



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
DBA:
License Code: 177-216; 232-239
Rev Code: 311007
MCO: 36
Adm Issuance: No
LIC #:
CSR:
Inspector:

License Application Guidelines and Checklist

Application Type: On-Sale Liquor, Cocktail Room

PART ONE

This application is divided into two parts. **PART ONE:** Complete the three forms listed below (pp. 1 – 7) 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 (pp. 8 – 19) to the License Inspector. More information about applying for a license is available at www.minneapolismn.gov/business-licensing.

Definition: A cocktail room is a facility on or adjacent to premises owned by a micro distillery (licensed under Minn. Stat. Section 340A.301 subdivision 6 (c) which produces premium, distilled spirits in total quantity not to exceed 40,000 proof gallons in a calendar year) for the sale and consumption of distilled spirits produced by the microdistillery). Sunday sales are not permitted.

Staff Initials	PART ONE - COMPLETE AND SUBMIT FOR STAFF REVIEW
	Minneapolis Development Review 250 South 4 th Street, Room 300 - Minneapolis, MN 55415
<input type="checkbox"/>	1. City of Minneapolis Beverage Alcohol License Application (Form #1)
<input type="checkbox"/>	2. Zoning Addendum for Beverage Alcohol (Form #2) Floor Plans and Site Plan may be required.
<input type="checkbox"/>	3. Health Addendum (Form #3) Floor Plans may be required. <input type="checkbox"/> Attach a copy of the menu and/or a list of food items available for sale. <input type="checkbox"/> \$_____ Food Plan Review Fee (if applicable) Talk to a Development Review Coordinator.

This Section To Be Completed by a Minneapolis Development Review Coordinator

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

Check the following that 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 EH _____	Date Sent to EM _____	EM Initials _____
EH Staff Initials _____	PCAB# _____	Date Returned to MDR _____

Additional Requirements

- Federal Tax Stamp:** You are required to complete the Department of Treasury Alcohol Dealer Registration and mail to Alcohol and Tobacco Tax and Trade Bureau, 550 Main Street, Suite 8002, Cincinnati, OH 45202.
- Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
- A Public Hearing may be required. This will be scheduled by the License Inspector.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- 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.

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 #:
POLICE FILE #:
CLASS:
LIC CLERK:
FEE: \$
DATE:

BEVERAGE ALCOHOL LICENSE APPLICATION

1. LICENSE(S) REQUESTED

Type of License:
On Sale Off Sale Liquor Wine Charter Wine Strong Beer 3.2 Beer Cocktail Room Taproom Growler
Type of Establishment: Restaurant Hotel Night Club
Class of Entertainment Requested: A B C-1 C-2 D E
Sunday Sales license? Yes No If yes, check the food services available on Sundays.
Full Food Menu Limited Menu with Short Order Service Grill and Sandwich Only
Are you planning to operate Amusement Devices? Yes No If Yes, How Many?
An additional Amusement Devices License may be required.
Other Licenses: Sidewalk Cafe Tobacco Dealer Food Catering Liquor Catering
Adult Entertainment? Yes No - If yes, explain
Live Entertainment? Yes No - If yes, explain

2. BACKGROUND INFORMATION

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 Individual Owner Officer Partner Telephone Number
E-mail Address Fax Number Cell Phone Number

Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID 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

3. BUSINESS INFORMATION

INTERIOR EXTERIOR
Square Footage for Business Use Square Footage for Business Use
Seating Capacity Fire Occupancy Seating Capacity Total Customer Capacity
Bar Service Yes No Bar Service Yes No
If yes, length of bar ft seating capacity If yes, length of bar ft seating capacity
Hours of Operation Hours of Operation

Are you sharing the licensed premises with any other business? Yes No If yes, describe:

4. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Publicly held corporations need list only shareholders with 10% or more corporate stock. Attach additional sheets if necessary.

