



City of Minneapolis  
 Licenses and Consumer Services  
 350 South 5<sup>th</sup> Street – Room 1C  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

For Office Use Only
DBA:
Expiration: April 1
License Code: 155
Rev Code: 311009
<b>MCO:</b> 188
Adm Issuance: Yes
LICENSE #:
CSR:
Inspector:

## License Application Guidelines and Checklist

Application Type: Grocery

# PART ONE

This application is divided into two parts. **PART ONE:** Complete the three forms listed below (pp. 1 – 5) and submit to the Minneapolis Development Review office. You will have an opportunity to discuss your application with Zoning and Environmental Health Inspectors. **PART TWO:** After staff review, your application will be sent to a License Inspector who will then contact you. At that time you may submit the remainder of your application to the License Inspector. More information about applying for a license is available on our website at [www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing).

**DEFINITION: Grocery:** A retail establishment that sells such products as staple foods, accessory food items and household goods and maintains a minimum sales floor area of two thousand (2,000) square feet. Specialty food stores, filling stations which do not have more than 300 square feet of retail sales floor area, and grocery stores located in the central commercial district or in a shopping center are not required to meet the two thousand (2,000) square foot sales floor requirement. **Staple foods:** Food items intended for home preparation and consumption including meat, poultry, fish, fruits, vegetables, fruit and vegetable juices, bread, breadstuffs, cereals and dairy products. **Accessory food items:** Non-staple food items such as coffee, tea, cocoa, carbonated and uncarbonated drinks, candy, condiments and spices.

**Vending Machines:** This license permits two free vending machines located on the premises if they are owned and maintained by the licensee. Additional machines require a [vending machine license](#).

Staff Initials	<b>PART ONE - COMPLETE AND SUBMIT FOR STAFF REVIEW</b>	
	<a href="#">Minneapolis Development Review</a> 250 South 4 <sup>th</sup> Street, Room 300 - Minneapolis, MN 55415	
	<input type="checkbox"/>	<b>1. License Application</b> (Form #1)
	<input type="checkbox"/>	<b>2. Zoning Addendum</b> (Form #2) Floor Plans and Site Plan may be required.
	<input type="checkbox"/>	<b>3. Health Addendum</b> (Form #3) Floor Plans may be required.
	<input type="checkbox"/>	<b>4. Food Plan Review Fee</b> \$ _____
<b>This Section To Be Completed by a Minneapolis Development Review Coordinator</b>		
DC: _____ Temporary License Number: _____ Risk Category: _____		
Check the following that are required at initial review. Additional inspections/permits may be required for this license.		
<input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Mechanical Permit <input type="checkbox"/> Bldg Permit <input type="checkbox"/> Sidewalk Inspection <input type="checkbox"/> PDR Review <input type="checkbox"/> _____		
SAC Determination Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Sent to EH _____	Date Sent to EM _____	EM Initials _____
EH Staff Initials _____	PCAB# _____	Date Returned to MDR _____

# PART TWO

Begin completing the forms listed in **PART TWO**. After a License Inspector contacts you, submit them for review. Attach all documentation. Incomplete applications will be returned.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Form section 1 containing fields for License Type, Minnesota Sales Tax ID Number, Legal Corporate Name, Business Address, Name of Person Filling out this Application, E-mail Address, Name of Manager and Home Address, Type of Ownership, Date of Incorporation, and State of Incorporation.

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Table with 4 columns: Full Name, Date of Birth, % of Ownership, Telephone Number. Includes Home Address fields for each owner.

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

**3. BUSINESS INFORMATION**

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity?  Yes  No  
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling?  Yes  No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers' compensation insurance because:  I am self insured.  I am the sole proprietor and I have no employees.  I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

**4. VEHICLES**

Will there be vehicles used in the business?  Yes  No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

**5. VERIFICATION**

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



**City of Minneapolis**  
**Community Planning & Economic Development**  
**Planning Division**  
**250 South 4<sup>th</sup> St. Room 300**  
**Minneapolis MN 55415-1316**  
**Telephone 612-673-3000 or 311 Fax 612-673-2526**

