



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/  
 AmendUp  
 MCO: 362  
 Adm Issuance: No

## License Application: Upgrade of Entertainment

**Definition:** A change in your class of entertainment such as No Live Entertainment to Limited Entertainment. You must have a license in good standing. A public hearing may be required. This will be scheduled by your [License Inspector](#).

### Classes of Entertainment:

**No Live Entertainment:** Radio, television, electronically reproduced music, and jukebox.

**Limited Entertainment:** Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the business. No patron dancing.

**General Entertainment:** All forms of entertainment described above and patron dancing.

**Adult Entertainment:** This include persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude).

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto: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](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. The [fee](#) for this change is the difference between class of entertainment fees of your current class of entertainment and your requested class of entertainment. You can pay by
  - Cash:** Drop off your application at our office.
  - Check:** Mail or drop off your application at our office.
  - Credit Card:** Mail, drop off or email your application to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. What is your current Class of Entertainment? \_\_\_\_\_
4. What is your requested Class of Entertainment? \_\_\_\_\_  
Describe:
5.  **Alcohol Application for Business Change** (Form #1)
6.  **Amended Business Plan** (Form #2)
  - [Police Safety Plan Review Form](#)
  - [Sound Management Plan](#)
7.  **Notification:** You need to send a letter to your [City Council Member](#), [Neighborhood Organization](#), and [Business Association\(s\)](#). Tell them your business name, address and type of license; your name, email address and telephone number; and include your Business Plan.  Attach a copy of your [letters or emails](#).
8. **Are you changing your layout?**  Yes  No If yes,
  - Attach an 8 1/2" x 11" scaled drawing. Include the square footage of both the interior and outdoor areas with changes highlighted.

9. **Are you adding square footage to your physical space?**  Yes  No

If yes, complete and attach an [Expansion of Premises](#) application. A public hearing may be required.

This will be scheduled by your [License Inspector](#).

There is a \$500 fee.

10. **Food Plan Requirement:** Are you doing any of the following:

Starting a food business at a location that NEVER had a license for food business

Adding or replacing equipment that requires gas, plumbing or mechanical connections

Adding or replacing ventless cooking equipment or a ventless hood

If you checked any of the boxes above, you MUST complete and email a [Food Plan Review Form](#) to [development@minneapolismn.gov](mailto:development@minneapolismn.gov). There is a [fee](#) for this review. ***This is a separate review and we cannot approve your license until it is completed.***

Permits are required for any equipment changes or work requiring gas, plumbing or mechanical connections. If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).

11. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. You can also [fill out your form online](#).

If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).

Attach a copy of your SAC Determination Letter.

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

4. 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, on behalf of \_\_\_\_\_  
(Legal Corporation Name of Business)  
 request the following (detailed description):

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 \_\_\_\_\_

# Amended Business Plans

#2

Attach a typed report describing in detail changes to your business operations. You may attach extra documents to your report.

**1. Alcohol Server Training Plan.** Describe staff training that includes:

- Name of trainer
- Topics covered
- Ongoing training program
- Policy for carding and the use of electronic ID Scanners
- Reward and discipline policy for serving alcohol to minors and
- Self-audits

Our website has for more information about [Alcohol Service Resources](#).

No changes.

**2. Safety.** Attach your [Police Safety Plan Review Form](#) to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.

No changes.

**3. Noise.** Attach your [Sound Management Plan](#) which details how you will manage sound from your business. A Sound Plan is not required for Off Sale Liquor stores.

No changes.

**4. Litter Removal.** You are required to clean litter within a 100 foot radius from your business. Describe your plans for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather months.

No changes.

**5. Entertainment.** Describe the following:

- type of entertainment at your business
- days and hours of the entertainment and
- age group which the entertainment is directed

No changes.

**6. Team Sponsorships.** Tell us the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.

No changes.

**7. Hours of Operation.**

- Specify the hours for every day of the week
- Include both inside and outside hours

No changes.

**8. Food Service.**

- List the hours of full food service and reduced food service
- Include the staffing model of your kitchen

No changes.

**9. Charitable Gambling Activities.** Identify the types of games, hours, gambling manager and name of charity.

No changes.

**10. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales.** Include a resume or summary of work experience.

No changes.

**11. Advertising.** Attach a copy of all the sites you will advertise, such as social media, website, flyers, coupons, table tents, etc.

No changes.

**12. Promoters.** If you plan to work with promoters, you must have a written signed contract that includes the following:

- Statement of truth in advertising
- Cancellation rights if contract is not followed
- Promoter contact information

Submit a sample contract. Signed contracts must be made available to licensing official upon request.

No changes.

### Acknowledgement and Agreement

I, (print name) \_\_\_\_\_, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

The attached business plan is a true and correct; and

Any material change in the business plan must be submitted to an approved by the Business Licenses Division before implementation; and

Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.

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

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

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_