



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 Liquor

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.	<input type="checkbox"/> Alcohol License Change Form (Form #1)
3.	<input type="checkbox"/> Liquor liability insurance certificate (Form #2) - This should have your new name on the certificate.
4.	<input type="checkbox"/> State of Minnesota City/County Off Sale Intoxicating Liquor License Application (Form #3)
5.	<input type="checkbox"/> Corporate Minutes: Attach a copy documenting approval of company name change.
6.	<input type="checkbox"/> 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.	

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
<input type="checkbox"/> Interior Expansion: New Seating Capacity: _____ New Fire Occupancy: _____ or <input type="checkbox"/> N/A		
<input type="checkbox"/> Exterior Expansion: New Seating Capacity: _____ New Total Customer Capacity: _____ or <input type="checkbox"/> 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

Original signature or stamp of agent.

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.			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):		
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:			
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	LIMITS
<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		EACH OCCURRENCE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS		COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTION \$		EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
CERTIFICATE HOLDER		CANCELLATION	
ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave. S., Room 220 Minneapolis, MN 55415		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	

Applications will be returned if requirements are not complete.



APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
 No license will be approved or released until the \$20 Retailer ID Card fee is received

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.
INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.

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 # _____	Licensees must register with the Federal Tax and Trade Bureau (TTB), for information call (513) 684-2979 or 1-800-937-8864

Applicant:

Licensee Name (Business, Partnership, Corporation)	Business Name (DBA)	Social Security #
Physical Business Address	License Period From _____ To _____	DOB (Individual Applicant)
City	County _____ State _____	Zip Code
E-mail Address	Business Phone Number	Applicant's Home Phone #

If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.

Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Home Address

1. If a corporation, date of incorporation _____, state incorporated in _____ If a subsidiary of any other corporation, so state _____.
 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/are applicant(s), 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. 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. _____
7. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
8. 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
9. 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
10. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality.

11. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)?
12. If this license is being issued by a County Board, is it located in an organized township?
If so, attach township approval.

Violations	
1.	Has applicant(s) had a liquor license revoked in the last 5 years; <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give dates and details. _____
2.	Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates, charges and final outcome _____ _____
3.	During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the summons.

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 felonies or municipal ordinances relating to intoxicating liquor except as follows: _____ _____		
_____ Police/Sheriff's Department	_____ Title	_____ Signature
_____ County Attorney's Signature		

Insurance (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)

Licensee must obtain one of the following PER Minnesota Statute 340A.409:

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.

Please review Insurance Certificate before submitting:

Must be Certificate of Insurance (Declarations or Binders not accepted)

Licensee name on this application and the Insurance Certificate must match EXACTLY.

Must provide physical address of licensed location (No PO Boxes accepted)

Dates of coverage must cover the entire license period.

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.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

Workers compensation insurance company: Name _____

Policy # _____ Number of employees: _____

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
---------------------------------	------------------------	------