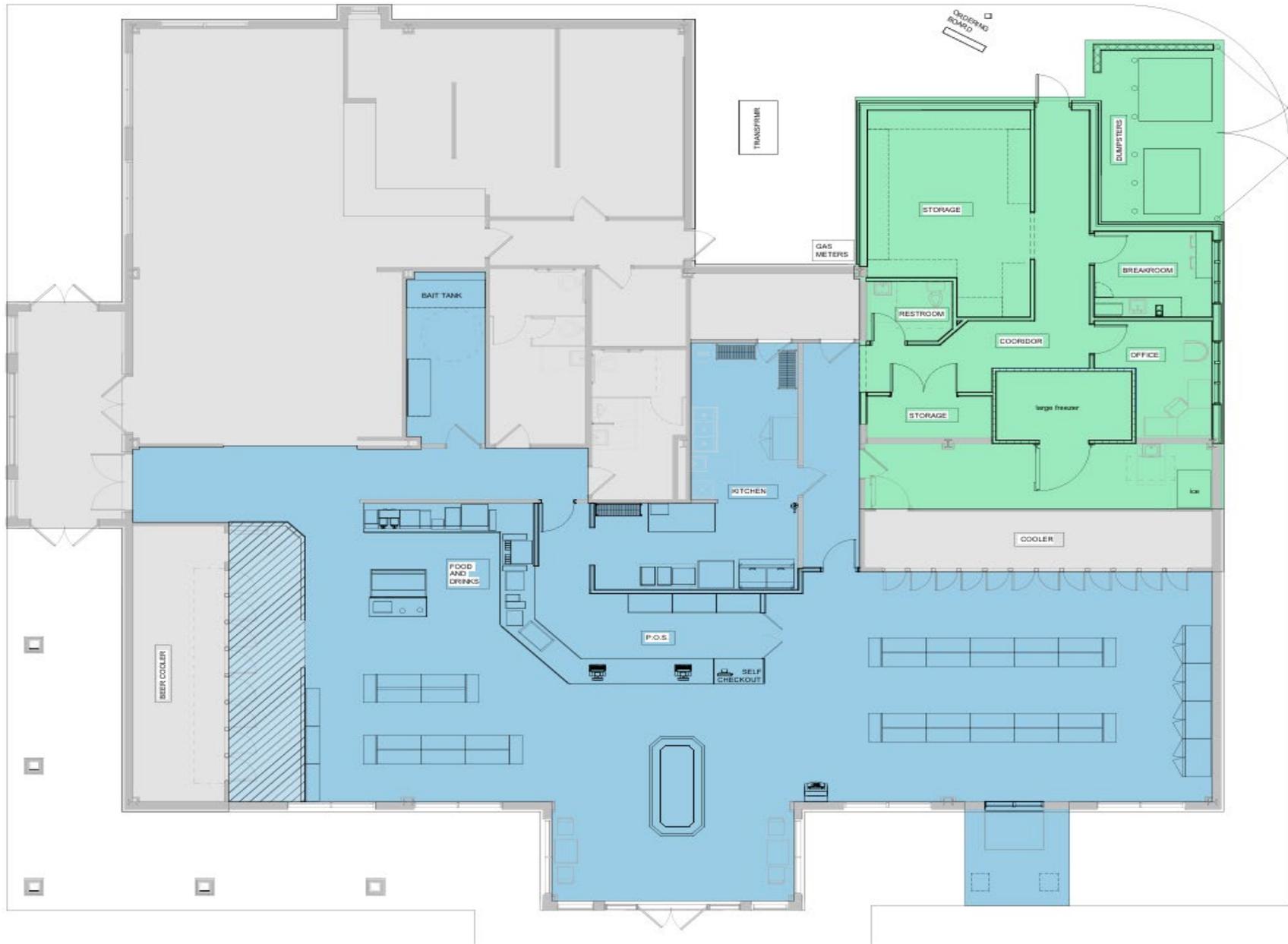
Bismarck, ND 58503

Doug Boehm



Bismarck, ND 58501

# Tri-Energy Cenex - Expressway



North



October 9, 2023

Tri-Energy Cooperative  
ATTN: Sarah Tschider  
219 North 20<sup>th</sup> 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](mailto:wolsen@bismarcknd.gov) or by calling 355.1300.

