



City of Grand Forks Staff Report

APPROVED & ACCEPTED
by City Council

12/05/2016

Candice Stjern
Candice Stjern
Acting City Auditor

Committee of the Whole – November 28, 2016
City Council – December 5, 2016

Agenda Item: Application for transfer of Class 4 (Food & Beverage) License for Sanders 322 DeMers, LLC, dba Sky's Fine Dining

Submitted by: Maureen Storstad, Finance Director

Staff Recommended Action: Approve the transfer of Class 4 License for Sanders 322 DeMers, LLC, dba Sky's Fine Dining subject to approval by various city departments including: City Attorney, Police Department, and meeting all requirements of City Code, along with payment of various fees

Committee Recommended Action:

Refer to City Council with the recommendation to approve.

Council Action:

BACKGROUND: The Finance Department has received an application for renewal of the Class 4 (Food & Beverage) License of Sanders 322 DeMers, LLC dba Sky's Fine Dining. The renewal application was accompanied by a letter requesting a change in ownership partners for their license, along with personal information forms for new parties on the license. The request is for this change to be effective immediately on approval.

ANALYSIS AND FINDINGS OF FACT:

- Application for renewal of Class 4 Alcoholic Beverage License has been received by the Finance Department.
- Renewal application fee of \$70 and \$3,895 annual fee has been paid.
- The request will result in a change of more than 50% of the ownership.
- City Council approval and payment of a transfer fee of \$16,425 is required.
- Renewal application requires inspection and approval by various city departments, including City Attorney, Police, Fire, Health, and Inspections Departments.

SUPPORT MATERIALS:

- Renewal application for Sanders 322 DeMers, LLC, dba Sky's Fine Dining
- Letter explaining partner ownership change.

**Sanders 322 Demers LLC
322 Demers Avenue, Suite 200
Grand Forks, ND 58201**

November 11, 2016

City of Grand Forks
Finance and Administrative Services
255 North Fourth Street
Grand Forks, ND 58201

Enclosed please find the renewal application for Sky's Fine Dining, along with a check for \$3,965 for the Class 4 Food and Beverage establishment annual fee and renewal application fee.

Please note that the ownership of this business is changing. Effective immediately with this application, ownership is as follows:

Philip Gisi	60% (previously a 25% owner)
Patrick Madigan	20%
Joseph Hansen	20%

Enclosed with this information is Part II for the above 3 individuals. John Manske is no longer listed as an owner. Richard Allen West is currently Manager/Bar Manager, and his renewal information is enclosed.

Please feel free to contact me at (701)741-6230 or e-mail me at philg@edgewoodmail.com with any questions.

Sincerely;



Philip Gisi
Secretary/Treasurer

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

LICENSE # 40831

DATE: 10/26/2016

NAME OF BUSINESS: SKY'S FINE DINING
TYPE OF LICENSE: Liquor C-4 Food & Beverage More 100
BUSINESS ADDRESS: 322 DEMERS AVE, SUITE 200
BUSINESS TELEPHONE #: 7017468970
NAME OF PERSON FILING APPLICATION: ~~JOHN MANSKE~~/PHILIP GISI
APPLICANT TELEPHONE #: 2187790215
NAME OF CORPORATION OR ASSOCIATION / CLUB OR LODGE: SANDERS 322 DEMERS LLC
HOME OFFICE ADDRESS: 322 DEMERS AVE, SUITE 200
CITY, STATE & ZIP CODE: GRAND FORKS, ND 58203
E-MAIL ADDRESS: ~~SKYMANSKE@GMAIL.COM~~ PHILG@EDGEWOODMAIL.COM

TAXES PAID YES NO

Class 4 License Holders:

Grand Forks City Code Section 21-0205 requires that no more than 40% of the annual gross income of a Class 4 food and beverage establishment be derived from the sales of alcoholic beverages.

