

## License Application Guidelines and Checklist

### License Type: Expansion of Premises – Permanent

**DEFINITION:** The expansion of business operations either internally affecting the area where liquor is served or outdoors for food and/or beverage alcohol services. Applicants must have a current license in good standing.

Staff Initials	Application Checklist
	<b>Applications will not be accepted until all requirements have been satisfied.</b>
	<input type="checkbox"/> <b>1. Supplemental Change Form (Form #1)</b>
	<input type="checkbox"/> <b>Amended Business Plan (Form #2)</b> - Outside the Downtown area, outdoor entertainment is restricted to Class D/E allowing up to one non amplified musician.
	<input type="checkbox"/> <b>Source of Funds Statement – Beverage Alcohol (Form #3)</b>
	<input type="checkbox"/> <b>Attach an 8 1/2" x 11"</b> drawing of the premises including both the interior and outdoor areas with changes highlighted. See Sample Form # .
	<input type="checkbox"/> <b>Outdoor Expansion</b> – Is any part of your expansion on the public right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, the area must be compact and contiguous to the permanently licensed premises. Complete a <a href="#">Sidewalk Café license application</a> .
	<input type="checkbox"/> <b>Lease</b> – Attach a copy of the lease authorizing use of the area.
	<input type="checkbox"/> <b>Notification of the type of license; address of premises; applicant’s name, address and telephone number; and Business Plan.</b> Attach copies of letters or emails that have been sent to: <input type="checkbox"/> <a href="#">City Council Member</a> <input type="checkbox"/> <a href="#">Neighborhood Organization(s)</a> and <input type="checkbox"/> <a href="#">Business Association(s)</a> . See <a href="#">sample letter</a> .
	<input type="checkbox"/> <b>SAC Determination Letter</b> – Complete the Sewer Availability Charge (SAC) application and Affidavit of Business Use (Form # ) and submit to <a href="mailto:SACprogram@metc.state.mn.us">SACprogram@metc.state.mn.us</a> . Attach a copy of your SAC Determination Letter.
	<input type="checkbox"/> <b>Fee:</b> \$ _____

#### Additional Requirements

**Your Application**

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. Make a duplicate copy of this packet for your personal records before submitting.
- d. If you have questions, talk to License Staff at 250 South 4<sup>th</sup> Street, Room 300 Public Service Center.

**Public Hearing**

This may be required and will be scheduled by your License Inspector.

**Information in Other Languages**

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

#1

**For Office Use Only**

License #: \_\_\_\_\_  
 CSR: \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 MPD File #: \_\_\_\_\_

## Supplemental Change Form

TYPE OF LICENSE CHANGE		
<input type="checkbox"/> Amending a Business Plan/Downgrade	<input type="checkbox"/> Internal Transfer of Shares	<input type="checkbox"/> Special All Night Bowling/Pool/Billiards
<input type="checkbox"/> Corporate Stock Purchase	<input type="checkbox"/> New Corporate Officer	<input type="checkbox"/> Special Late Night Food
<input type="checkbox"/> Downgrading License(Entertainment)	<input type="checkbox"/> New Manager	<input type="checkbox"/> Upgrading License (Entertainment)
<input type="checkbox"/> Expansion of Premises	<input type="checkbox"/> New Shareholder/Partner	<input type="checkbox"/>

### 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	Alternative E-mail Address	
Business Telephone Number	Cell Phone Number	Type and Class of License Currently Held

### VERIFICATION

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

#### THIS SECTION IS TO BE COMPLETED BY THE CITY OF MINNEAPOLIS

The Minneapolis Police Department Recommends:  Approve  Deny

Signature of Minneapolis Police Department Representative \_\_\_\_\_

Comments:

  

The Minneapolis License Department Recommends:  Approve  Deny

Signature of Minneapolis License Department Representative \_\_\_\_\_

Comments:

**OFFICERS, DIRECTORS, and/or STOCKHOLDERS**

Attach additional sheets if necessary

**Publicly held corporations need list only shareholders with 10 percent or more corporate stock.**

Name	Address	Telephone	Title	# Shares or % of Ownership

I, \_\_\_\_\_ the undersigned, do hereby declare under the penalty of perjury that as of this date, the  
 (print name)  
 following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Note: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting as documentation.**

## Amended Business Plan - Establishments with Beverage Alcohol

### 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.

Here are some links to alcohol server training resources: [Alcohol Service Plans](#), [Training Programs](#), and [ID scanners](#).

- No changes.

### 2. Police Department Security Plan

- Complete and attach a signed Police Department Security Plan Review (attached) and any supporting documentation. The local Police Precinct will review the security portion of your business plan which addresses how you will take appropriate action to prevent illegal conduct from anyone on your business premises and/or parking areas. Here is a link with guidelines to [Develop a Security Plan](#).

- No changes.

### 3. Noise Management Plan

- Attach a Noise Management Plan and any supporting documentation using the requirements listed on attached document which describes how you will address potential noise issues.

- No changes.