Name	Title	# shares or %
Name	Title	# shares or %
Name	Title	# shares or %
Name	Title	# shares or %
Name	Title	# shares or %

Does any person, other than those named as owner, manager, partner, officer, or shareholder share directly or indirectly in any profits or in any manner connected financially with the license or licensed business? Yes No If yes, complete below.

Name	Date of Birth	Address
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Interest:

Name	Date of Birth	Address
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Interest:

Individual or firm that provides bookkeeping or accounting services for the licensed business

Name	Address	Telephone
-------------	----------------	------------------

Services Provided:

Do you agree to furnish the Minneapolis License Division the books of account that pertain to the operation of the licensed business? Yes No

Are there any delinquent taxes for this business? Yes No

Is any individual named in this application a member of a governing body of the City of Minneapolis? Yes No – If yes, complete below.

Name	Address	Governing Body
Name	Address	Governing Body
Name	Address	Governing Body

5. WORKERS COMPENSATION - Policy information must be verified two weeks before license approval.

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.

6. OFF DUTY POLICE OFFICERS

Will you hire off-duty police officers at any time during the license year? Yes No If yes, attach the following to be effective during the license period:

- Certificate of Liability Insurance (Sample Form #8 attached) This must be furnished by your Insurance Agent. You are required to have public liability or damages covering during all periods of employment of an off-duty city employee in the sum of \$100,000 per occurrence and \$300,000 aggregate for personal injury or death and \$5,000 per occurrence for property damage.
- Certificate of the Workers Compensation Policy for off-duty police officer(s) during employment with the licensee.
- I agree that the city will be held harmless and the licensee will assume the defense of the city against any claim or lawsuit against it by reason of the licensee's employee also being an off-duty city police officer.

7. 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) _____, agree that my associates and I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor; the rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify or declare under penalty of perjury under the laws of the State of Minnesota that I have read and understand every question in this application and that the answer to every question and in all supplemental documents submitted on behalf of this application are true and correct to the best 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. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

This application has been prepared by:

Printed Name

Company Name

Signature

REPORT BY MINNEAPOLIS POLICE DEPARTMENT

This is to certify that the Minneapolis Police Department has made an investigation of the above application as required by ordinance. The applicant and individuals named herein have not been convicted within the past five years for any violation of laws of the state of Minnesota, Municipal or County Ordinances relating to Intoxicating Liquor except as follows:

Records of arrest and convictions so far as our investigation has disclosed are contained in the investigative report. See attached.

Police License Inspector: _____ Date: _____



Zoning Addendum for Beverage Alcohol Establishments

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.

===== **SECTION 1: COMPLETED BY APPLICANT** =====

Legal Corporate Name of Business _____ Trade Name (DBA) _____

Proposed Business Address _____

Contact Person _____ Telephone _____

License Status: New Upgrade Downgrade | Current License Type and Number (if applicable): _____

Type of Establishment: Restaurant Hotel Night Club Other: _____

Type of License Requested: Liquor Wine Strong Beer 3.2 Beer On-Sale Off-Sale Growler Taproom

Class of Entertainment Requested: A B C-1 C-2 D E

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, live solo comedians, electronically reproduced music (TV, radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patron dancing, 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.

The following are required by the City Planner for review of your application.

1. Scaled and dimensioned floor plan and
2. Site plan detailing parking and other improvements

===== **SECTION 2: COMPLETED BY CITY PLANNER** =====

Zoning district _____ Proposed land use(s) _____

Are there any 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.

The proposed property has the following contiguous acreage: Seven Acres Five Acres Less than Five Acres

SECTION 2: CONTINUED

Based upon the attached floor plan, list the Gross Square Footage _____ Net Square Footage _____

Off Street Parking Requirements

Is parking required by the Zoning Code? Yes No If, yes, complete the following questions. If no, skip to comments.

Number of Parking spaces required by the Zoning Code: _____

Does applicant have non-conforming rights to off-street parking? Yes No If yes, number of stalls: - _____

Has applicant applied for a parking variance? Yes No If yes, for how many spaces: - _____

NET number of parking spaces applicant is required to provide on site: _____

Total _____

Does the applicant intend to supply any of the required off-street parking at a nearby location? Yes No
If yes, a Shared Parking Agreement must be completed. See land use approvals above.

