

CITY OF WILLISTON
PO Box 1306
22 E Broadway
Williston, ND 58802-1306

NOTIFICATION OF NEW MANAGER
OF PREMISES LICENSED TO SELL ALCOHOLIC BEVERAGES

TO THE HONORABLE BOARD OF CITY COMMISSIONERS:

The undersigned license holder wishes to name _____ as manager of the establishment known as _____, located at _____ effective _____ (date).

Owner/Authorized Signor – printed name

By:

Owner/Authorized Signor – signature

The following is to be completed by the person deemed “manager”:

_____, after being first sworn to oath, answers the following questions as follows:

1. Name _____
2. Date of Birth _____
3. Are you a citizen of the United States? ____ Yes ____ No
4. If naturalized, give date and place of naturalization _____
5. How long have you been a resident of the State of North Dakota? _____
6. Where have you resided for a period of one year last preceding the date of this application?

7. Have you been for the past thirty (30) days and are you now a legal and bona fide resident of the City of Williston? ____ Yes ____ No
8. If so, where is your place of residence? (Complete street address) _____

9. What is your mailing address? _____
10. Email Address: _____
11. Contact Phone # _____
12. What occupations have you followed during the past ten years? _____

13. Have you ever been convicted of any violation of any laws of the United States, or of the State of North Dakota, or local ordinance governing the manufacture, sale or possession of intoxicating liquor? ____ Yes ____ No

14. If yes, give date and details: _____

15. Have you ever been indicted or convicted of any crime other than as stated above, either in North Dakota or elsewhere?

16. ___ Yes ___ No If so, give date and details: _____

I hereby authorize the City of Williston, North Dakota, a municipal corporation, to investigate my past and present work, character, education, medical, military and police records to ascertain any and all information which may concern my past and present status. The release of any and all information is authorized whether the same is of record or not, and I do hereby release all persons, firms, agencies, companies, groups or installations, whomsoever, from any damages because of or resulting from furnishing such information to the City of Williston, and I release the City of Williston and its employees from any damage or claim which may otherwise result from use or release of such information.

Do you promise and agree to abide by the provisions of the North Dakota State Law dealing with alcoholic beverages, and each provision of Ordinance No. 550 passed by the governing board of the City of Williston on the 28th day of August, 1979, and any future amendments of said law or Ordinance? ___ Yes ___ No

The undersigned agrees that s/he is the Manager for the applicant and agrees to indemnify the City and hold it harmless from any liability arising as a result of this license and any subsequent permit applied for under Chapter 3 – Alcoholic Beverages, of the Williston Code of Ordinances.

Manager Signature

Subscribed and sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC, My Commission expires:

The City of Williston mandates that all servers of alcohol shall receive alcohol server training within ninety (90) days of employment. All liquor establishment managers must keep a copy of each employee's card on file at the establishment along with date of hire. Contact the Alcohol Beverage Training Officer at the Williston Police Department for further information on classes that are offered 701 577-1212.

(for City use only)

Recommendation of Chief of Police: _____ Approve _____ Disapprove

Chief of Police

City Auditor