Respectfully,

A handwritten signature in blue ink, appearing to read "Jason Tomanek", is written over a light blue horizontal line.

Jason Tomanek  
Assistant City Administrator  
City of 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](mailto: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
- 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

|               |                |              |                    |
|---------------|----------------|--------------|--------------------|
| <b>City:*</b> | <b>State:*</b> | <b>Zip:*</b> | <b>Phone No.:*</b> |
| 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):

|                          |                        |
|--------------------------|------------------------|
| <b>Primary Contact:*</b> | <b>Email Address:*</b> |
| Ann Nguyen               | [REDACTED]             |

|                          |               |
|--------------------------|---------------|
| <b>Mailing Address:*</b> | <b>City:*</b> |
| 722 S 26TH ST UNIT A&B   | BISMARCK      |

|                |              |                    |
|----------------|--------------|--------------------|
| <b>State:*</b> | <b>Zip:*</b> | <b>Phone No.:*</b> |
| NORTH DAKOTA   | 58554        | [REDACTED]         |

|                         |                        |                                  |
|-------------------------|------------------------|----------------------------------|
| <b>Manager's Name:*</b> | <b>Date of Birth:*</b> | <b>Percentage of Ownership:*</b> |
| ANN NGUYEN              | [REDACTED]/1975        | 50%                              |

|                               |                       |                |              |
|-------------------------------|-----------------------|----------------|--------------|
| <b>Driver's License No.:*</b> | <b>State Issued:*</b> | <b>Gender:</b> | <b>Race:</b> |
| [REDACTED]                    | NORTH DAKOTA          | FEMALE         | ASIAN        |

Home Address:\*

4720 MELLOWSUN DR

|               |                |              |                    |
|---------------|----------------|--------------|--------------------|
| <b>City:*</b> | <b>State:*</b> | <b>Zip:*</b> | <b>Phone No.:*</b> |
| BISMARCK      | NORTH DAKOTA   | 58503        | [REDACTED]         |

Occupation:\*

\_\_\_\_\_  
NAILS TECHNICIAN

Title:\*

\_\_\_\_\_  
MANAGER

Email Address:\*

\_\_\_\_\_

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

Name:\*

\_\_\_\_\_  
ERIC TRINH

Date of Birth:\*

\_\_\_\_\_/1987

Percentage of Ownership:\*

\_\_\_\_\_  
50%

Driver's License No.:

\_\_\_\_\_

State Issued:\*

\_\_\_\_\_  
NORTH DAKOTA

Gender:

\_\_\_\_\_  
MALE

Race:

\_\_\_\_\_  
ASIAN

Home Address:\*

\_\_\_\_\_

City:\*

\_\_\_\_\_  
BISMARCK

State:\*

\_\_\_\_\_  
NORTH DAKOTA

Zip:\*

\_\_\_\_\_  
58503

Phone No.:

\_\_\_\_\_

Occupation:\*

\_\_\_\_\_  
NAILS TECHNICIAN

Title:\*

\_\_\_\_\_  
CEO

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:

\_\_\_\_\_

**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 ▾

Go [ggle](#) [Translate](#)

### 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:\*

[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,\***

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:\***

Eric trinh

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

**Date:\***

04/24/2024

Electronic Signature

---

**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

This field is not part of the form submission.

**Submit**

**Submit and Print**

\* indicates a required field





## 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 43<sup>rd</sup> Avenue NE from Washington Street to State Street
- 2022 construction of 43<sup>rd</sup> Avenue NE from State Street to N 26<sup>th</sup> Street
- 2022 construction of Tyler Parkway from Cogburn Drive to 57<sup>th</sup> Avenue NW
- 2022 construction of 43<sup>rd</sup> Avenue NE from Roosevelt Drive to 52<sup>nd</sup> Street NE
- 2023 construction of Ash Coulee Dr from Tyler Parkway to N Washington Street
- 2023 construction of US 83/64<sup>th</sup> 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 52<sup>nd</sup> 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](mailto: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](mailto: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](mailto:tthorsen@bismarcknd.gov)

**ATTACHMENTS:**

1. EATC Development Agreement
2. EATC request letter dated May 6, 2024



### 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.

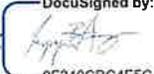
Please check all that apply:

- 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  
Comments: OK

Date: October 5, 2022

Finance Director  DS  
Comments: OK

Date: October 5, 2022

Administrator  DS  
Comments: OK

Date: October 6, 2022

## **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.

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 built 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 built in CAD latest version distributed to City Engineering, City GIS, and Airport. One paper copy of as built 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.