Address of off-site parking: _____ Owned Leased

Note to Applicants: You may be subject to a greater number of off-street parking spaces than required by the Zoning Office. This will be verified by your License Inspector.

Comments _____

Are there any outstanding Zoning Enforcement Requests for Service on the property? Yes No
If yes, provide a brief description of any Zoning Enforcement issues relevant to the proposed licensure. _____

Name of CPED Planning Staff _____ Date _____

Signature _____ Extension _____

SECTION 3: COMPLETED BY LICENSE INSPECTOR

Is the main entrance within five hundred (500) feet from residentially zoned property? Yes No

Is the main entrance within three hundred (300) feet from the main entrance of any building space that is used primarily and regularly for any public or parochial school or church? Yes No

Is the off-sale liquor establishment outside of the B4 Zoning District? Yes No If yes, is the main entrance over 2000 feet away from the nearest existing off-sale liquor establishment's main entrance? Yes No



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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 Massage/Bodywork Swimming Pools
Laundry/Dry Cleaning Suntanning Tattooing/Piercing Establishment

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.
Final Inspection Required: Yes No
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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For Office Use Only
DBA:
License Code: 177-216; 232-239
Rev Code: 311007
<u>MCO</u> : 364
Adm Issuance: No
LIC #:
CSR:
Inspector:

License Application Guidelines and Checklist

Application Type: On-Sale Liquor, Cocktail Room				
License Inspector Checklist: Part One Application Forms Completed and Signed				
<input type="checkbox"/> 1. Minneapolis Beverage Alcohol Application (#1) <input type="checkbox"/> 2. Zoning Addendum (#2) <input type="checkbox"/> 3. Health Addendum (#3)				
Staff Initials	<h1 style="color: red;">PART TWO</h1> <p>APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW</p> <p>Licenses and Consumer Services 350 South 5th Street – Room 1C, Minneapolis, MN 55415-1391</p> <p>Attach all documentation. Incomplete applications will be returned.</p>			
<input type="checkbox"/>	4. State of Minnesota Certification of an On-Sale Micro Distiller Cocktail Room Application (Form #4)			
<input type="checkbox"/>	5. <u>Personal Supplement Affidavit</u> (Form # 5) – This is required for the applicant; manager(s); and each owner, partner, officer and shareholder unless the company is publicly traded. Ownership must add up to 100%.			
<input type="checkbox"/>	6. <u>Source of Funds for Beverage Alcohol</u> – Complete Form #6 and attach supporting documents.			
<input type="checkbox"/>	7. <u>Business Plan for Beverage Alcohol</u> (Form #7)			
<input type="checkbox"/>	8. <u>Police Security Plan Review</u> (Form #8)			
<input type="checkbox"/>	9. <u>Noise Management Plan</u> (Form #9)			
<input type="checkbox"/>	10. <u>Certificate of Liquor Liability Insurance</u> (Sample Form #10) This must be furnished by your Insurance Agent approximately two weeks before your Minneapolis license is approved.			
<input type="checkbox"/>	11. Attach an 8 1/2" x 11" drawing of the premises including both the interior and outdoor areas. See Sample Form #11.			
<input type="checkbox"/>	12. Manager(s) must attach a Criminal History Report. A copy may be obtained from https://www.cch.state.mn.us/NewCriminalHistory 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.			
<input type="checkbox"/>	13. 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.			
<input type="checkbox"/>	14. Attach a <u>Certificate of Assumed Name</u> from the Minnesota Secretary of State's Office (651-297-7067) if the legal name of the company is different than the DBA (Doing Business As).			
<input type="checkbox"/>	15. Attach Exact Legal Description of the premises to be licensed and documentation that Property Taxes are paid. www.co.hennepin.mn.us/PropertyInformationSearch			
<input type="checkbox"/>	16. Corporate Documentation – Attach the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Corporations <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Meeting Minutes naming the current Directors and Officers <input type="checkbox"/> Meeting minutes authorizing the purchase of stock <input type="checkbox"/> Corporation By-laws with restriction on transfer of stock <input type="checkbox"/> Copy of stock certificates with restriction on stock* </td> <td style="width: 33%; text-align: center; vertical-align: top;"> OR </td> <td style="width: 33%; vertical-align: top;"> Limited Liability Companies <input type="checkbox"/> MN Secretary of State Certificate of Organization <input type="checkbox"/> Minutes of organizational meeting <input type="checkbox"/> Member Control Agreement with restriction on transfer of membership interest* </td> </tr> </table> <p>*Stock Certificate(s) with Restriction on Stock: Minneapolis Code of Ordinances, Chapter 362.330(b) requires Corporate By Laws, and by extension LLC Member Control Agreements, contain a restriction stating to the effect that 1) No transfer of stock is valid or effective unless approved by City Council of Minneapolis; and 2) All stock certificates will contain the following words, "The transfer of this stock certificate is invalid unless approved by the City Council of Minneapolis, MN."</p>	Corporations <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Meeting Minutes naming the current Directors and Officers <input type="checkbox"/> Meeting minutes authorizing the purchase of stock <input type="checkbox"/> Corporation By-laws with restriction on transfer of stock <input type="checkbox"/> Copy of stock certificates with restriction on stock*	OR	Limited Liability Companies <input type="checkbox"/> MN Secretary of State Certificate of Organization <input type="checkbox"/> Minutes of organizational meeting <input type="checkbox"/> Member Control Agreement with restriction on transfer of membership interest*
Corporations <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Meeting Minutes naming the current Directors and Officers <input type="checkbox"/> Meeting minutes authorizing the purchase of stock <input type="checkbox"/> Corporation By-laws with restriction on transfer of stock <input type="checkbox"/> Copy of stock certificates with restriction on stock*	OR	Limited Liability Companies <input type="checkbox"/> MN Secretary of State Certificate of Organization <input type="checkbox"/> Minutes of organizational meeting <input type="checkbox"/> Member Control Agreement with restriction on transfer of membership interest*		
<input type="checkbox"/>	17. Notification of the type of license; address of premises; applicant's name, address and telephone number; and Business Plan. Attach copies of letters or emails that have been sent to: <input type="checkbox"/> <u>City Council Member</u> <input type="checkbox"/> <u>Neighborhood Organization(s)</u> and <input type="checkbox"/> <u>Business Association(s)</u> . See <u>sample letter</u> .			
<input type="checkbox"/>	18. <input type="checkbox"/> <u>SAC Determination Letter</u> – Attach a copy.			
<input type="checkbox"/>	19. 2 am License (optional) - Attach a copy of your 2 am license application which you will submit to the State of MN about two weeks before your Minneapolis license is approved. <input type="checkbox"/> N/A I am not applying for a 2am license.			
<input type="checkbox"/>	20. <u>Total License Fee</u> which will be verified by License Staff: \$ _____ Investigation Fee \$ _____ License Fee \$ _____ Other: _____ \$ _____ Other: _____ \$ _____ Other: _____			



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
445 Minnesota Street, Suite 222, St. Paul, MN 55101
Telephone 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

MUST BE A LICENSED MICRO DISTILLER IN ORDER TO APPLY FOR THIS LICENSE
Certification of an On Sale Micro Distiller Cocktail Room License and Sunday License

This license only authorizes the on sale of Liquor produced by the distiller for consumption on the premises

Cities and Counties: You are required by law to complete and sign form to certify the issuance of the following License types: City issued Micro Distiller's Cocktail Room and Sunday Liquor Licenses

City or County Issuing Liquor License: License Period From: To:

Circle One: New License Transfer Suspension Revocation Cancel
(Former Licensee Name) (Give Dates)

Fees: On Sale Cocktail Room License Fee: \$ Sunday License Fee: \$

License 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 Zip Code

Licensee's MN Tax ID # Licensee's Federal Tax ID #

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

Table with 4 columns: Partner/Officer Name (First Middle Last), DOB, Social Security #, Home address. Three rows for data entry.