Has your establishment derived more than 40% of its annual gross income from the sales of alcoholic beverages? YES NO

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

PART II - PERSONAL INFORMATION

LICENSE # 40831

DATE: 10/26/2016

RESPONSIBLE PERSON: JOHN CHARLES MANSKE

POSITION OF PERSON: 10 OWNER

PLACE OF BUSINESS: SKY'S FINE DINING

RESIDENCE ADDRESS: 1015 COTTONWOOD ST

CITY, STATE & ZIP CODE: GRAND FORKS, ND 58201

TELEPHONE # 2187790215

PERCENT OF OWNERSHIP: 75

John Manske no longer an owner

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

PART III - PERSONAL INFORMATION

LICENSE # 40831

DATE: 10/26/2016

RESPONSIBLE PERSON: JOHN CHARLES MANSKE

POSITION OF PERSON: 10 OWNER

PLACE OF BUSINESS: SKY'S FINE DINING

A. HAVE YOU BEEN CONVICTED, IN THE PAST YEAR, OF ANY CRIME, IN THIS OR ANY OTHER STATE, OR UNDER FEDERAL LAW? YES _____ NO _____

IF YES, GIVE DETAILS:

B. HAVE YOU BEEN CONVICTED, IN THE PAST YEAR, OF THE VIOLATION OF ANY LAW, LOCAL, STATE OR FEDERAL, WITH THE REGARD TO THE MANUFACTURE, SALE, DISTRIBUTION OR POSSESSION OF ALCOHOLIC BEVERAGES? YES _____ NO _____

IF YES, GIVE DETAILS:

C. HAVE YOU EVER HAD, IN THE PAST YEAR, A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES REVOKED FOR ANY VIOLATION OF STATE OR LOCAL LAW? YES _____ NO _____

IF YES, GIVE DETAILS:

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

PART II - PERSONAL INFORMATION

LICENSE # 40831

DATE: 10/26/2016

RESPONSIBLE PERSON: PHILIP GISI

POSITION OF PERSON: OWNER

PLACE OF BUSINESS: SKY'S FINE DINING

RESIDENCE ADDRESS: 1762 LYDIA CIRCLE

CITY, STATE & ZIP CODE: GRAND FORKS, ND 58201

TELEPHONE #

PERCENT OF OWNERSHIP: 25 60%

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

PART III - PERSONAL INFORMATION

LICENSE # 40831

DATE: 10/26/2016

RESPONSIBLE PERSON: PHILIP GISI
POSITION OF PERSON: OWNER
PLACE OF BUSINESS: SKY'S FINE DINING

A. HAVE YOU BEEN CONVICTED, IN THE PAST YEAR, OF ANY CRIME, IN THIS OR ANY OTHER STATE, OR UNDER FEDERAL LAW? YES _____ NO X

IF YES, GIVE DETAILS:

B. HAVE YOU BEEN CONVICTED, IN THE PAST YEAR, OF THE VIOLATION OF ANY LAW, LOCAL, STATE OR FEDERAL, WITH THE REGARD TO THE MANUFACTURE, SALE, DISTRIBUTION OR POSSESSION OF ALCOHOLIC BEVERAGES? YES _____ NO X

IF YES, GIVE DETAILS:

C. HAVE YOU EVER HAD, IN THE PAST YEAR, A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES REVOKED FOR ANY VIOLATION OF STATE OR LOCAL LAW? YES _____ NO X

IF YES, GIVE DETAILS:

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

PART II - PERSONAL INFORMATION

LICENSE # 40831

DATE: 10/26/2016

RESPONSIBLE PERSON: RICHARD ALLEN WEST
POSITION OF PERSON: MANAGER/BAR MANAGER
PLACE OF BUSINESS: SKY'S FINE DINING
RESIDENCE ADDRESS: 115 CONKLIN AVE
CITY, STATE & ZIP CODE: GRAND FORKS, ND 58203
TELEPHONE # 2187790967

