



**City of Minneapolis
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220

Minneapolis, MN 55415

Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

For Office Use Only

AP: BLAmend/

MCO: 362.100

Adm Issuance: Yes

License Application: Corporate Name Change/Off Sale Distillery

Definition: You change the name of your legal entity, but no changes are made to your MN Secretary of State file number or MN Sales Tax ID number. There is no fee for this application. Your business continues regular operations. Your business must have a current license in good standing. If you are making any changes to [ownership or operations](#), applications are available on our website.

If you have questions, send an email to businesslicenses@minneapolismn.gov, contact your [License Inspector](#), 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. ☐ Alcohol License Change Form (Form #1)
3. ☐ [Liquor liability insurance certificate](#) (Form #2) - This should have your new name on the certificate.
4. ☐ State of Minnesota Distillery Off Sale Intoxicating Liquor License Application (Form #3)
5. Would you like to submit a Corporate Name Change application for your On Sale Cocktail Room license?
☐ Yes. The ownership is exactly the same for both licenses. I understand there is no additional fee. I am attaching the State of Minnesota On-Sale Micro Distiller Cocktail Room License Application (Form #3A)
☐ No, I do not have an On Sale Cocktail Room license.
6. ☐ Corporate Minutes: Attach a copy documenting approval of company name change.
7. ☐ Certificate of Organization with new entity name from the [Minnesota Secretary of State](#).

2. Additional Information

For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Alcohol License Change Form

#1

1. Type of License Change

<input type="checkbox"/> Amending a Business Plan	<input type="checkbox"/> New Corporate Officer
<input type="checkbox"/> Corporate Name Change	<input type="checkbox"/> New Manager
<input type="checkbox"/> Corporate Shares Purchase	<input type="checkbox"/> New Shareholder/Partner
<input type="checkbox"/> Downgrading Entertainment Class	<input type="checkbox"/> Special All Night Bowling /Pool/ Billiards
<input type="checkbox"/> Downgrading License Type	<input type="checkbox"/> Special Late Night Food
<input type="checkbox"/> Expansion of Premises	<input type="checkbox"/> Upgrading Entertainment Class
<input type="checkbox"/> Internal Transfer of Shares	<input type="checkbox"/> Upgrading License Type

2. Background Information

I, _____, as ☐ Owner ☐ Partner, request the following detailed description on behalf of _____:
(Legal Corporation Name of Business)

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

☐ Interior Expansion: New Seating Capacity: _____ New Fire Occupancy: _____ or ☐ N/A

☐ Exterior Expansion: New Seating Capacity: _____ New Total Customer Capacity: _____ or ☐ N/A

3. Verification

A signature is required.

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

☐ I 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 given is subject to verification by the State of Minnesota. 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 _____ Title _____ Date _____

City of Minneapolis Requirements for Liquor Liability Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

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

Minnesota Statute 340A.409:

Liquor liability insurance
policy number must be
included on certificate with
coverage dates identical to
license period or must state:
"Liquor liability coverage is
continuous until cancelled."

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

Property Damage:
\$10,000

Other Pecuniary Loss:
\$50,000/\$100,000

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																																																																																																																																																																																																																		
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Original signature or
stamp of agent.

Applications will be returned if requirements are not complete.



APPLICATION FOR MICRO DISTILLERY OFF SALE INTOXICATING LIQUOR LICENSE

Must be a licensed Micro Distillery in order to apply for this license

Fees: Micro Distillery Off Sale Fee: \$ _____

Workers Comp. Ins. Co. _____ Policy Number _____

Minnesota Tax ID Number _____ Federal Tax ID Number _____

Licensee's Name (business, partnership, LLC, corporation)		DOB	Social Security Number	DBA or Trade Name	
Business address			Phone Number	Fax Number	
City	State	Zip Code	License Period From _____ To _____		
Name of Store Manager			Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security Number address, title, and share 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	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address

1. If a corporation, date of incorporation _____, state incorporate 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

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.

3. Is establishment located near any state university, state hospital, training school, reformatory or prison? ☐ Yes ☐ No
if yes state approximate distance. _____

4. Name and address of building owner: _____

Has owner of building any connection, directly or indirectly, with applicant? ☐ Yes ☐ No

5. 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? _____

6. 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. _____

7. 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 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

☐ 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.

☐ A surety bond from a surety company with minimum coverage as specified in A.

☐ 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 and title	Signature of applicant	Date

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

County Attorney's Signature

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IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651) 726-0220



MUST BE A LICENSED MICRO DISTILLER IN ORDER TO APPLY FOR THIS LICENSE

Certification of an On Sale Micro Distiller Cocktail Room 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: \$ _____ Food License Type _____
(If Applying for Sunday Liquor)

City or County Email Address: _____

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 _____

Business Email _____

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:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home address
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Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home address
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Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home address
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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 _____