On Sale Cocktail Room 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 of the location listed 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 last 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)



Personal Supplemental Affidavit – Beverage Alcohol

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 _____



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SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET
BEVERAGE ALCOHOL ESTABLISHMENTS

Documenting the source of funds 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 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.

1. Tax Records - REQUIRED

Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture OR Corporate tax records, if applicable.

2. Cost Reporting Form – REQUIRED

Attach the Costs Reporting Form on the next page. This expense sheet must be accurately completed. City staff have the right to request documentation for listed expenses as well as any unlisted expenses they feel are related to the business.

ATTACH DOCUMENTATION FOR ALL SOURCES OF YOUR FINANCING or CONFIRM NOT APPLICABLE N/A.

3. Funds from Personal Savings/Investments/Corporate Holdings

Attach a minimum of three months of bank/portfolio statements that verify that the necessary funds have been on deposit. This can include savings accounts, retirement accounts, or stock accounts; AND

Attach a minimum of three months of bank/portfolio statements from one year prior to the application..

N/A

4. Loans from the Lending Institution

Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; OR

Individuals may be eligible for a loan but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.

N/A

5. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well as tax records.

Attach a copy of each lender's source of funds and tax records; AND

Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); AND

If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.

N/A

6. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); AND

Attach a statement about payment terms.

N/A

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.

Signature _____ Title _____ 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

COSTS REPORTING FORM

An applicant must report all costs associated with pursuing this license in order to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** of your specific costs. 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: \$ _____	

Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.



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#7

Business Plan - Establishments with Beverage Alcohol

The Minneapolis Code of Ordinances (MCO), Chapters 259.30 and 362.120, requires applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Attach a typed report that includes all the following items. Additional and/or separate documents may be attached to this report.

A. Alcohol Server Training Plan

- Describe staff training
- Ongoing and regular training program
- Policy for carding and the use of electronic
- Reward and discipline policy for serving alcohol to minors and
- Self audits.

Here are some links to alcohol server training resources: [Alcohol Service Plans](#), [Training Programs](#), and [ID scanners](#).

B. Police Department Security Plan

- Complete and attach a signed Police Department Security Plan Review (page 15) and any supporting documentation. The local Police Precinct will review the security portion of your business plan which addresses how you will take appropriate action to prevent illegal conduct from anyone on your business premises and/or parking areas. Here is a link with guidelines: [Developing a Security Plan](#).

C. Noise Management Plan

- Attach a Noise Management Plan and any supporting documentation using the requirements listed on page 16 which describes how you will address potential noise issues.

D. Entertainment

- Prepare a detailed statement of the nature of entertainment presented in your establishment
- Days and hours of the entertainment and
- Identify the age group at which the entertainment is directed.

E. Community Impact Plan

- Describe the effect your establishment will have on safety and welfare of nearby residents and businesses.
- Attach a plan for cleaning litter within a 100 foot radius of your establishment. Include hours staff will be assigned.
- Indicate the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.

F. Hours of Operation

- Specify the hours for every day of the week and
- Include inside and outside hours.

G. Food Service

- List all food that you will prepare and/or serve; include prices.
- Describe Kitchen, Bar and Cooking Equipment; and/or attach Food Plan Review.

H. Charitable Gambling Activities

- Identify the types of games
- Hours
- Gambling Manager and
- Name of Charity.

I. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales

- Include a resume or summary of work experience.

ACKNOWLEDGEMENT AND AGREEMENT

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

- the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct reflection of the undersigned's intentions;
- any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation;
- 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 _____



Police Department Security Plan Review
For Alcohol Establishments and Extended Hours Licenses

THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Establishment: Address:

Contact Person: Phone Number:

- 1. Contact your Precinct Commander to schedule a meeting.
2. You must include copies of your License Application (Form 1), Business Plan and Security Plan with this form.