### 4. Entertainment

- Prepare a detailed statement of the nature of entertainment presented in your establishment
- Days and hours of the entertainment and
  - The age group at which the entertainment is directed.

- No changes.

### 5. Community Impact Plan

- Describe how your establishment will be proactive in preventing negative secondary effects directly attributable to the existence of the business.

- Describe how the applicant will maintain the orderly appearance and operation of the premises with respect to litter, graffiti and refuse control. Include hours staff will be assigned.

- Indicate the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.

- No changes.

### 6. Hours of Operation

- Specify the hours for every day of the week

- Include both inside and outside hours.

- No changes.

### 7. Food Service

- List all food (menu with prices) that you will prepare and/or serve
- Include hours of full food service and reduced food service.
- Include the staffing model of the kitchen service.
- Describe Kitchen, Bar and Cooking Equipment; and/or attach Food Plan Review.
- No changes.

**8. Charitable Gambling Activities**

- Identify the types of games, hours, gambling manager and name of charity.
- No changes.

**9. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales**

- Include a resume or summary of work experience.
- No changes.

**10. Promoters – If you will 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 will be made available to licensing official upon request.
- 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.

**ACKNOWLEDGEMENT AND AGREEMENT**

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

- the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct reflection of the undersigned's intentions;
- any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation;
- violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business.

ATTACH DOCUMENTATION FOR ALL SOURCES OF YOUR FINANCING.

1. Tax Records - REQUIRED

Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture OR Corporate tax records, if applicable.

2. Costs Reporting Form - REQUIRED

Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses/revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings - REQUIRED

Attach copies of three months of full official bank statements that show the money being used is available in the first month's statement that is provided.
Alcohol Establishments: Must additionally attach copies of three months of full official bank statements from twelve months prior to the first month's bank statement that is provided.

4. Loans from the Lending Institution

Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; OR
Individuals may be eligible for a loan but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.
N/A

5. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well

as tax records.

Attach a copy of each lender's source of funds and tax records; AND
Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); AND
If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.
N/A

6. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); AND
Attach a statement about payment terms.
N/A

I (printed name) understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

Signature Title Date



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-3001

Fax: 612-673-3399 TTY: 612-673-2157

[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

An applicant must report all costs and fund sources associated with pursuing this license in order to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney’s fees, to name a few. Please use the table below to account for **all** of your specific costs and sources of funds. Attach additional sheets if necessary.

<b>APPLICANT’S NAME:</b> _____		<b>BUSINESS NAME:</b> _____	
<b>Building Expenses</b> (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Construction Expenses</b> (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Professional Expenses</b> (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Start Up Costs</b> (insurance, license fees, inventory, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Other Expenses</b> (payroll, insurance, SAC charges, other)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>TOTAL COSTS for pursuing this License:</b>			<b>\$ _____</b>

Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

**Complete and submit with your license application. Sample listed below.**

<b>APPLICANT’S NAME:</b> _____		<b>BUSINESS NAME (DBA):</b> _____	
<b>Total Cost to Start the Business (As listed above.)</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		
<b>APPLICANT’S NAME: A. A. Smith</b>		<b>BUSINESS NAME (DBA): The Company Business</b>	
<b>Total Cost to Start the Business (As listed above.) \$ 30,000</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>	Savings Account Money	\$10,000	Bank Statements from Jan, Feb, Mar 2013 and 2014
<input type="checkbox"/>	Bank Loan	\$10,000	Loan Closing Documents from First Bank and Trust
<input type="checkbox"/>	Loan from Parents	\$10,000	Stock Dividend Statement 2013 and 2014; Tax Records 2013 and 2014; Promissory Note; Notarized Statement of Loan Terms.
<input type="checkbox"/>	TOTAL:	\$30,000	



# Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION

**Return to: [SACprogram@metc.state.mn.us](mailto:SACprogram@metc.state.mn.us)**

*If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.*

## CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Estimated Year of Occupancy: \_\_\_\_\_

Site Address (if address not assigned, need street intersections): \_\_\_\_\_

Suite Number: \_\_\_\_\_

City Name: \_\_\_\_\_

Site Location / Campus (e.g. Mall of America; etc.): \_\_\_\_\_

Parcel Identification Number (PID): \_\_\_\_\_

Original Building Construction Year: \_\_\_\_\_

Project Description: \_\_\_\_\_

## PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if there was a different business previously in this suite/building)

Previous Business Name in same space as current project: \_\_\_\_\_

Previous Type of Business: \_\_\_\_\_

Estimated Year(s) of Occupancy: \_\_\_\_\_

Previous Site Address (if different than current project): \_\_\_\_\_

Previous Suite Number (if different than current project): \_\_\_\_\_

Entire Building Has Been or Will Be Demolished? (Check no or yes)  No or  Yes, Year \_\_\_\_\_

## CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Phone Number (xxx-xxx-xxxx): \_\_\_\_\_

Contact Email Address: \_\_\_\_\_





# Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

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## APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business** – Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy** – What year did (or will) this business move into this space?
3. **Site Location/Campus** – The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number** – This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year** – When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business** – This section helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address and/or suite number is different than the current address and/or suite number, enter this information.
8. **Contact Information** - This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person.
9. **Save this form and email with the other items from the list below.**

## ITEMS YOU ARE REQUIRED TO SUBMIT

1. SAC Determination Application (Transmittal-A)
2. Site Plan – If not available, an aerial photo pinpointing the location of the building will be accepted
3. Architectural Floor Plans – must be:
  - a. Same plan that you sent to your City for their review
  - b. Scalable, or with individual dimensions shown on the plan for every room and every space
  - c. All rooms labeled on the plan for the intended use of the space, or room schedule
  - d. Furniture plan (for restaurant, salon, bar, theater, stadium/arena seats) – include indoor and outdoor
  - e. Plumbing fixture layout (for clinic, hospital, parking garage)
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

## ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
  - a. Scalable, or with individual dimensions shown on the plan for every room and every space
  - b. All rooms labeled on the plan for the previous use of the space, or room schedule



# Sewer Availability Charge (SAC) 2017 AFFIDAVIT OF BUSINESS USE FOOD AND DRINK ESTABLISHMENTS

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**YOU MUST ANSWER ALL QUESTIONS OR WE WILL REJECT THE APPLICATION.**

Business Name: \_\_\_\_\_

Business Site Address: \_\_\_\_\_

City Name: \_\_\_\_\_

**PLEASE MARK ALL BOXES THAT ARE TRUE ABOUT YOUR BUSINESS WITH AN X.**

### Type of Service Provided

We Handle and Prepare Food, and Have Customer Seating:

- Yes  No

We Serve Drinks Only (We Don't Handle Food) and We Have Customer Seating:

- Yes  No

We Serve Take Out Food Only and Have No Customer Seating

- Yes  No

### Type of Seating Provided

What Type of Seating Will the Establishment Have:

- Indoor Seating  Outdoor Seating  No Seating

*If your business has any restrictions on consuming food or drink in any area of the property, you must submit a copy of the City-approved ordinance or City-issued business license stating the restriction(s) with this form.*

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I certify that I have read and understood all questions in this affidavit and that my answers are true to my knowledge and belief. I also understand that giving false answers in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_

Date: \_\_\_\_\_

## Floor Plan Standards

Every application for a restaurant or beverage alcohol license must include a floor plan. A sample is provided below. Attach an 8 ½" x 11" diagram of both your **INTERIOR** and **EXTERIOR** premises. Include dimensions. Hand drawn floor plans will be accepted if they are legible. Drawings for outdoor areas may be on a separate sheet. If the outdoor area is located on the public sidewalk, drawings must include additional features and a [Sidewalk Café License](#) is required. Include the following on your plan:

1. Business name (DBA), building name, address, contact person and telephone number
2. The function of the space including the dimensions and square footage of the area in which food will be served. Label mezzanine levels, fixed seating and egress convergence.
3. All doors, windows and other openings as well as any building feature requiring emergency access
4. The occupant load calculated by the designer
5. The number and size of tables
6. The number of chairs and their location to the tables. Seating capacity needs to consistent with the number of patrons stated in your license application.
7. Ensure that your total bar area does not exceed the area that is allowed for your type of license. Include square footage (no more than 30% or 20%). Bar Area: One or more spaces in an establishment designed and utilized primarily for the consumption of alcohol or providing entertainment. This space would include a dance floor area, stage, game room or any space that is undefined or does not provide for seated food service. Outdoor bar areas may be calculated separately from indoor bar areas and considerations may be made for outdoor sporting courts such as bocce ball, volleyball or similar features.

Outdoor Area Diagrams shall also include the following, in addition to the information above:

1. All outdoor areas accessible to and usable by building and non-building occupants including yards, patios, cafes, courts, dog areas, rooftops and other similar outdoor areas
2. Umbrellas, planters, stanchions, fences, lights, signs, etc.
3. Planted, groomed or landscaped areas adjacent to the outdoor area
4. Heating elements and location of storage area for gas cylinders
5. There must be 5% or a minimum of one table which is ADA accessible.
6. Access and Egress: Your business plan should describe how this will be controlled.

DBA: Living the Dream  
Address: 1313 Mockingbird Lane  
Building Name: Empire State Contact  
Applicant: Doe John  
Telephone: 612-555-5555

### Interior

Sq Footage: 6000 sq ft  
Dining Sq Footage: 5000 sq ft  
Seating Capacity: 53  
6 Tables (4' x 4') – all accessible  
24 Chairs  
9 Booths (2' x 4') w/ seating for 18  
Bar Area (800 sq ft)  
Occupant Load: 60

### Exterior

Sq Footage: 2000 sq ft  
Dining Sq Footage: 1800 sq ft  
Seating Capacity: 24  
6 Tables (4' x 4') – all accessible  
24 Chairs  
Occupant Load: 40  
Prepared by: M. I. Tech  
The Architects, LLC

