

Application for Renewal of Liquor License

(Effective 02/2022)

Name of Individual Applicant or Applicant's Legal Business name.

Address of Business.

Name of Person Completing and Signing Form. (Same as on SFN 11066)

Which Type or Types of Licenses are being applied for? Mark all that Apply.

Licenses are Valid from October 1st to September 30th. If this is a new application, please what is the date that the license should be valid from _____.

License Type	Renewal Fee	New Application Fee per Month	Total
On & Off Sale Liquor	\$2,000.00	\$167.00	
On & Off Sale Beer	\$240.00	\$20.00	
On Sale Liquor	\$1,600.00	\$134.00	
On Sale Beer	\$100.00	\$9.00	
Off Sale Liquor	\$400.00	\$34.00	
Off Sale Beer	\$140.00	\$12.00	
Club or Lodge	\$300.00	\$25.00	
Food and Beverage	\$200.00	\$17.00	
Brewery Taproom	\$100.00	\$9.00	
Domestic Distillery	\$100.00	\$9.00	
Winery	\$100.00	\$9.00	
Beer garden	\$150.00	\$12.50	
Brew Pub	\$500.00	\$42.00	
		Total	

The City of Hillsboro is an equal opportunity provider.

Additional Documents Needed with Application

SFN 14985 if building has been changed in the last 365 days

SFN 11066

SFN 10866 IF ANY CHANGE IN PARTNERS

Copy of the most recent health inspection (must be within the last 2 years)

SFN 16838 if any modifications to the building or hvac have been made in the past year.

Copy of the state Liquor License.

The following section to be completed by the applicants (provide a separate page for each applicant):

THE APPLICANT must initial #1 - #8 and sign in the space provided below.

____ 1. All applicants must assure there is adequate off-street parking for my business (within the direction of and as approved by the City Commission).

____ 2. I have received a copy of the Alcoholic Beverage Ordinance(s) of the City of Hillsboro, read the ordinances and am familiar with the conditions and requirements of these ordinances.

____ 3. I will obey, abide by and comply with the State of North Dakota Liquor Control Act, and the City of Hillsboro Alcoholic Beverage ordinances, as well as any amendments to either of these, which may be made from time to time.

____ 4. I understand either, I, my manager(s), or both of us must attend a yearly meeting (date and time to be announced) with representatives from the Traill County Sheriff and Health departments to discuss law enforcement and safety concerns as a condition of license.

____ 5. I understand that the premises described in the application, if licensed for alcoholic beverage sales, may be inspected at any time by the Traill County Sheriff, or any deputy of the Sheriff or Health Departments as allowed by city ordinances and state law. My employees and I will cooperate with such inspections.

____ 6. I am familiar with the question, answers, and other information as it appears in the complete application of an alcoholic beverage license, and the answers and information are, to the best of my belief and knowledge, true, complete and accurate. (Note: This application must be made under oath before a Notary Public.)

____ 7. I recognize the City of Hillsboro is subject to open records laws contained in chapter 44-04 of the N.D. Century Code. Section 44-04-18.4 contains an exception for trade secrets, proprietary, commercial, and financial information. I agree in submitting the application, that I have familiarized myself with this law. If any information being forwarded to the City of Hillsboro is claimed as confidential or proprietary under this section, I must clearly indicate this in writing when I submit this application, pointing out, in detail, why the information submitted is claimed as an exemption under section 44-04-18.4. I further agree to respond to, as well as to aid the City, in responding to any claim under 44-04-21.1 concerning this claim of confidentiality under 44-04- 18.4.

____ 8. I understand that the license will expire on September 30 of each year and a renewal process will need to be completed. This process will include a completed renewal application, payment in full for the required annual fee.

Applicant printed name: _____

Signature: _____

All applicants must complete this portion:

STATE OF NORTH DAKOTA)

)ss.

County of _____

) I, _____, do hereby swear that I am the Applicant named above; that I have read the application and know the contents thereof; that the information contained and offered therein is true and correct to the best of my knowledge.

Signature

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

Notary Public

(SEAL)