

## CHAPTER 10-08-02 KEG REGISTRATION

### Section

10-08-02-01      Keg Information  
10-08-02-02      Keg Registration Form

#### **10-08-02-01. Keg information.**

No alcoholic beverage licensee may sell a beer keg at retail without marking the keg with the following information:

1. The date of the sale.
2. The licensee's state alcoholic beverage retail license number and the number of the keg which has been sold that day, whether it is the first keg sold, second, or third, etc. This then constitutes the keg number.

The marking of the keg must be done by utilizing an invisible, nondefacing marker.

**History:** Effective September 1, 1983.

**General Authority:** NDCC 5-02-09.1

**Law Implemented:** NDCC 5-02-07.2

#### **10-08-02-02. Keg registration form.**

A retail licensee selling beer in kegs shall fill out a keg registration form which is signed by the purchaser. The form must be in the following format:

#### KEG REGISTRATION FORM VALID ID MUST BE SHOWN

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Instructions (Please Print):

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
TYPE OF ID SHOWN AND NUMBER: \_\_\_\_\_  
KEG NUMBER (To Be Filled In By Retail Licensee): \_\_\_\_\_  
SIGNATURE OF PURCHASER: \_\_\_\_\_  
DATE: \_\_\_\_\_

**History:** Effective September 1, 1983.

**General Authority:** NDCC 5-02-09.1

**Law Implemented:** NDCC 5-02-07.2

PERSONAL INFORMATION FORM (ALCOHOLIC BEVERAGE LICENSE)

TO: Attorney General's Licensing Division  
State Capitol Building  
Bismarck, North Dakota 58505

STATE OF NORTH DAKOTA)

COUNTY OF \_\_\_\_\_)

1. Your Name: \_\_\_\_\_
2. Other names now or previously used: \_\_\_\_\_
3. Present Address: \_\_\_\_\_
4. Name of licensed premises: \_\_\_\_\_
5. Country of Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_

6. List all places of residence during past ten years:

FROM-TO (Years)	STREET ADDRESS	CITY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. State your employment (including part-time) for the past ten years:

FROM-TO (Years)	EMPLOYER	BUSINESS ADDRESS	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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8. Have you ever operated, had a financial interest in, or been employed with an alcoholic beverage establishment? \_\_\_\_\_ If so, list:

FROM-TO (Years)	NAME OF ESTABLISHMENT	ADDRESS	YOUR INVOLVEMENT
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9. Have you been convicted of a crime (felony or misdemeanor) other than a minor traffic offense within the last five years? \_\_\_\_\_ If so, list all criminal convictions and the disposition:

DATE	OFFENSE	CITY	STATE	DISPOSITION	FELONY OR MISDEMEANOR
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10. Have you or any entity with which you have been or are associated had any license denied or revoked? \_\_\_\_\_ If yes, give full details:

11. If business is being taken over or purchased from another person, partnership, or corporation, have all outstanding debts owed to beer and liquor distributors and other providers of supplies and inventory for the licensed premises been paid? \_\_\_\_\_ If not, explain:

The undersigned swears that the information on this form is true and correct to the best of the undersigned's knowledge, information, and

belief, and acknowledges that false or misleading information is sufficient grounds for denial or revocation of license or authorization.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

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