
INTEROFFICE MEMORANDUM

TO: CHIEF CIANNI
FROM: BLAYNE RIEGER
SUBJECT: DYA OPERATING INC.
DATE: 08/08/2024

BACKGROUND INVESTIGATION:

CHAD GROLL
DERIN SEIBEL
BROCK WANNER
RYAN CALLAHAN
MATTHEW HEINZ
CHAD MILLER
ROXANNE FICEK

Pursuant to your request, a criminal background check has been conducted on the individual(s) listed above for the purpose of liquor licensing in the City of Dickinson. Resources used included:

- ND Courts
- City of Dickinson contacts
- NCIC
- CJIS

This search revealed the following criminal history:

Mc
08/09

CITY OF DICKINSON

INITIAL APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

For Year 2024

- Application for:
- ☒ Commercial On/Off-Sale (\$3,000)
 - ☐ Lodge or Club (\$3,000)
 - ☐ Motel or Hotel (\$3,000)
 - ☐ Restaurant On-Sale (\$2,500)
 - ☐ Military Club Beer and Wine (\$700)
 - ☐ Microbrewery Pub (\$700)
 - ☐ Beer and Wine Concession Licenses (\$550)
 - ☐ Distillery License (\$700)
 - ☐ Brewer Taproom License (\$2,000)
 - ☐ Domestic Winery License (N/A)
 - ☐ Beer Only On-Sale License (\$700)
 - ☐ Beer and Wine Only On-Sale License (\$1,250)
 - ☐ Sunday Permit (All on-sale establishments must check Sunday Permit. ---)
 - ☐ Optional only for off sale establishments. See paragraph 5, below)

NOTE: In addition to said fees, each applicant for a new license or a transfer of a license shall, at the time of submission of the application for such issuance or transfer, pay the sum of an application fee and an issuance fee or transfer fee as a non-refundable application or transfer fee.

The undersigned hereby applies for the license or licenses checked above, and agrees, if granted a license, to promptly advise the City of any changes in the information contained in this application.

1. **BUSINESS INFORMATION:**

Business Name: DYA Operating, Inc. (DBA The Rock)
Mailing Address: PO Box 1455, Dickinson, ND 58601
Street Address: 41 1st Ave W, Dickinson, ND 58601
Phone Number: 701-483-6047

2. **PROPOSED LICENSEE INFORMATION (please complete either 2.a. or 2.b. as appropriate)**

a. Individual or Partnership:

Name(s): _____
Address: _____

City/State/Zip: Dickinson, ND 58601

Telephone: _____

Email: _____

Birth Date(s): ____/____/____

Social Security # _____ Driver's License # _____

Please Attach - Occupation Record for Last Five Years

US Citizen: Y / N

b. Corporation:

Name of Corporation: DYA Operating, Inc.

Date of Incorporation: 8/2/2024 State of Incorporation: North Dakota

Web Address: N/A

(Attach copy of Certificate of Incorporation) See Attached

(Attach list of each officer, director, and proposed manager indicating address, email address, citizenship status, and percentage of stock ownership in corporation.) See Attachment

3. **LOCATION INFORMATION:**

Legal description of business location: Lot: 1 Block: 2

Addition or Subdivision: Original Plat

Property/Building Owner Information (If different than applicant)

Name: DYA Holdings, LLC

Mailing Address: PO Box 1455

City, State, Zip: Dickinson, ND 58601

Telephone: 701-483-6047

Em:

Zon

Present Occupancy: The Rock

Are Taxes Current? Y / N (Please attach verification from Stark County)

Please attach a comprehensive site drawing, including, but not limited to: layout of the building(s) and how they lay on the property, the extent of the area(s) in the building in which alcoholic beverages will be sold and/or served, and building and property dimensions. Alcoholic beverages will be sold and / or served on the main floor only. See attached pic of site drawing.

4. **GENERAL:**

- a. Name and contact information for person responsible for complying with all city ordinances and state law, on behalf of this license.

