

APPLICATION FOR WHOLESALE BEER OR LIQUOR LICENSE

OFFICE OF NORTH DAKOTA STATE TAX COMMISSIONER
SFN 59455 (10-10)



For Year _____

New **Renewal**

North Dakota License Number (renewals only)

Legal Name		Federal Employer Identification Number	
DBA (if applicable)		Federal Basic Permit Number/Brewer's Notice	
Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Telephone Number	Contact Person		
<input type="checkbox"/> Any Information Changed From Previous Application	Email Address		

Type of Business Sole Proprietorship Partnership Corporation

Annual Fees: First year applicants are eligible for prorated fees based on the following table:

	April - June 30	July 1 - December 31
<input type="checkbox"/> Wholesale Beer License (\$200.00)	\$150.00	\$100.00
<input type="checkbox"/> Wholesale Liquor License (\$1,000.00)	\$750.00	\$500.00

All applicants

1. Do you have any financial interest in any retail alcoholic beverage establishment? (If corporation, include all officers, directors, and stockholders; if a partnership, include all partners.) If yes, list establishments below Yes No

2. Does any alcoholic beverage manufacturer or alcoholic beverage retailer have any financial interest in this wholesale business? If yes, list below Yes No

3. Do you have a warehouse and office in North Dakota (or for beer, in a state which has reciprocity with North Dakota regarding this provision) which contains a complete record of all of your North Dakota transactions? If yes, list all locations below, including addresses and managers Yes No

Street Address, City, State & ZIP Code	Manager
_____	_____
_____	_____
_____	_____
_____	_____

For Tax Department Use Only



Individuals and Partnership

4. If partnership, list partners: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are all partners citizens of the United States and residents of North Dakota?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have any partners ever been convicted of a felony? If yes, list name and explain below	Yes <input type="checkbox"/> No <input type="checkbox"/>

Corporations

7. Are you properly registered with the North Dakota Secretary of State?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is your manager a resident of the State of North Dakota	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Has your manager ever been convicted of a felony? If yes, list name and explain below	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Are all officers, directors, and stockholders citizens of the United States? List those persons below	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Have any officers, directors, or stockholders ever been convicted of a felony? If yes, list name and explain below	Yes <input type="checkbox"/> No <input type="checkbox"/>

Agreement to Electronically File

The Tax Commissioner agrees to authorize the above named company to electronically file the tax reports and schedules as required under North Dakota Century Code chs. 5-01 and 5-03. The signature of the company affixed to this application shall be deemed to appear on such electronically filed reports and schedules, as if actually so appearing. All reports and schedules filed electronically pursuant to this agreement are deemed by the company to be truthful, accurate and complete statements made under penalty of perjury, and shall be in form compatible with the Tax Commissioner's equipment, software, and facilities. Any electronic filing not in conformity with the requirements specified herein shall be deemed a failure to file such reports and schedules and company shall be subject to all applicable penalties prescribed by law.

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application has been examined by me and to the best of my knowledge and belief is complete, correct, and true.

Name of Owner or Authorized Officer (print or type)	Title
Signature of Owner or Authorized Officer	Date

Please send application to:
Office of State Tax Commissioner
Alcohol Tax Section
600 E. Boulevard Ave. Dept. 127
Bismarck, ND 58505-0599
Phone: 701.328.2702