CITY OF GRAND FORKS, NORTH DAKOTA

IN SUPPORT OF AN

APPLICATION FOR LIQUOR LICENSE RENEWAL

PART III - PERSONAL INFORMATION

LICENSE # 40831

DATE: 10/26/2016

RESPONSIBLE PERSON: RICHARD ALLEN WEST
POSITION OF PERSON: MANAGER/BAR MANAGER
PLACE OF BUSINESS: SKY'S FINE DINING

A. HAVE YOU BEEN CONVICTED, IN THE PAST YEAR, OF ANY CRIME, IN THIS OR ANY OTHER STATE, OR UNDER FEDERAL LAW? YES _____ NO X

IF YES, GIVE DETAILS:

B. HAVE YOU BEEN CONVICTED, IN THE PAST YEAR, OF THE VIOLATION OF ANY LAW, LOCAL, STATE OR FEDERAL, WITH THE REGARD TO THE MANUFACTURE, SALE, DISTRIBUTION OR POSSESSION OF ALCOHOLIC BEVERAGES? YES _____ NO X

IF YES, GIVE DETAILS:

C. HAVE YOU EVER HAD, IN THE PAST YEAR, A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES REVOKED FOR ANY VIOLATION OF STATE OR LOCAL LAW? YES _____ NO X

IF YES, GIVE DETAILS:

Section 21-0209 of the Grand Forks City Code reads as follows:

Same-Investigation of fitness of applicant. The chief of police or such other person or officer as may be designated by the city council shall, upon the filing of an application, investigate the facts as stated in the application and the character, reputation and fitness of the applicant, and shall report on the matters to the city council. In addition to the facts and information that is requested on the application forms the designated investigator is authorized by the licensing authority to request from the applicant any other information the investigator considers necessary to make a determination of the fitness of the applicant, including but not limited to information pertaining to financing of the proposed establishment and other business interests of the applicant, or of the applicant's stockholders in the case of a corporate applicant. It shall be a requirement of any applicant to furnish the designated investigator with the information that the investigator may request, and denial of such a request by any applicant shall be considered a violation of the alcoholic beverage license ordinances of the City of Grand Forks and thereby disqualify the applicant from any further consideration. The provisions of this section shall apply equally to applicants for new licenses and applicants for license renewals.

The applicant appearing herein consents to entry and inspection of the premises for which this license is sought or any part thereof at any time by any police officers, sheriff or any peace officer of the city of Grand Forks or of the State of North Dakota, and further consents that any alcoholic beverages or other property found upon said premises which is held therein in violation of the laws of the State of North Dakota or in violation of ordinance may be seized and taken away by such officer, and that such alcoholic beverages or any other property so seized may be received in evidence against him in any procedure brought pursuant to the laws of the State of North Dakota or pursuant to ordinance.

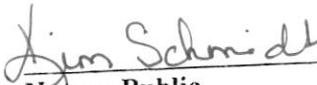
The applicant agrees that should any of the information contained in this application change within the period of the license, if granted, that applicant will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. Applicant also agrees that should there be a change in ownership or management during the period of the license, prior approval of the Grand Forks City Council is required.

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

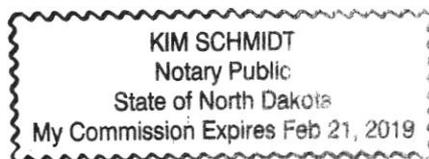


Signature of Applicant or Managing Officer

Subscribed and sworn to before me this 11th day of Nov, 2016.



Notary Public



CITY OF GRAND FORKS
APPLICATION FOR LIQUOR LICENSE – PART II
 255 N. 4TH St. Grand Forks, ND 58203 * (701) 746-2620

PERSONAL INFORMATION

Directions: This form must be filled out in person with typewriter, electronically, or by printing in ink, by each individual, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5 percent.