Name: Roxanne Ficek (General Manager)

Mailing Address:

City/State/

Telephone: 701-483-6047

- b. _____, residency, employment, and business ownership for the five years leading up to the date of this application. See Attachment

- c. Have you ever been engaged in the sale or distribution of alcoholic beverages prior to this application? If so, give date and type of business and address: No

- d. Have you ever had a liquor license rejected by any municipality, state or federal authority? (Y / N) If yes, give details: NA

- e. Have you ever been convicted or any violation of any law of the United State or the state of North Dakota, or local ordinance governing the manufacture, sale, distribution or possession of alcoholic beverages? (Y / N) If yes, give date(s) and details:

NA

- f. Have you ever had a liquor license for the sale of intoxicating liquor revoked or suspended for any violation or any state law or local ordinance? (Y / N) If yes, give date(s) and details:

NA

- g. Have you ever been indicted or convicted of a crime either in North Dakota or elsewhere? (Y / N) If yes, give date(s) and details:

NA

- h. Attach list of names and contact information of all persons, silent, or otherwise, interested in any manner in said business, or who will have charge, management, or control of the establishment for which license is requested: See Attachment

- i. Has any person, other than applicant, any right, title, or interest in the leasehold, or in the furniture, fixtures, or equipment in the premises for which license is requested? DYA Holdings

(Y / N) If yes, attach list of names and contact information. See Attachment

- j. Have you any agreement or understanding or intention to have any agreement or understanding with any person, partnership or corporation to obtain for any other, or transfer to any other person this license, or to

obtain it for any other than the specific use of the applicant? (Y / N) If yes, please give details:

NA

- k. Have you interest whatsoever, directly or indirectly, in any other liquor or alcoholic beverage establishment either wholesale or retail in North Dakota or any another state?

(Y / N) If yes, attach list of business names and addresses of establishments.

- l. Have you or any licensees listed on this application been convicted of a Felony or any other alcohol related violation of criminal or traffic law? No X *Yes _____

*If yes, please provide date, location (State & City) and description of the offense: NA

- m. Will you be engaged in any other form of business other than that to be covered by this license? (Y / N) If yes, please attach description of other business, including employer if that applies. Dickinson Youth Activities, Inc. will conduct charitable gaming at this location pending sight authorization.

- n. The applicant hereby does expressly consent that any person(s) duly authorized by the city of Dickinson may enter upon the premises described in this application at any reasonable hour of the day or night including all hours in which the establishment is occupied, and at such times they shall have free access to all portions of the property comprising the licensed premises for the purpose of inspecting such premises for any possible violation of laws of the state of North Dakota or ordinances of the city of Dickinson regardless whether said laws pertain to the sales of alcoholic beverages. Such access shall be permitted without necessity of a search warrant.

- o. Applicant acknowledges that this license, if granted includes the ability to open business on Sunday and therefore the business must collect and submit to the state of North Dakota the Hospitality Tax (Restaurant and Lodging)

- p. Applicant acknowledges that if this is an application for a restaurant related license, at least 50% of sales of the business must be in the form of prepared food.

- q. The applicant hereby acknowledges that if this license is idle for more than six months in any 12 month period, the City will revoke said license and offer it for public sale.

- r. The applicant hereby acknowledges that this license is not transferable nor may the ownership change by more than 25% without prior approval of the city of Dickinson.

- s. Please attach the names and contact information of three local business references.

- t. The applicant hereby acknowledges that by signing this application he/she/they admit that the information contained in this application is true and accurate to the best of their knowledge.

- u. The applicant hereby acknowledges that they shall cooperate to the fullest extent in obtaining a complete background investigation concerning any persons involved with the individual applicant or the applicant's organization.

5. The undersigned represents and warrants that the hospitality tax imposed under Section 35.125 of the Dickinson City Code has been and will continue to be collected to qualify the licensee as a qualified alcoholic beverage licensee for purposes of Sections 4.08.270 and 4.08.280 of the Dickinson City Code authorizing Event permits and Sunday permits. (This paragraph is not applicable to applicants who have not applied for a Sunday permit)

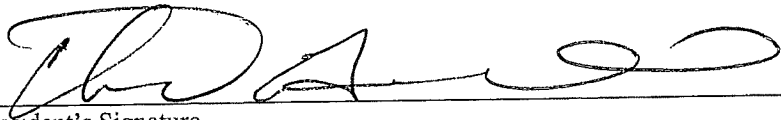
Dated this 6 day of August, 2024

Individual or Partnership Application:

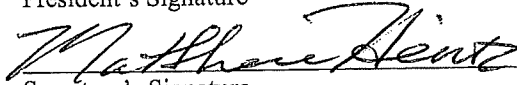
N/A
Applicant Signature(s)

N/A
Applicant Signature(s)

Corporation:

A stylized, cursive handwritten signature in black ink, appearing to read 'D. A. ...', written above a horizontal line.

President's Signature

A cursive handwritten signature in black ink that reads 'Matthew Hertz', written above a horizontal line.

Secretary's Signature

Rita Binstock

From: Roxanne Ficek <rficekisa2015@gmail.com>
Sent: Wednesday, August 7, 2024 10:27 AM
To: Rita Binstock
Subject: Llc

Holding side owns the building
Operation owns the liquor

I think that is how i said it but 100% correct now Sent from my iPhone