THIS PORTION TO BE COMPLETED BY MPD

Listed below are recommendations discussed by the Minneapolis Police Department and the License Applicant which are applicable to the proposed business operations. All items checked should be added into the Security Plan portion of your Business Plan document for submittal with your license application.

- The licensee shall provide sufficient staff devoted exclusively to security related duties to protect the well being and safety of patrons, employees and the general public.
The licensee shall designate an employee as head of the security staff.
The licensee shall provide a plan that discusses how they will prevent over occupancy at their establishment.
The licensee shall provide a mobile phone number to the appropriate Police Precinct for prompt communication in the event of a disturbance.
Security staff shall be utilized to ensure that patrons who have exited the premises and others do not loiter on the public sidewalk or the licensee's parking areas.
The licensee shall compile, maintain and enforce a "do not admit" list to prevent reoccurrence of disturbances by known persons.
All persons seeking to gain entrance to the establishment after 9:00 p.m., or after established Hennepin County curfew times, shall be required to present legitimate identification as a condition of entrance.
Upon request, the licensee shall meet representatives of the City of Minneapolis to discuss any safety, security or operational concerns.
See the attached Precinct Security Checklist.
Additional Comments:

Blank lines for additional comments or notes.

Police Dept. Representative Signature Badge # Date

Applicant Signature Date

The Minneapolis Police Department does not approve security plans or endorse license applicants or applications.



Noise Management Plan Requirements

The City of Minneapolis would like your assistance in striking the balance between entertainment in our vibrant communities with our residents' right to peace and quiet. The following items are recommended by the City of Minneapolis to help you develop an effective noise management plan to protect your patrons, neighboring community, and business. Not all questions may be applicable to your business operation. All applicable items should be added into the Noise Management Plan of your Business Plan document for submittal with your license application.

1. Speakers

Describe how speakers be positioned to minimize, deflect or absorb excessive noise.
List what time will music be turned down and what time speakers will be turned off.

2. Closing Time

Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.

Describe how you plan to remind patrons to lower their voices to respect local residents when leaving your establishment and actions for dealing with unruly customers.

Describe how you plan to prevent loitering around your establishment and in the parking lot.

3. Equipment

Describe any sound metering equipment and/or music systems with self regulators you have and how you intend to utilize them.

4. Role of Staff

Describe training and job expectations related to noise management for managers and/or supervisors and other staff including bartenders, hosts, and servers.

5. Special Events

Describe noise management plans for special events held at your establishment or in the city.

6. Complaints

Describe how you will address excessive noise complaints.

Outdoor Areas

1. Speakers

Describe how speakers be positioned to minimize, deflect or absorb excessive noise.

Describe how low frequency music beats will be minimized.

List what time will music be turned down and what time speakers will be turned off.

2. Capacity

List the capacity of your outdoor area.

Describe how you will manage the area to prevent over occupancy.

3. Seat Location

Describe how the seating design will minimize or deflect excessive noise.

4. Closing Time

Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.

List what time you will seat your last patrons and what time patrons will be asked to leave.

Describe how you will encourage patrons to utilize parking facilities and taxicabs instead of parking in residential streets.

5. Patron Noise

Describe plans for monitoring, controlling, relocating, and/or removing noisy patrons or unruly customers.

6. Role of Staff

Describe management/ supervisory staff duties including frequency of security staff making rounds. Describe community outreach efforts such as attending neighborhood association meetings, downtown LINC meetings, etc.

7. Complaints

Describe how you will address excessive noise complaints, including having a phone number other than the establishment main phone number residents may call to discuss noise concerns.

8. Architectural Design or Enhancements

Describe the use of sound blocking walls/fences and how you plan to direct noise toward unoccupied buildings.

Additional Resources

If you answer Yes to two or more of the following questions, send an email to EnvServicesInfo@minneapolismn.gov or call 612-673-3867 or for more information and resources about noise abatement solutions.