## **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.

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.

### **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.

## **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.

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 4<sup>th</sup> day of Oct, 2022.



John Miller, CEO  
Executive Air Taxi Corporation

October 12, 2022

Dated: \_\_\_\_\_

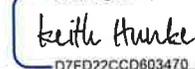
DocuSigned by:



DB23347C43514E9

Michael T. Schmitz, President,  
Board of City Commissioners

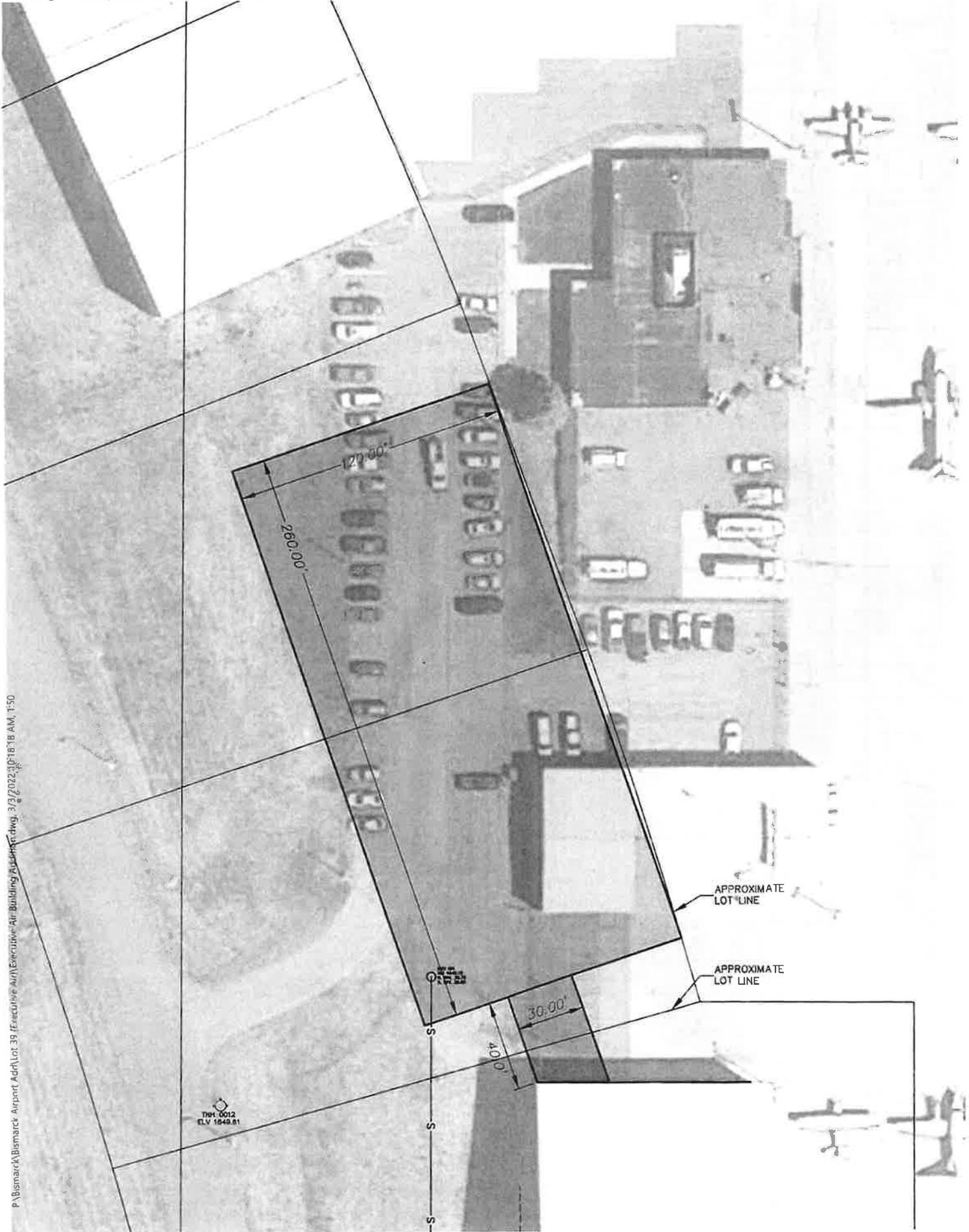
DocuSigned by:



