



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

DBA:
License Code: Current License Code
Rev Code: 311006
MCO : 362.100, 362.320; 363.100, 363.320; 366.110, 366.220
Adm Issuance: NO
LICENSE ID #
CSR:

License Application Guidelines and Checklist

Application Type: New Manager

Definition: A new manager(s) is hired to oversee the business operations.

Minimum Requirements: The business must have a current license in good standing. The manager must reside in Minnesota or within 75 miles of Minneapolis City Hall.

Staff Initials	Application Checklist Applications will not be accepted until all requirements have been satisfied.
<input type="checkbox"/>	1. Supplemental Change Form (Form #1) This must be filled out by a current owner, partner or principle.
<input type="checkbox"/>	2. Personal Supplemental Affidavit (Form #2) This must be filled out by each new manager.
<input type="checkbox"/>	3. Fee \$250.

Additional Requirements

Your Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal. Make a duplicate copy of this packet for your personal records before submitting.
- c. If you have questions, talk to License Staff at 1C City Hall.

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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FOR OFFICE USE ONLY:
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FEE: \$
DATE:
INSPECTOR:
MPD FILE #:

Supplemental Change Form

TYPE OF CHANGE TO LICENSE

Grid of checkboxes for license changes: Amending a Business Plan/Downgrade, Internal Transfer of Shares, Special All Night Bowling/Pool/Billiards, Corporate Stock Purchase, New Corporate Officer, Special Late Night Food, Downgrading License(Entertainment), New Manager, Upgrading License (Entertainment), Expansion of Premises, New Shareholder/Partner.

BACKGROUND INFORMATION

I, _____, as [] Owner [] Partner, on behalf of _____,
(Print Full Name) (Legal Corporate Name of Business)
request the following (Provide a detailed description.):

Business Name (DBA), Business Address, Business E-mail Address, Alternative E-mail Address, Business Telephone Number, Cell Phone Number, Type and Class of License Currently Held.

VERIFICATION

SIGNATURE _____ TITLE _____ DATE _____

THIS SECTION IS TO BE COMPLETED BY THE CITY OF MINNEAPOLIS

The Minneapolis Police Department Recommends: [] Approve [] Deny
Signature of Minneapolis Police Department Representative _____
Comments:
The Minneapolis License Department Recommends: [] Approve [] Deny
Signature of Minneapolis License Department Representative _____
Comments:

OFFICERS, DIRECTORS, and/or STOCKHOLDERS

Attach additional sheets if necessary

Publicly held corporations need list only shareholders with 10 percent of more corporate stock.

Name	Address	Telephone	Title	# Shares or % of Ownership

I, _____, the undersigned, do hereby declare under the penalty of perjury that as of this date, the
(print name)
following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership.

Signature_____ Title_____ Date_____

Note: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting as documentation.



Personal Supplemental Affidavit – New Alcohol License Applications

This form must be completed by each of the following with a copy of driver's license or government issued photo ID attached.

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders unless the company is publicly traded.

BACKGROUND INFORMATION					
Legal Corporate Name of Establishment			Trade Name of Business (DBA)		
Street Address of Licensed Premises		Zip Code	Business Phone		Individual's Cell Phone
Your Name (First, Middle, Last)		Place of Birth (City, State)		Date of Birth	
Residential Street Address		City		State	Zip Code
Social Security Number (SSN) or Individual Tax Identification Number (ITIN)		First, middle, or last names you have ever used or been known by			
email address		Title		% of ownership	
List your Residences for the past Ten (10) Years – Attach additional sheets if necessary					
Street Address		City	State	Zip	From To
List Name and Address or Employer and Occupations for the past Ten (10) Years – Attach additional sheets if necessary					
Employer and Occupation		Street Address and City		State	Zip From To
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 Residential Street Address		City		State	Zip Code

LICENSE HISTORY

Have you ever been employed by a restaurant, bar, or other business or a similar nature? Yes No If yes,
Name Address City State Zip From To

Have you or your spouse held a City of Minneapolis Business License? Yes No If yes,
Type of License From To

Have you or your spouse ever had a liquor, wine, or beer license:
Revoked or suspended? Yes No New or renewal license denied? Yes No (By any government entity?) If yes, explain.

Do you have a business or financial interest in a liquor manufacturing, brewery, wholesaler or off sale retail license? Yes No
If yes, please indicate name and address :

Have you or your spouse ever been convicted of any ordinance violation, liquor law violation, petty misdemeanor, misdemeanor,
gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties. This includes
state, local, and federal offenses. Do not include parking violations. Yes No If yes,
Offense Fine/Penalty City State Date

Do you or your spouse have any delinquent personal or business taxes? Yes No If yes,
Date filed: Address: County: State:

Representative of the City of Minneapolis will make inquiry of person or firms named in this application. Are those individual or
firm authorized to release information to such representative? Yes No

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, 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.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth: _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date _____

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 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 submitting this application, all
information 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 ground 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 _____