

License Application: Convenience Store or Confectionery

The sale of ready-to-eat, pre-packaged snack items and beverages. This includes chips, pop, candy, crackers, cookies, pastries, popcorn, sandwiches, milk, yogurt, ice cream, cheese, and/or microwavable single-serving soups or entrees but you may not package or repackage food.

This license is often found at hardware stores, gas stations, car washes, tobacco shops, hotels, offices, condominiums or apartment buildings.

You may sell coffee and flavored specialty coffees that are dispensed from a self-serve coffee maker, pastries in a self-serve display case, and candies in bulk containers if you have an NSF approved three compartment ware-washing sink with two drain boards and a hand washing sink.

You may sell pre-washed (by supplier), ready-to-eat, single-serving fruits and vegetables if you have a hand washing sink.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements	
1.	Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email businesslicenses@minneapolismn.gov , US mail, or drop it off at our office.
2.	There is a fee , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> Cash: Do not mail cash, you must drop off in person. <input type="checkbox"/> Check: Make checks payable to- Minneapolis Finance Department <input type="checkbox"/> Credit Card: Mail, drop off or email your application to businesslicenses@minneapolismn.gov . Do not add your credit card information on this application. We will call you to securely charge your credit card.
3.	<input type="checkbox"/> Floor Plan: Attach a detailed 8.5" by 11", scaled diagram. Include measurements, square footage as well as labels of the interior and outdoor areas, food service areas, and any equipment.
4.	Certified Food Protection Manager: The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening. <input type="checkbox"/> Attach a copy of your Minnesota Department of Health certificate. <input type="checkbox"/> I currently do not have a Certified Food Protection Manager.
5.	Background information: <input type="checkbox"/> Data Privacy Advisory (form #1): This is required for the applicant and all owners and partners. <input type="checkbox"/> Driver's license or valid government issued photo ID for each owner and partner. <input type="checkbox"/> Background report- This report must be dated within 30 days of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. No one can have a conviction in the last five (5) years related to operating a food business. This also includes food subsidy program or controlled substances violation.
6.	<input type="checkbox"/> Menu: Attach a list of the menu and/or list of food items for sale.
7.	Sewer Availability Charge (SAC): The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov . <input type="checkbox"/> Attach a copy of your SAC Determination Letter.
8.	Contact your area License Inspector or call 612-673-2080 for other licenses as you will need to complete additional applications. These licenses must also be approved and issued before you can open and operate.

2. Applicant information

Legal company name	Business name/DBA			
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager			
Business address	Suite	City	State	Zip code
Confectionery/convenience store address	Suite	City	State	Zip code
Mailing address (if different than business address)	City		State	Zip code
E-mail address	Cell phone number		Business telephone number	
Minnesota Sales Tax ID number <i>(Required)</i>	Social Security number or Individual tax ID (ITIN) <i>(Required)</i>			
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit	Date of incorporation		State of incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed opening date:			

3. Building information

<input type="checkbox"/> Starting a new business in an existing building. <input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Changing or adding kitchen equipment <input type="checkbox"/> Remodeling	<input type="checkbox"/> Adding a new license to an existing business. Name of business: _____ <input type="checkbox"/> Taking over an existing business. Name of previous business: _____
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Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of contractor or Building manager
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Are you adding or replacing equipment that requires gas, plumbing or mechanical connections Yes No

Are you adding or replacing ventless cooking equipment or a ventless hood Yes No

Explain the remodeling, construction or kitchen equipment.

4. Owners

List all owners, shareholders and partners, ownership must add up to 100%. Attach more sheets if needed.

Full name: Last, First, Middle	Telephone		
Home address	City	State	Zip code
Title	Date of birth	Ownership %	

Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
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Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
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5. Company operations

List days and hours of operation:

Total square footage of kitchen and food area:

Give us a description of your business and services.

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? No Yes
 If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

6. Workers compensation

Workers' compensation company	Policy number	Dates of coverage
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Or

I certify that I am not required to carry workers compensation insurance because

I am the only, 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.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

8. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. Contact your License Inspector or call 612-673-2080 for any additional licenses. These licenses must be approved and issued before you can open and operate.
4. Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner:

- A copy of your valid driver's license or government issued photo ID.
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

Last name	First name	Middle name
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Also Known As: _____ Date of birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
 - I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____