1. Do you plan to use an outdoor area? Yes No
2. Is your seating capacity over 200 people? Yes No
3. Will you have amplified sound? Yes No
4. Are you located in a residential area? Yes No
5. Is your mechanical equipment located within 100 feet of a residential area? Yes No
6. Do you have an established routine maintenance schedule for mechanical equipment? Yes No
7. Do patrons tend to all leave at closing time? Yes No
8. Do customers park in residential areas? Yes No
9. Have you received complaints about excessive noise? Yes No
10. Are you interested in learning more about noise management plans, sound engineers, sound meters, and/or products to help measure and regulate noise? Yes No

City of Minneapolis Requirements for Liquor Liability Insurance Certificates

#10

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS						
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AU <input type="checkbox"/> SCHEDULED AU <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AU <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____						
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">OTHER THAN AUTO ONLY:</td> <td style="width: 10%; text-align: center;">EA ACC</td> <td style="width: 20%; text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">AGG</td> <td style="text-align: right;">\$</td> </tr> </table>	OTHER THAN AUTO ONLY:	EA ACC	\$		AGG	\$
OTHER THAN AUTO ONLY:	EA ACC	\$									
	AGG	\$									
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____						
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT						
	OTHER										

Liquor Liability Insurance Policy number must be included on certificate with coverage dates identical to license period.

Personal Injury or Death \$50,000/\$100,000

Property Damage \$10,000

Loss of Means of Support \$50,000/\$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
--	--

Original signature or stamp of Agent.

Applications will be returned if requirements are not complete.



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316
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Floor Plan Standards

Every application for a restaurant or beverage alcohol license must include a floor plan. A sample is provided below. Attach an 8 ½” x 11” scaled drawing of both your **INTERIOR** and **EXTERIOR** premises. Hand drawn floor plans will be accepted if they are legible. Use a minimum scale of 1/8 inch equals a foot. Drawings for outdoor areas may be on a separate sheet. If the outdoor area is located on the public sidewalk, drawings must include additional features and a [Sidewalk Café License](#) is required. Include the following on your plan:

1. Business name (DBA), building name, address, contact person and telephone number
2. The function of the space including the dimensions and square footage of the area in which food will be served; Label mezzanine levels, fixed seating and egress convergence.
3. All doors, windows and other openings as well as any building feature requiring emergency access
4. The occupant load calculated by the designer
5. The number and size of tables
6. The number of chairs and their location to the tables; Seating capacity needs to be consistent with the number of patrons stated in your license application.
7. Bar dimensions and the number and locations of seats

Outdoor Area Diagrams shall also include the following in addition to the information above:

8. All outdoor areas accessible to and usable by building and non-building occupants including yards, patios, cafes, courts, dog areas, rooftops and other similar outdoor areas
9. Umbrellas, planters, stanchions, fences, lights, signs, etc
10. Planted, groomed or landscaped areas adjacent to the outdoor area
11. Heating elements and location of storage area for gas cylinders
12. There must be 5% or a minimum of one table which is ADA accessible.
13. Access and Egress: Your business plan should describe how this will be controlled.

DBA: Living the Dream
 Address: 1313 Mockingbird Lane
 Building Name: Empire State
 Contact Person: Doe John
 Telephone: 612-555-5555

Interior

Sq Footage: 6000 sq ft
 Dining Sq Footage: 5000 sq ft
 Seating Capacity: 53
 6 Tables (4' x 4') – all accessible
 24 Chairs
 9 Booths (2' x 4') w/ seating for 18
 2 Bars: 2' x 10'
 2' x 20' of which 4' is
 accessible
 11 Bar Stools
 Occupant Load: 60

Exterior

Sq Footage: 2000 sq ft
 Dining Sq Footage: 1800 sq ft
 Seating Capacity: 24
 6 Tables (4' x 4') – all accessible
 24 Chairs
 Occupant Load: 40

Prepared by: M. I. Tech
 The Architects, LLC

Scale: 1/8" = 1"