D7FD22CCD603470

Attest

Keith J. Hunke  
City Administrator



P:\Bismarck\Bismarck Airport Add\Lot 39\Executive Air\Executive Air Building Add\Plan.dwg, 3/3/2022, 3:07:18 AM, 1:50



## 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

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.

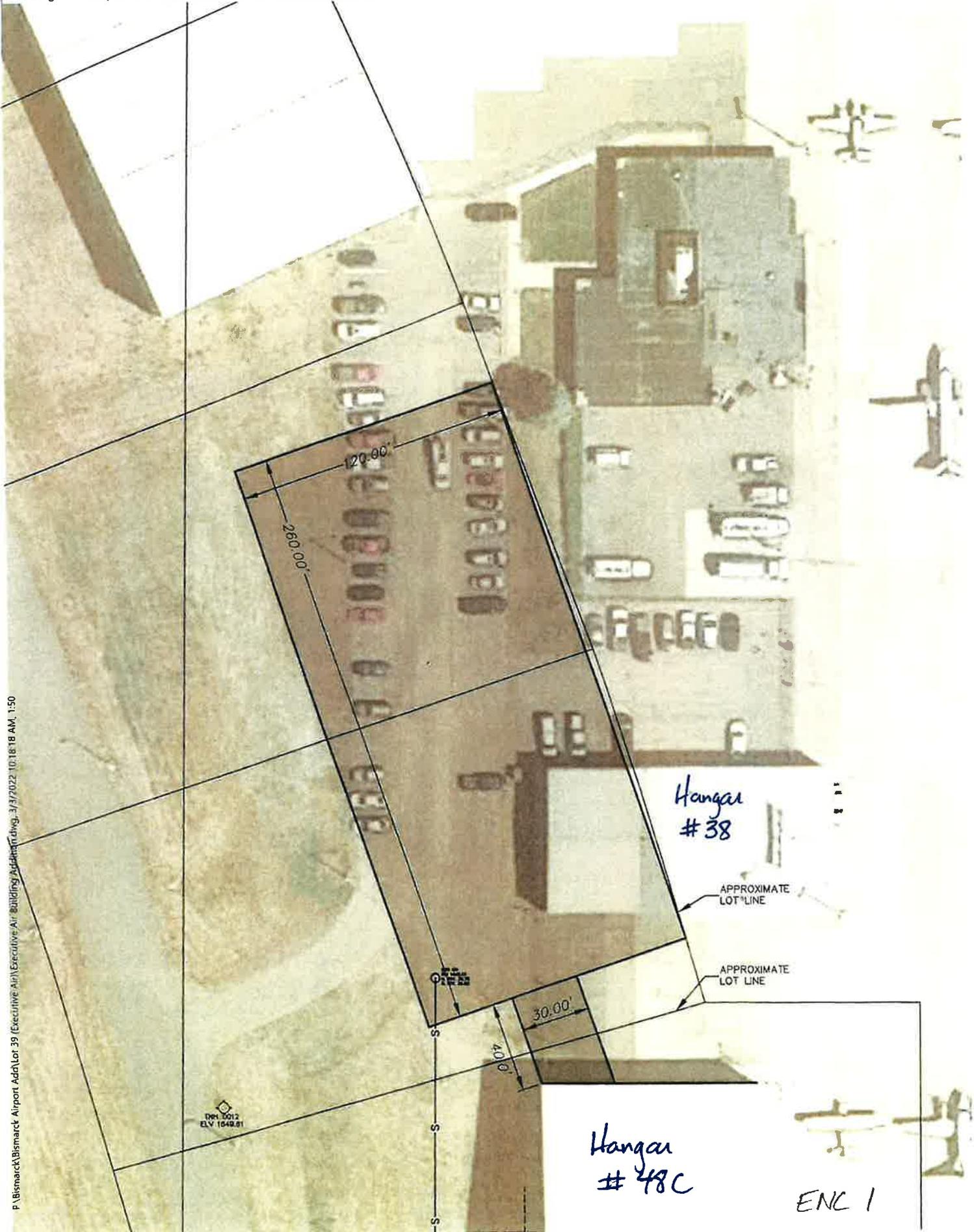
**STAFF CONTACT INFORMATION:**

Greg Haug | Airport Director | 701-355-1808 | ghaug@bismarcknd.gov

Enclosure

1. Diagram.
2. Development Agreement.

P:\Bismarck\Bismarck Airport Add\Lor 39 (Executive Air)\Executive Air Building Addition.dwg, 3/3/2022 10:18:18 AM, 1:50



Hangar #38

APPROXIMATE LOT LINE

APPROXIMATE LOT LINE

Hangar #48C

ENC 1

DIN 1012  
ELEV 1049.81

# 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.

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 built 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 built in CAD latest version distributed to City Engineering, City GIS, and Airport. One paper copy of as built 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.

## **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.

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.

## **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.

## **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.

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

**Certificate Of Completion**

Envelope Id: 6AF7BE006A7F487B8E35A4812166CE42  
Subject: DocuSign: EATC Development Agreement  
Source Envelope:  
Document Pages: 19  
Certificate Pages: 2  
AutoNav: Enabled  
Enveloped Stamping: Enabled  
Time Zone: (UTC-06:00) Central Time (US & Canada)

