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:
Expiration: April 1
License Code: 155
Rev Code: 311009
MCO: 203
Adm Issuance: Yes
LICENSE #:
CSR:
Inspector:

License Application
Guidelines and Checklist

Application Type: Grocery Specialty Store

PART ONE

This application is divided into two parts. PART ONE: Complete the three forms below (pages 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, pages 6 – 9, to the License Inspector. More information about applying for a license is available on our website at www.minneapolismn.gov/business-licensing.

DEFINITION: **Specialty Food Store:** A retail establishment that sells only specialized types of staple foods and accessory foods. This includes but is not limited to imported food stores, gift shops, department stores, and general retail stores that specialize in products other than consumable products. A specialty food store is not a grocery store that sells a wide variety of common staple food items to qualify for government supplemental nutrition programs. **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.

Staff Initials	PART ONE - COMPLETE AND SUBMIT FOR STAFF REVIEW Minneapolis Development Review 250 South 4th Street, Room 300 - Minneapolis, MN 55415
	☐ **1. License Application** (Form #1)
	☐ **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. ☐ Attach a copy of the menu and/or a list of food items available for sale. ☐ **$_____ Food Plan Review Fee** (if applicable) Talk to a Development Review Coordinator.
	☐ **4. Food Plan Review Fee** $ _____

This Section To Be Completed by a Minneapolis Development Review Coordinator

DC:_____ Temporary License Number:_____ Risk Category:_____

Check the following which are required at initial review. Additional inspections/permits may be required for this license.

☐Plumbing Permit ☐Mechanical Permit ☐Bldg Permit ☐Sidewalk Inspection ☐PDR Review ☐ _____

SAC Determination Letter Required: ☐ Yes ☐ No

Date Sent to EHFS_____ EHFS Staff Initials_____	Date Sent to EM _____ PCAB#_____	EM Initials _____ 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.

#1

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1316
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

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

LICENSE APPLICATION

1. BACKGROUND INFORMATION			
Type of License	**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 _____ ☐ Remodeling only		
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Legal Corporate Name of Business	**Trade Name (DBA)**	**Business Telephone Number**	
Business Address/Location	**City**	**State**	**Zip Code**
Mailing Address (if Different than Business Address)	**City**	**State**	**Zip Code**
Name of Person Filling out this Application	**Title**	**Telephone Number**	
E-mail Address	**Fax Number**	**Cell Phone Number**	
Name of Manager and Home Address		**Date of Birth**	
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No			

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)			
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
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 4th St. Room 300
Minneapolis MN 55415-1316
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 **Minneapolis Development Review 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 Planning Department and/or City Planning Commission is required *before* an official license will be approved by the Minneapolis City Council.

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

1. Name of Business:_____

2. Proposed Business Address: _____

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

3. Zoning district:_____ Proposed land use(s):_____

4. 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. _____

_____

_____

_____

5. Comments: _____

_____

_____

6. Is an inspection by Zoning Enforcement Staff required? ☐YES ☐NO

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

7. Is the site in compliance with all existing Conditions of Approval? ☐YES ☐NO If No, List requirements for compliance:

_____

_____

8. 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

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

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 ☐ 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 _____
- ☐ 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:**_____

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

Minneapolis
City of Lakes

License Application
Guidelines and Checklist

DBA:
Expiration: April 1
License Code: 155
Rev Code: 311009
MCO: 203
Adm Issuance: Yes
LICENSE #:
CSR:
Inspector:

Application Type: Grocery Specialty Store	
	License Inspector Checklist: Part One Application Forms Completed and Signed ☐ **1. License Application (#1)** ☐ **2. Zoning Addendum (#2)** ☐ **3. Health Addendum (# 3)**
Staff Initials	**PART TWO** **APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW** **Licenses and Consumer Services 350 South 5th 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.** ☐ **Residential and employment history** (Form #6 attached) ☐ **A copy of a driver's license or state identification card** ☐ **Criminal history report www.cch.state.mn.us**. A criminal history report may be obtained from **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.* **A**nyone who is not a resident of Minnesota must contact the state in which they reside to obtain a criminal history. ☐ **N/A –** Criminal history reports are not required because company is publicly traded.
	☐ **7. Is your company publicly traded?** ☐**Yes** ☐**No** If Yes, criminal history and ownership information are not required.
	☐ **8. 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 not required because company is publicly traded.
	☐ **9. 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.
	☐**10. Attach an 8½" 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.
	☐**11. $_____ Service Availability Charge (SAC)** - A fee may be imposed by Metropolitan Council Environmental Services for new connections or increased volume discharged to the metropolitan wastewater system. This fee must be paid at the **Minneapolis Development Review** Office before your license will be issued. ☐ **SAC Determination Letter** – attach copy.
	☐ **12. $_____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 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.

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.

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

#4

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.

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

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. Pu blic data will n ot include Social Security numbers and account numbers.

_____

Signature Title Date

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-3000 or 311
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#5

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 b usiness 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.

Ty	pe 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 an 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 _____

Residential And Employment History

#6

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.

Name				
Ten (10) Year Residence History				
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Ten (10) Year Employment History				
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**

Name				
Ten (10) Year Residence History				
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Ten (10) Year Employment History				
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**

Name				
Ten (10) Year Residence History				
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Ten (10) Year Employment History				
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**