

License Application Guidelines and Checklist

Application Type: New Shareholder - Off Sale Liquor

Definition: Corporate stock is purchased. The corporation retains original license and all assets. The business continues regular operations but with a new shareholder.

Minimum Requirements: The business must have a current license in good standing.

Publicly traded corporations are not required to complete the information below.

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) Every new stockholder with 10% or more shares must fill out both sides of this form.
	<input type="checkbox"/> 3. Source of Funds Statement – Beverage Alcohol Establishments (Form #3) Every new stockholder with 10% or more shares must fill out both sides of this form.
	<input type="checkbox"/> 4. State of Minnesota Off-Sale Liquor License Application (Form #4)
	<input type="checkbox"/> 5. Corporate Minutes – Attach a copy with the following information: <input type="checkbox"/> Sale of Stock approval. <input type="checkbox"/> Stock purchase <input type="checkbox"/> New Shareholders and % of stock
	<input type="checkbox"/> 6. Stock Purchase Agreement – Attach a copy.
	<input type="checkbox"/> 7. Stock Certificate(s) with restriction on stock. - Attach a copy.
	<input type="checkbox"/> 8. Fee: \$500.

Additional Requirements

Your Application

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

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."

Information in Other Languages Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadio aad Caawimaad u baahantahay 612-673-3500.



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

#1

For Office Use Only

License #: _____
 CSR: _____
 Fee: \$ _____
 Date: _____
 Inspector: _____
 MPD File #: _____

Supplemental Change Form

TYPE OF LICENSE CHANGE		
<input type="checkbox"/> Amending a Business Plan/Downgrade	<input type="checkbox"/> Internal Transfer of Shares	<input type="checkbox"/> Special All Night Bowling/Pool/Billiards
<input type="checkbox"/> Corporate Stock Purchase	<input type="checkbox"/> New Corporate Officer	<input type="checkbox"/> Special Late Night Food
<input type="checkbox"/> Downgrading License(Entertainment)	<input type="checkbox"/> New Manager	<input type="checkbox"/> Upgrading License (Entertainment)
<input type="checkbox"/> Expansion of Premises	<input type="checkbox"/> New Shareholder/Partner	<input type="checkbox"/>

BACKGROUND INFORMATION

I, _____, as Owner Partner, on behalf of _____
(Legal Corporation Name of Business)

request the following (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:



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 who own 10% or more of corporate stock 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 individuals or
firms 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

SOURCE OF FUNDS STATEMENT - APPLICANT’S INFORMATION SHEET

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.

ATTACH DOCUMENTATION FOR ALL SOURCES OF YOUR FINANCING.

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. Costs Reporting Form – REQUIRED

Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses/revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings – REQUIRED

Attach copies of three months of full official bank statements that show the money being used is available in the first month’s statement that is provided.

Alcohol Establishments: Must additionally attach copies of three months of full official bank statements from twelve months prior to the first month’s bank statement that is provided.

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 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-3001

Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

An applicant must report all costs and fund sources 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 and sources of funds. Attach additional sheets if necessary.

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

Complete and submit with your license application. Sample listed below.

APPLICANT’S NAME: _____		BUSINESS NAME (DBA): _____	
Total Cost to Start the Business (As listed above.)			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		
APPLICANT’S NAME: A. A. Smith		BUSINESS NAME (DBA): The Company Business	
Total Cost to Start the Business (As listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>	Savings Account Money	\$10,000	Bank Statements from Jan, Feb, Mar 2013 and 2014
<input type="checkbox"/>	Bank Loan	\$10,000	Loan Closing Documents from First Bank and Trust
<input type="checkbox"/>	Loan from Parents	\$10,000	Stock Dividend Statement 2013 and 2014; Tax Records 2013 and 2014; Promissory Note; Notarized Statement of Loan Terms.
<input type="checkbox"/>	TOTAL:	\$30,000	



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555
 WWW.DPS.STATE.MN.US



#4

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

Workers compensation insurance company. Name _____ Policy # _____

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # _____

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____	Applicant's Home Phone #	
City	County	State	Zip Code
Name of Store Manager	Business Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

- If a corporation, date of incorporation _____, state incorporated in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
- Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No If yes state approximate distance. _____
- Name and address of building owner: _____
 Has owner of building any connection, directly or indirectly, with applicant? Yes No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____

2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome.

4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.
Yes No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

Check one

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title	Signature of Applicant	Date
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REPORT BY POLICE/SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature
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PS 9136-(2009)

County Attorney's Signature _____

IMPORTANT NOTICE

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.
For information call (513) 684-2979 or 1-800-937-8864