Date: November 7, 2016 Title: Secretary / Treasurer + Owner

True Name:	First: <u>Philip</u>	Full Middle: <u>Conrad</u>	Maiden:	Last: <u>Gisi</u>
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Residence Address: 1762 Lydia Circle
Grand Forks, ND 58201

Business Name: Skys Fine Dining

Business Address: 322 Nemers Ave, Ste 200
Grand Forks, ND 58201

Place of Birth: New Rockford, ND

Height: <u>6'2"</u>	Weight: <u>215</u>	Hair Color: <u>Grey</u>	Eye Color: <u>Hazel</u>
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If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:
No

1. Please list all the address(es) at which you have lived during the past ten (10) years

Address: <u>1762 Lydia Circle, Grand Forks, ND</u>	Length of time at address <u>12</u> yrs. <u>6</u> mos.
Address:	Length of time at address _____ yrs. _____ mos.
Address:	Length of time at address _____ yrs. _____ mos.

Attach additional sheet if necessary.

2. Kind, name and location of every business or occupation you have been engaged in during preceding ten (10) years.

<u>Business/Occupation</u>	<u>Street Address</u>	<u>City/State</u>	<u>Dates</u>
<u>Edgewood Group</u>	<u>322 Nemers Ave, Ste 500</u>	<u>Grand Forks ND</u>	<u>1994 - Current</u>

3. Names and addresses of your employers and partners, if any, for the preceding ten (10) years.
(Begin with present or last one)

Names: Employers/Partners Street Address City, State Dates
Edgewood Group 322 Nemers Ave, Ste 500 Grand Forks, ND 1994 - Current

4. Have you ever been convicted of any crime, in this or any other state, or under any Federal Law? Yes No

If yes, the date of such conviction, the crime for which convicted, the amount and terms of sentence passed and the court in which convicted.

5. Have you ever been convicted of the violation of any law of the United States, of any state, or any local ordinance, with regard to the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

6. Have you ever had a license for the sale of alcoholic beverages revoked for any violation of state law or local ordinances? Yes No

If yes, list the name of the authorities, the dates of such revocation or suspension, and the reasons therefore:

7. (a) Have you ever had a license, permit or authorization to conduct gaming revoked or suspended for any violation of federal or state law or local ordinances? Yes No

If yes, list the names of the authorities ordering such revocation or suspension, the date of revocation and the reason therefore:

(b) Have you ever been convicted of a violation of any federal or state law or local ordinance related to gaming? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

8. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the authorities involved, offenses, location, date and disposition of proceedings.

9. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the conduct of gaming? Yes No

If yes, list the authorities involved, offense, location, date and disposition or proceedings.

10. Do you have any interest whatsoever directly or indirectly in any other establishment dispensing alcoholic beverages either at wholesale or retail within or without the State of North Dakota? Yes No

If yes, the name and addresses of such establishments.

11. Have you ever engaged or been employed in the sale or distribution of alcoholic beverages prior to this application? Yes No

If yes, state the place and type of business whether within or without the State of North Dakota, and the date first began to operate:

12. Have you ever, individually or with other, made application for an alcoholic beverage license? Yes No

If yes, state the circumstances, date, place and disposition.

13. List the names, residences and business addresses of three residents of the City of Grand Forks, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character:

Name: Rex Carlson	Residence Address: 6100 Kings View Drive Apt 101, Grand Forks, ND
Phone: 701-361-2866	Business Address: 322 Demers Ave, Ste 500 Grand Forks, ND 58201
Name: Russell Kubik	Residence Address: 2376 Keystone Ct, Grand Forks, ND 58201
Phone: 701-213-5214	Business Address: 322 Demers Ave, Ste 500 Grand Forks, ND 58201
Name: Robert Silletto	Residence Address: 2048 43rd Ave S, Grand Forks, ND 58201
Phone: 701-740-3839	Business Address: c c

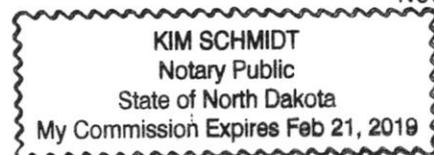
Any false statements, material inaccuracies or material omissions to the above questions may result in the denial of the application or the revocation of an issued license.