**#2**

### Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required before the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business \_\_\_\_\_ Trade Name (DBA) \_\_\_\_\_
2. Proposed Business Address \_\_\_\_\_
3. Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
  - No entertainment.**
  - Limited Entertainment:** Limited to literary readings, storytelling or live music by not more than three persons, using non-amplified musical instruments, with no patron dancing. Examples include tv, radio, jukebox or karaoke. Describe below.
  - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include one or more comedians, bands with amplified musical instruments, plays, shows, contests, etc. Describe below.
  - Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: \_\_\_\_\_ Proposed land use(s): \_\_\_\_\_
6. Are there any existing land use approvals for this address which affect this license application?  YES  NO  
 If Yes, provide a brief description of any land use history relevant to the proposed licensure.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Is an inspection by Zoning Enforcement Staff required?  YES  NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

9. Is the site in compliance with all existing Conditions of Approval?  YES  NO If No, List requirements for compliance:  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CPED Planning Staff Signature \_\_\_\_\_ DATE \_\_\_\_\_ EXT \_\_\_\_\_

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.



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\*\*\*\*FOR OFFICE USE ONLY

LICENSE ID #
LICENSE CLERK
DATE

HEALTH ADDENDUM

PART 1 - TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business Address
Proposed Date of Opening Number of Customer Seats
Gross Square Footage Square Footage of the Seating Area
As the Licensee, I am: Starting a new business in a new building (New business)
Starting a new business in an existing building (New business)
Taking over an existing business (New owner) Name of existing business
Adding new license to an existing business
Remodeling only

2. TYPE OF LICENSE - See Definitions

Caterer Grocery Mobile Food Unit
Community Kitchen Institutional Food Public Market:
Confectionary Meat Market Market Distributor
Food Cart Milk Delivery Vehicle Market Manufacturer
Food Distributor Milk and Grocery Delivery Vehicle Restaurant
Food Manufacturer Milk Distributor Vending
Off-Sale Liquor/Malt Liquor/Beer On-Sale Liquor/Wine/Beer Type of Liquor License
Restaurant(full service food) Club (limited food) Sunday Sales Outdoor Area
Hotel/Motel Sunbanning Tattooing/Piercing Establishment
Laundry/Dry Cleaning Swimming Pools

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager Attach a copy of current MN Dept of Health certificate.

4. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No
What type of work will you be doing? General Building Plumbing Mechanical Electrical Other(Explain)
Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No
Have you obtained the necessary permits? Yes No
All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order.
Signature of Applicant Date

PART II - TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No
Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.
Yes. I recommend to License Department to proceed.
No. This application is not recommended to License Department to proceed. Reason for Hold:

Signature of EH Official Printed Name: Date:



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DBA:
Expiration: April 1
License Code: 155
Rev Code: 311009
<b>MCO:</b> 188
Adm Issuance: Yes
LICENSE #:
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## License Application Guidelines and Checklist

### Application Type: Grocery

#### License Inspector Checklist: Part One Application Forms Completed and Signed

1. License Application (#1)  2. Zoning Addendum (#2)  3. Health Addendum (#3)

# PART TWO

## APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW

Licenses and Consumer Services 350 South 5<sup>th</sup> Street – Room 1C, Minneapolis, MN 55415–1391

**Attach all documentation. Incomplete applications will be returned.**

4. **Source of Funds** – Complete (Form #4) Provide relevant documents indicating the source of funds to begin operating the business. Include expenses (equipment, payroll, etc.) and financial resources (bank statements, credit/loan documents, etc.).

5. **Business Plan** (Form #5)

6. **Attach the following from the applicant and each owner, partner, officer, shareholder & on-site manager.**

- A copy of a driver's license or state identification card

- Data Privacy (Form #6)

- Residential and Employment History (Form #7)

- Criminal History Report** which may be obtained from [www.cch.state.mn.us](http://www.cch.state.mn.us) /New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. *This report must be dated within 30 days of receipt of this application.* Anyone who is not a resident of Minnesota must contact the [state](http://state) in which they reside to obtain a criminal history.

- N/A – Criminal history and Residential/Employment history are not required because company is publicly traded.

7. **Ownership Information**

- Sole Proprietorship: Provide a copy of certificate of assumed trade name.

- Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement.

- Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.

- N/A – Ownership information is required because company is publicly traded.

8. **Attach a copy of the Lease Agreement, Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes** for the business and/or building.

9. **Attach an 8 1/2" by 11" copy of floor plans/scaled diagram with square footage** showing the design of the premises to be licensed. Include the location of the building(s) and the portion of the building intended to be used as a restaurant, coffee shop, café or dining room.

10. **SAC Determination Letter** – attach copy.