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

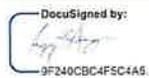
Holder: Timothy Thorsen  
tthorsen@bismarcknd.gov

Location: DocuSign

**Signer Events**

Gregory Haug  
ghaug@bismarcknd.gov  
Airport Director  
Security Level: Email, Account Authentication  
(None)

**Signature**



Signature Adoption: Uploaded Signature Image  
Using IP Address: 165.234.252.235

**Timestamp**

Sent: 10/4/2022 6:58:28 PM  
Viewed: 10/5/2022 10:05:21 AM  
Signed: 10/5/2022 10:07:40 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Janelle Combs  
jcombs@bismarcknd.gov  
City Attorney  
City of Bismarck  
Security Level: Email, Account Authentication  
(None)



Signature Adoption: Pre-selected Style  
Using IP Address: 165.234.252.11

Sent: 10/5/2022 10:07:42 AM  
Viewed: 10/5/2022 10:09:50 AM  
Signed: 10/5/2022 10:37:16 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Dmitriy Chernyak  
dchernyak@bismarcknd.gov  
City of Bismarck  
Security Level: Email, Account Authentication  
(None)



Signature Adoption: Pre-selected Style  
Using IP Address: 165.234.252.11

Sent: 10/5/2022 10:37:47 AM  
Viewed: 10/5/2022 4:51:32 PM  
Signed: 10/5/2022 4:51:54 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

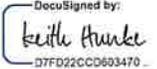
Keith Hunke  
khunke@bismarcknd.gov  
City Administrator  
Administrator  
Security Level: Email, Account Authentication  
(None)



Signature Adoption: Pre-selected Style  
Using IP Address: 165.234.252.11

Sent: 10/5/2022 4:51:56 PM  
Viewed: 10/6/2022 8:18:04 AM  
Signed: 10/6/2022 8:18:23 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