Philip Stiri
Signature of Applicant

State of North Dakota)
County of Grand Forks)

Subscribed and sworn to before me this 11th day of Nov, 2016.

Jim Schmidt
Notary Public



CITY OF GRAND FORKS
APPLICATION FOR LIQUOR LICENSE – PART II
 255 N. 4TH St. Grand Forks, ND 58203 * (701) 746-2620

PERSONAL INFORMATION

Directions: This form must be filled out in person with typewriter, electronically, or by printing in ink, by each individual, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5 percent.

Date: 11/11/2016 Title: GENERAL MANAGER (MINORITY PARTNER)

True Name:	First <u>PATRICK</u>	Full Middle <u>JOHN</u>	Maiden	Last <u>MADIGAN</u>
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Residence Address: 2211 LIBRARY LN #207
GRAND FORKS, ND 58201

Business Name: Sky's Fine Dining

Business Address: 322 Demers Ave, Ste 200
Grand Forks, ND 58201

Place of Birth: ST. PAUL, MN

Height <u>6'0"</u>	Weight <u>220</u>	Hair Color: <u>BROWN</u>	Eye Color: <u>BLUE</u>
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If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

1. Please list all the address(es) at which you have lived during the past ten (10) years

Address: <u>2211 LIBRARY LN #207 GF, ND 58201</u>	Length of time at address <u>2</u> yrs. <u>0</u> mos.
Address: <u>3004 WHITE BIRCH CT FAYFAH, VA 22031</u>	Length of time at address <u>6</u> yrs. <u>6</u> mos.
Address: <u>2832 EMMA LEE ST, #301 FALLS CHURCH, VA 22042</u>	Length of time at address <u>2</u> yrs. <u>6</u> mos.

Attach additional sheet if necessary.

2. Kind, name and location of every business or occupation you have been engaged in during preceding ten (10) years.

<u>Business/Occupation</u>	<u>Street Address</u>	<u>City/State</u>	<u>Dates</u>
<u>RESTAURANT/SKY'S FINE DINING</u> <u>GENERAL MANAGER</u>	<u>322 DEMERS AVE</u>	<u>GRAND FORKS, ND</u>	<u>OCT 2014 - PRESENT</u>
<u>RESTAURANT/BAZIN'S ON CHURCH</u> <u>SERVER</u>	<u>CHURCH STREET</u>	<u>VIENNA, VA</u>	<u>OCT 2011 - OCT 2014</u>
<u>RESTAURANT/COASTAL FLATS</u> <u>SERVER/SHIFT LEADER</u>	<u>TYSONS CORNER MALL</u>	<u>TYSONS CORNER, VA</u> <u>(McLENNAN)</u>	<u>SEPT 2006 - OCT 2011</u>

3. Names and addresses of your employers and partners, if any, for the preceding ten (10) years.
(Begin with present or last one)

<u>Names: Employers/Partners</u>	<u>Street Address</u>	<u>City, State</u>	<u>Dates</u>
JOHN MAUSKE	1015 COTTONWOOD	GRAND FORKS, ND 58201	OCT 2014-PRESENT
PATRICK BAZIN	? PHONE - (703) 403-5061	VIENNA, VA	OCT 2011-OCT 2014
BEN DAVIS	WORK ADDRESS AT TYSON'S CORPOR [REDACTED]		SEPT 2006-OCT 2011

4. Have you ever been convicted of any crime, in this or any other state, or under any Federal Law? Yes No

If yes, the date of such conviction, the crime for which convicted, the amount and terms of sentence passed and the court in which convicted.