11. \$ \_\_\_\_\_ **License Fee**

### Your License Application

a. Incomplete applications will be returned.

b. All applications must be signed by an owner, partner or principal.

c. No license will be issued for a period longer than one year.

d. Licenses are not transferable.

e. Make a duplicate copy of this packet for your personal records before submitting.

f. [Minnesota Sales Tax ID Number](http://www.mn.gov) or 651-296-6181.

g. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

**Information in Other Languages:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



## SOURCE OF FUNDS STATEMENT APPLICANT'S INFORMATION SHEET

Documenting the source of funds and the anticipated costs for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to the business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. Listed below are samples of acceptable documentation.

- Funds from Personal Savings/Investments** - Three months of bank/portfolio statements from savings accounts, retirement accounts, or stock accounts.
- Tax Records** - Two years of 1040 federal tax forms for each applicant and individual providing funding for the business venture or corporate tax records.
- Loans from a Lending Institution** - A copy of the loan closing document and/or a copy of any promissory note. Individuals may be eligible for a loan but approval may be delayed until a license is granted. Attach a letter from the lending institution setting forth the amount of the loan. The final loan closing documentation must be submitted to Licenses staff before a license is granted. A business cannot operate until this is completed and approved.
- Loans from Individuals** - If an applicant obtains personal loans from other individuals, attach a copy of the loan closing document(s) and/or a copy of any promissory note(s). If they are not the owner of the business, they need to provide a notarized statement regarding the terms of the loan and that they have no operational/financial interest in the business.
- Landlord Construction or other Credit/Financing** - The landlord must provide a copy of the loan closing document(s) and/or copies of any promissory note(s). Include a statement about payment terms.
- Anticipated Costs** – Complete the costs reporting form below to account for **all** of your specific costs. Attach plans, leases, contracts, and other documentation you have to support the above figures. Attach additional sheets if necessary.

<b>APPLICANT'S NAME:</b> _____		<b>BUSINESS NAME:</b> _____	
<b>Building Expenses</b> (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____	Subtotal	_____
<b>Construction Expenses</b> (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____	Subtotal	_____
<b>Professional Expenses</b> (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____	Subtotal	_____
<b>Start Up Costs</b> (insurance, license fees, inventory, etc.)			
\$ _____	for _____	Subtotal	_____
<b>Other Expenses</b> (payroll, insurance, SAC charges, other)			
\$ _____	for _____	Subtotal	_____
<b>TOTAL COSTS for pursuing this License:</b>			<b>\$ _____</b>

I (printed name) \_\_\_\_\_ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## Business Plan Requirements

The Minneapolis Code of Ordinances (MCO), Chapter 259.30, requires applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan. Not all questions may be applicable to your business operation. Answer all that are relevant. Attach additional sheets if necessary.

1. [Security Plan](#) / Staffing Model. MCO 259.250 requires a licensee to take appropriate action to prevent illegal conduct by anyone on your business premises and parking area. Attach your security plan which addresses issues related to your business.
  
2. Litter Abatement. MCO 259.125 requires a licensee to clean litter within a 100 foot radius of your establishment. Describe your plans for litter clean-up including additional resources during the warm weather months.
  
3. Entertainment. Describe the type of entertainment at your establishment and the age group expected to attend.

Type	Type of Entertainment	Age Group	Indoor Hours	Outdoor Hours
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

4. [Noise](#) Abatement. MCO 389 regulates allowable decibel levels of noise from you business. Describe in detail how you will make sure your establishment will not violate this.

### ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) \_\_\_\_\_, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct reflection of the undersigned’s intentions; and
- Any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation; and
- Violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DATA PRIVACY ADVISORY**

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide is public and will be used by the **Minneapolis Police Department, License Inspection Unit** and/or the **Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.**

**AUTHORIZATION FOR RELEASE OF INFORMATION  
(ONLY PRINT OR TYPE LEGIBLY)**

**This authorization for release of information will expire two years from the date you signed it.**

Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Also Known As \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I have read and understand the above data practices advisory.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Residential And Employment History

**#9**

Provide the following information for each Partner, Owner and Corporate Member

Check here if your company is publicly traded. You do not have to complete this form.

Attach additional sheets if necessary.

<b>Name</b>				
<b>Ten (10) Year Residence History</b>				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
<b>Ten (10) Year Employment History</b>				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
<b>Name</b>				
<b>Ten (10) Year Residence History</b>				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
<b>Ten (10) Year Employment History</b>				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
<b>Name</b>				
<b>Ten (10) Year Residence History</b>				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
<b>Ten (10) Year Employment History</b>				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates