



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

[www.minneapolismn.gov/businesslicenses](http://www.minneapolismn.gov/businesslicenses)

**For Office Use Only**

AP: BLAmend/  
 MCO: 366.100  
 Adm Issuance: Yes

## License Application: Corporate Name Change/On Sale 3.2 Beer

**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](mailto: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 ( <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> ), US mail, or drop it off at our office.
2.	<input type="checkbox"/> Alcohol License Change Form (Form #1)
3.	<input type="checkbox"/> <a href="#">Liquor liability insurance certificate</a> (Form #2) - This should have your new name on the certificate.
4.	<input type="checkbox"/> State of Minnesota On-Sale Liquor 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 <a href="#">Minnesota Secretary of State</a> .
7.	<b><a href="#">State of Minnesota Buyer's Card</a></b> : Mail to Department of Public Safety, Alcohol and Gambling Enforcement Division, 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133.
2. Additional Information	
For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . 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	

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

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):      FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC # 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	ADDL SUBR INSR L WVD	POLICY NUMBER
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	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)
UMBRELLA LIAB	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N    N/A	POLICY (MM/DD/YY)
LIMITS			
EACH OCCURRENCE		\$	
MED EXP (Any one person)		\$	
PERSONAL & ADV INJURY		\$	
GENERAL AGGREGATE		\$	
PRODUCTS - COMPIOP AGG		\$	
COMBINED SINGLE LIMIT (Ea accident)		\$	
BODILY INJURY (Per person)		\$	
BODILY INJURY (Per accident)		\$	
PROPERTY DAMAGE (Per accident)		\$	
EACH OCCURRENCE		\$	
AGGREGATE		\$	
WC STATU-TORY LIMITS		OTHER	
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.



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133  
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types:  
1) City issued on sale intoxicating and Sunday liquor licenses  
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License \_\_\_\_\_ License Period From: \_\_\_\_\_ To: \_\_\_\_\_

Check One New License License Transfer \_\_\_\_\_ Suspension Revocation Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee 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 \_\_\_\_\_ Licensee's MN Tax ID # \_\_\_\_\_

Licensee's Federal Tax ID # \_\_\_\_\_  
(To apply call IRS 800-829-4933)

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
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

Intoxicating liquor 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 as shown 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 past 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)

**On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>.**