5. Have you ever been convicted of the violation of any law of the United States, of any state, or any local ordinance, with regard to the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

6. Have you ever had a license for the sale of alcoholic beverages revoked for any violation of state law or local ordinances? Yes No

If yes, list the name of the authorities, the dates of such revocation or suspension, and the reasons therefore:

7. (a) Have you ever had a license, permit or authorization to conduct gaming revoked or suspended for any violation of federal or state law or local ordinances? Yes No

If yes, list the names of the authorities ordering such revocation or suspension, the date of revocation and the reason therefore:

(b) Have you ever been convicted of a violation of any federal or state law or local ordinance related to gaming? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

8. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the authorities involved, offenses, location, date and disposition of proceedings.

9. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the conduct of gaming? Yes No

If yes, list the authorities involved, offense, location, date and disposition or proceedings.

10. Do you have any interest whatsoever directly or indirectly in any other establishment dispensing alcoholic beverages either at wholesale or retail within or without the State of North Dakota? Yes No

If yes, the name and addresses of such establishments.

11. Have you ever engaged or been employed in the sale or distribution of alcoholic beverages prior to this application?

Yes No

If yes, state the place and type of business whether within or without the State of North Dakota, and the date first began to operate: MY ENTIRE WORK CAREER HAS BEEN IN FOOD/BAR SERVICE INDUSTRY, AS A SERVER AND BARTENDER FOR 30 YEARS.

12. Have you ever, individually or with other, made application for an alcoholic beverage license? Yes No

If yes, state the circumstances, date, place and disposition.

13. List the names, residences and business addresses of three residents of the City of Grand Forks, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character:

Name: PETER HAGA	Residence Address:
Phone: 701-740-6696	Business Address: FOURTH STREET (DOWNTOWN) CITY HALL (HE IS AN ASSISTANT TO THE MAYOR)
Name: FRED KITKO	Residence Address: 2406 GLENN CIRCLE GRAND FORKS, ND 58201
Phone: 746-5644	Business Address: LIND AVIATION
Name: SARAH SHIMER	Residence Address: 3801 S. 11TH ST, UNIT C GRAND FORKS, ND 58201
Phone: 218-791-5931	Business Address: GRAND FORKS PUBLIC SCHOOLS

Any false statements, material inaccuracies or material omissions to the above questions may result in the denial of the application or the revocation of an issued license.

[Signature]
Signature of Applicant

State of North Dakota)
County of Grand Forks)

Subscribed and sworn to before me this 14th day of November, 2011.

HATTI OLSON
Notary Public
State of North Dakota
My Commission Expires March 7, 2019

[Signature]
Notary Public

CITY OF GRAND FORKS
APPLICATION FOR LIQUOR LICENSE – PART II
 255 N. 4TH St. Grand Forks, ND 58203 * (701) 746-2620

PERSONAL INFORMATION

Directions: This form must be filled out in person with typewriter, electronically, or by printing in ink, by each individual, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5 percent.

Date: 11-14-16 Title: Chef - Vice President

True Name:	First <u>Joseph</u>	Full Middle <u>Allen</u>	Maiden	Last <u>Hanson</u>
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Residence Address:
409 S 9th St., Grand Forks, N.D. 58201

Business Name: Sky's Fine Dining

Business Address: 322 Demers Ave, Ste 200
Grand Forks, ND 58201

Place of Birth: Grand Forks, N.D.

Height <u>5'9"</u>	Weight <u>155</u>	Hair Color: <u>Light brown</u>	Eye Color: <u>Blue</u>
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If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

Joe Hanson

1. Please list all the address(es) at which you have lived during the past ten (10) years

Address: 409 S 9th St, Grand Forks, ND. 58201 Length of time at address 45 yrs. _____ mos.

Address: _____ Length of time at address _____ yrs. _____ mos.

Address: _____ Length of time at address _____ yrs. _____ mos.

Attach additional sheet if necessary.

