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

License Application
Guidelines and Checklist

For Office Use Only
DBA:
License Code: 028
Expiration: April 1
Rev Code: 311006
MCO: 366.130
Adm Issuance: NO
LICENSE ID #
CSR:

Application Type: 3.2% Off-Sale Beer

Definition: The sale of 3.2 beer in original packages in drugstores, general food stores and exclusive liquor stores for consumption off or away from the premises where sold. 3.2% malt liquor is malt liquor containing not less than one-half of one percent alcohol by volume nor more than 3.2 percent alcohol by weight. **Minimum Requirements:** The applicant must be a resident of the State of Minnesota. If the applicant is a partnership, the managing partner must be a resident of the State of Minnesota. If the applicant is a corporation, the manager or person in charge must be a resident of the State of Minnesota or reside within 75 miles from Minneapolis City Hall.

Staff Initials	Application Checklist
	☐ 1. **City of Minneapolis 3.2 Off-Sale Beer License Application** (Form #1) This must be filled out by either a current owner or a manager on behalf of a corporation.
	☐ 2. **Zoning Addendum for Beverage Alcohol** (Form #2) Floor Plans and Site Plan may be required.
	☐ 3. **Health Addendum** (Form #3) Floor Plans may be required.
	☐ 4. **State of Minnesota On Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License Application** (Form #4)
	☐ 5. **Data Privacy Form** (Form #5)
	☐ 6. **State Identification** Attach a copy of your Minnesota Driver's License or Minnesota State Identification Card
	☐ 7. **Attach a Criminal History Report for applicant, on-site manager, and all owners, partners, officers, and shareholders.** Copies may be obtained from www.cch.state.mn.us /New Criminal History 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.
	☐ 8. **Corporate Minutes** – If applicant is a corporation, attach a copy of each of the following: ☐ Bylaws ☐ Articles of incorporation ☐ Minutes of the meeting setting forth the officers of the corporation ☐ Minutes of the meeting authorizing the issuance of stock; a list of all people holding stocks; and the number of shares held by each person. ☐ **N/A** – Applicant is not a corporation.
	☐ 9. A **copy of the real estate and personal property tax payments for the premises available at** www.co.hennepin.mn.us / Property Information Search
	☐ 10. **A copy of the exact legal description of the premises to be licensed.** www.co.hennepin.mn.us / Property Information Search
	☐ 11. Fee: _____ **plus new license surcharge**

Other Requirements

You are required to complete the **Department of the Treasury Alcohol Dealer Registration** . ***Do Not Attach***. Mail to: Alcohol and Tobacco Tax and Trade Bureau, 550 Main Street, Suite 8002, Cincinnati, OH 45202

1. **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 Sale Tax ID Number or 651-296-6181.
   g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.
2. Surveillance Camera - Off Sale Liquor Establishments are required to have a surveillance camera operating in their stores during all business hours.
3. **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.

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www.minneapolismn.gov/business-licensing

#1

City of Minneapolis 3.2 Off Sale Beer License Application

BACKGROUND INFORMATION			
Legal Corporate Name	Trade Name of Business (DBA)		
Street Address of Licensed Premises	Zip Code	Business Phone	Cell Phone
Applicant Name (First, Middle, Last)	e-mail Address		Place of Birth (City, State)

SPOUSE'S INFORMATION			
Spouse's Name	Place of Birth (City, State)		Date of Birth
First, middle, or last names your spouse has ever used or been known by			
Spouse's Current Street Address	City	State	Zip Code

AFFIDAVIT OF LIQUOR LIABILITY INSURANCE EXEMPTION

Minnesota state statute 340.11 subd 21 requires a minimum Liquor Liability coverage of $50,000/$100,000 injury; $10,000 property damage; and $50,000/$100,000 for loss of support.

☐ I am exempt because I have one of following:
- ☐ On-Sale Wine License with sales of less than $25,000 last year
- ☐ On-Sale 3.2 Beer License with sales of less than $25,000 last year
- ☐ Off-Sale 3.2 Beer License with sales of less than $50,000 last year

and I realize that I must provide the required insurance if sales exceed that amount during any given year**.** The total sales of wine and beer for the upcoming year are estimated below. The total amount of sales must be provided to qualify for the exemption.

$_____	$_____	$_____
Wine Only	Wine and 3.2 Beer	3.2 Beer Only

☐ I am not exempt.

VERIFICATION

The data which 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. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor and beer; the rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I have read and understand every question in this application and that the answer to every question is true of my knowledge, information, and belief. I further understand that the giving of false information in this application , regardless of when it is discovered, and/or the failure to give required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.

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 _____ **TITLE** _____ **DATE** _____

City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th 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.

Minneapolis
City of Lakes

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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 ☐ N/A
Gross Square Footage	Square Footage of the Seating Area ☐ N/A

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 ☐ Suntanning ☐ 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:**_____

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License_____ License Period From:_____ To:_____

Check One New License ☐ License Transfer_____ ☐ Suspension ☐ Revocation ☐ Cancel_____
(former licensee name) (Give dates)

License type: (check all that apply) ☐ On Sale Intoxicating ☐ Sunday Liquor ☐ 3.2% On sale ☐ 3.2% Off Sale

Fee(s): On Sale License fee:$_____ Sunday License fee: $_____ 3.2% On Sale fee: $_____ 3.2% Off Sale fee: $_____

Licensee Name:_____ DOB_____ Social Security #_____
(corporation, partnership, LLC, or Individual)

Business Trade Name_____ Business Address_____ City_____

Zip Code_____ County_____ Business Phone_____ Home Phone_____

Home Address_____ City_____ Licensee's MN Tax ID #_____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID #_____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

_____
Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

_____
(Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

_____
Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:
1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (☐ Yes ☐ No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name:_____ Policy #_____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
City Clerk or County Auditor Signature_____ Date_____
(title)

On Sale Intoxicating liquor licensees must also purchase a $20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

(Form 9011-12/09)

Minneapolis Police Department

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_____