| Signer Events   | Signature  | Timestamp  |
|---|--|--|
| <p>Jason Tomanek<br/>jtomanek@bismarcknd.gov<br/>Asst City Administrator<br/>City of Bismarck<br/>Security Level: Email, Account Authentication (None)<br/><b>Electronic Record and Signature Disclosure:</b><br/>Not Offered via DocuSign</p>                    | <p><b>Completed</b></p> <p>Using IP Address: 165.234.252.11</p>  | <p>Sent: 10/6/2022 8:18:37 AM<br/>Viewed: 10/11/2022 5:24:50 PM<br/>Signed: 10/11/2022 5:24:52 PM</p>                              |
| <p>Michael T Schmitz<br/>mschmitz@bismarcknd.gov<br/>President Board of Commissioners/Mayor<br/>City of Bismarck<br/>Security Level: Email, Account Authentication (None)<br/><b>Electronic Record and Signature Disclosure:</b><br/>Not Offered via DocuSign</p> | <p><br/>Signature Adoption: Drawn on Device<br/>Using IP Address: 174.213.245.220<br/>Signed using mobile</p> | <p>Sent: 10/11/2022 5:25:03 PM<br/>Viewed: 10/12/2022 7:25:51 AM<br/>Signed: 10/12/2022 7:26:06 AM</p>                             |
| <p>Keith Hunke<br/>khunke@bismarcknd.gov<br/>City Administrator<br/>Administrator<br/>Security Level: Email, Account Authentication (None)<br/><b>Electronic Record and Signature Disclosure:</b><br/>Not Offered via DocuSign</p>                                | <p><br/>Signature Adoption: Pre-selected Style<br/>Using IP Address: 165.234.252.11</p>                       | <p>Sent: 10/12/2022 7:26:16 AM<br/>Viewed: 10/12/2022 7:58:00 AM<br/>Signed: 10/12/2022 7:59:15 AM</p>                             |
| <b>In Person Signer Events</b>  | <b>Signature</b>   | <b>Timestamp</b>   |
| <b>Editor Delivery Events</b>   | <b>Status</b>  | <b>Timestamp</b>   |
| <b>Agent Delivery Events</b>  | <b>Status</b>  | <b>Timestamp</b>   |
| <b>Intermediary Delivery Events</b>   | <b>Status</b>  | <b>Timestamp</b>   |
| <b>Certified Delivery Events</b>  | <b>Status</b>  | <b>Timestamp</b>   |
| <p><b>Carbon Copy Events</b></p> <p>Fiscal Services<br/>fiscalservices@bismarcknd.gov<br/>Security Level: Email, Account Authentication (None)<br/><b>Electronic Record and Signature Disclosure:</b><br/>Not Offered via DocuSign</p>                            | <p></p>   | <p>Sent: 10/12/2022 7:59:19 AM</p>   |
| <b>Witness Events</b>   | <b>Signature</b>   | <b>Timestamp</b>   |
| <b>Notary Events</b>  | <b>Signature</b>   | <b>Timestamp</b>   |
| <p><b>Envelope Summary Events</b></p> <p>Envelope Sent<br/>Certified Delivered<br/>Signing Complete<br/>Completed</p>   | <p><b>Status</b></p> <p>Hashed/Encrypted<br/>Security Checked<br/>Security Checked<br/>Security Checked</p>  | <p><b>Timestamps</b></p> <p>10/4/2022 6:58:28 PM<br/>10/12/2022 7:58:00 AM<br/>10/12/2022 7:59:15 AM<br/>10/12/2022 7:59:19 AM</p> |
| <b>Payment Events</b>   | <b>Status</b>  | <b>Timestamps</b>  |



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,

A handwritten signature in black ink, appearing to read 'Paul Vetter', is written over the word 'Sincerely,'.

Paul Vetter, COO





## Airport

**DATE:** May 28, 2024

**FROM:** Greg Haug, Airport Director

**ITEM:** To go into executive session under NDCC 44-04-19.2 to receive attorney consultation regarding an imminent lawsuit.

**REQUEST:**

To go into executive session under NDCC 44-04-19.2 to receive attorney consultation regarding an imminent lawsuit.

**BACKGROUND INFORMATION:**

The City has been proceeding regarding a construction contract default and retained outside counsel. This is to receive the attorney's advice regarding and in anticipation of reasonably predictable or pending civil litigation proceeding and to receive its attorney's advice and guidance on the legal risks, strengths, and weaknesses of an action of a public entity which, if held in public, would have an adverse fiscal effect on the entity.

**RECOMMENDED CITY COMMISSION ACTION:**

Adjourn into executive session under NDCC 44-04-19.2(2) to receive attorney consultation regarding imminently pending construction contract litigation.

**STAFF CONTACT INFORMATION:**

Tim Thorsen, Assistant Airport Director, 701-355-1806, [tthorsen@bismarcknd.gov](mailto:tthorsen@bismarcknd.gov)

**ATTACHMENTS:**

None