

23-11449

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INTEROFFICE MEMORANDUM

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**TO:** CHIEF CIANNI  
**FROM:** BRANDI AARON  
**SUBJECT:** ISLAND CUISINE LLC  
**DATE:** 12/04/2023

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**BACKGROUND INVESTIGATION:**

DENIS OYUGI, LAMISE OYUGI, YOUCLD SIMEON

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:

No Records Found

*Mc 710  
12/5*

1/1/2024

# CITY OF DICKINSON

## INITIAL APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE For Year ~~2023~~ 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: ISLAND CUISINE LLC  
 Mailing Address: DICKINSON ND 58601  
 Street Address: 30 7<sup>TH</sup> STREET WEST DICKINSON ND **A-1**  
 Phone Number: \_\_\_\_\_

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

a. Individual or Partnership:  
 Name(s): DENIS OYUGI  
 Address: \_\_\_\_\_  
 City/State/Zip: DICKINSON ND 58601  
 Telephone: 701 866 5512  
 Email: \_\_\_\_\_  
 Birth Date(s): \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Please Attach - \_\_\_\_\_  
 US Citizen: Y / \_\_\_\_\_

b. Corporation:  
 Name of Corporation: \_\_\_\_\_  
 Date of Incorporation: \_\_\_/\_\_\_/\_\_\_ State of Incorporation: \_\_\_\_\_  
 Web Address: \_\_\_\_\_  
 (Attach copy of Certificate of Incorporation)  
 (Attach list of each officer, director, and proposed manager indicating address, email address, citizenship status, and percentage of stock ownership in corporation.)

3. **LOCATION INFORMATION:**

Legal description of business location: Lot: \_\_\_\_\_ Block: 10, 11, 14 & 15 HILLARD AND MANNING ADDITION

Addition or Subdivision: N/A  
 Property/Building Owner Information (If different than applicant)  
 Name: ANDY MEJIA  
 Mailing Address: 20 5TH STREET WISCONSIN  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Zoning: \_\_\_\_\_  
 Present Occupancy: \_\_\_\_\_  
 Are Taxes Current? Y, YES

**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.**

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: DENIS OYUGI  
 Mailing Ad: \_\_\_\_\_  
 City/State/Z: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

b. Attach a copy of \_\_\_\_\_, employment, and business ownership for the five years leading up to this application.

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: NO

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:  
NO

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:  
NO

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:  
NO

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: \_\_\_\_\_

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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? NO  
 (Y / N) If yes, attach list of names and contact information.

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:  
NO

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? NO  
(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: \_\_\_\_\_

m. Will you be engaged in any other form of business other than that to be covered by this license? NO(Y / N)  
If yes, please attach description of other business, including employer if that applies.

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)

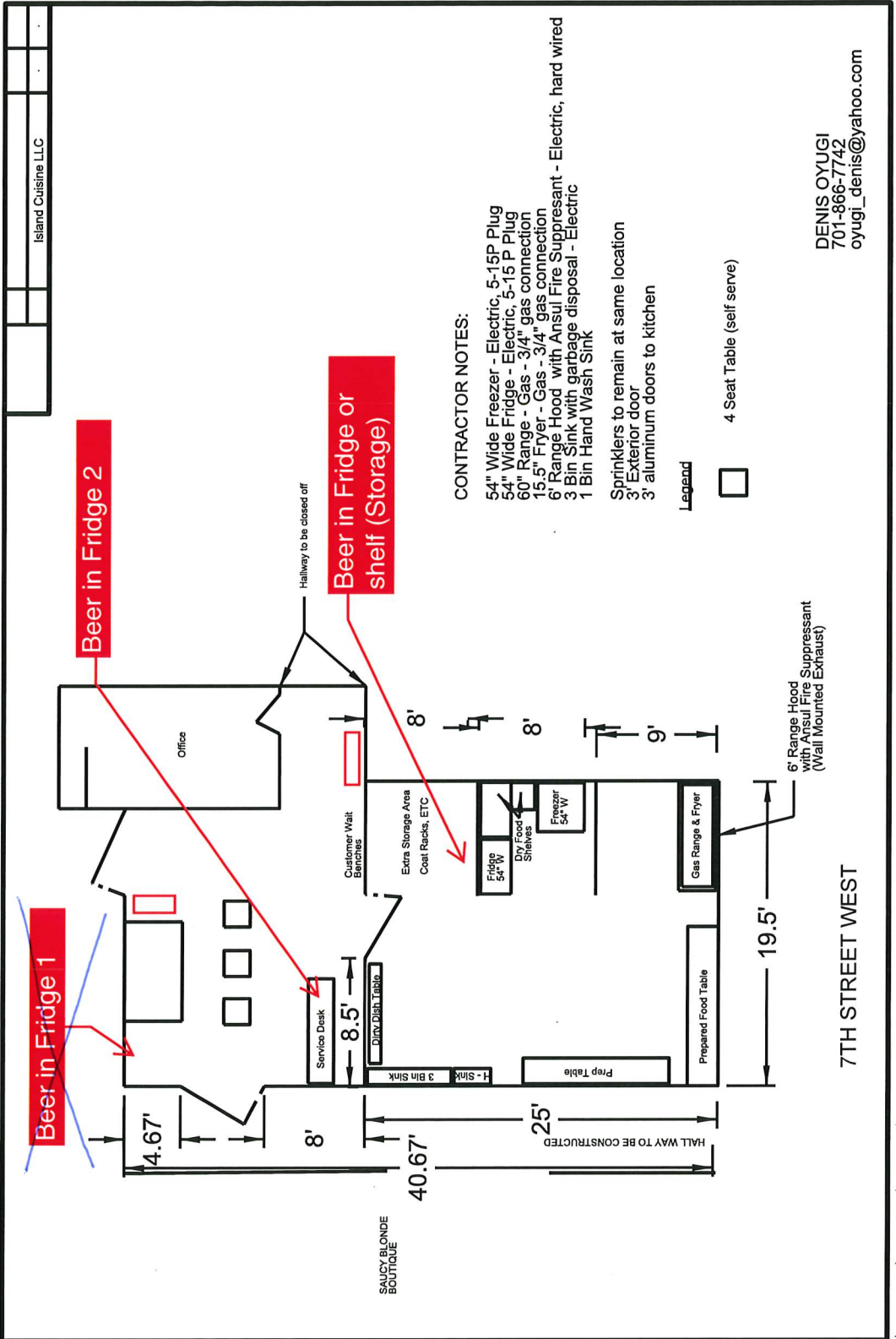
Dated this 22 day of November, 2023

**Individual or Partnership Application:**

John [Signature]  
Applicant Signature(s)

\_\_\_\_\_  
Applicant Signature(s)

**Corporation:**



**CONTRACTOR NOTES:**

- 54" Wide Freezer - Electric, 5-15P Plug
- 54" Wide Fridge - Electric, 5-15 P Plug
- 60" Range - Gas - 3/4" gas connection
- 15.5" Fryer - Gas - 3/4" gas connection
- 6' Range Hood with Ansul Fire Suppressant - Electric, hard wired
- 3 Bin Sink with garbage disposal - Electric
- 1 Bin Hand Wash Sink

Sprinklers to remain at same location  
 3' Exterior door  
 3' aluminum doors to kitchen

**Legend**

- 4 Seat Table (self serve)

DENIS OYUGI  
 701-866-7742  
 oyugi\_denis@yahoo.com