2. Kind, name and location of every business or occupation you have been engaged in during preceding ten (10) years.

<u>Business/Occupation</u>	<u>Street Address</u>	<u>City/State</u>	<u>Dates</u>
<u>Sanders</u>	<u>22 S 3rd</u>	<u>Grand Forks, N.D.</u>	<u>1997-2015</u>
<u>Sky's fine dining</u>	<u>322 Demers Ave</u>	<u>Grand Forks, N.D.</u>	<u>2015-present</u>

3. Names and addresses of your employers and partners, if any, for the preceding ten (10) years.
(Begin with present or last one)

Names: Employers/Partners

Street Address

City, State

Dates

Kim Holmes
John Manski
Phil Gisi

312 Kittsen
322 Demers Ave
322 Demers Ave

Grand Forks, ND. 58201
Grand Forks, N.D. 58201
Grand Forks, N.D. 58201

1997-2005
2015-2016

4. Have you ever been convicted of any crime, in this or any other state, or under any Federal Law? Yes No

If yes, the date of such conviction, the crime for which convicted, the amount and terms of sentence passed and the court in which convicted.

DUI many years ago, marijuana possession 26 years ago

5. Have you ever been convicted of the violation of any law of the United States, of any state, or any local ordinance, with regard to the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

6. Have you ever had a license for the sale of alcoholic beverages revoked for any violation of state law or local ordinances? Yes No

If yes, list the name of the authorities, the dates of such revocation or suspension, and the reasons therefore:

7. (a) Have you ever had a license, permit or authorization to conduct gaming revoked or suspended for any violation of federal or state law or local ordinances? Yes No

If yes, list the names of the authorities ordering such revocation or suspension, the date of revocation and the reason therefore:

(b) Have you ever been convicted of a violation of any federal or state law or local ordinance related to gaming? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

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If yes, list the authorities involved, offenses, location, date and disposition of proceedings.

9. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the conduct of gaming? Yes No

If yes, list the authorities involved, offense, location, date and disposition or proceedings.

10. Do you have any interest whatsoever directly or indirectly in any other establishment dispensing alcoholic beverages either at wholesale or retail within or without the State of North Dakota? Yes No

If yes, the name and addresses of such establishments.

11. Have you ever engaged or been employed in the sale or distribution of alcoholic beverages prior to this application? Yes No

If yes, state the place and type of business whether within or without the State of North Dakota, and the date first began to operate:

12. Have you ever, individually or with other, made application for an alcoholic beverage license? Yes No

If yes, state the circumstances, date, place and disposition.

13. List the names, residences and business addresses of three residents of the City of Grand Forks, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character:

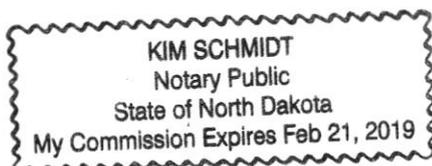
Name: <u>Kim Holmes</u>	Residence Address: <u>111 N 3rd S unit 2015 Grand Forks, N.D. 58203</u>
Phone: <u>701-772-9220</u>	Business Address: <u>retired</u>
Name: <u>John Hanson</u>	Residence Address: <u>1333 3rd S N. Fargo, N.D. 58102</u>
Phone: <u>701-866-7166</u>	Business Address: <u>1629 S University Dr Fargo, N.D. 58103</u>
Name: <u>Veronica Maszk</u>	Residence Address: <u>316 4th S NW East Grand Forks, Min. 56721</u>
Phone: <u>701-739-9516</u>	Business Address: <u>316 4th S NW, Apt 206 East Grand Forks, Min. 56721</u>

Any false statements, material inaccuracies or material omissions to the above questions may result in the denial of the application or the revocation of an issued license.

Joe Hanson
Signature of Applicant

State of North Dakota)
County of Grand Forks)

Subscribed and sworn to before me this 11th day of Nov., 2016.



Kim Schmidt
Notary Public