

License Application: Grocery

A retail business that sells food for preparing and eating at home, includes meat, poultry, fish, fruits, vegetables, juices, breads, cereals, dairy products and household goods. There are two (2) types:

Grocery- A retail business selling staple foods with a retail sales floor of at least two thousand (2,000) square feet.

Grocery, Accessory Use- A retail business selling specialty foods or selling some food items in addition to their primary business. Accessory Use Groceries cannot accept government supplemental nutrition programs. Examples include:

- imported food stores, gift shops, tobacco shops, meat markets
- gas station with no more than 300 square feet of retail floor space
- grocery store located on a commercial corridor.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. Email businesslicenses@minneapolismn.gov or call 612-673-2080.
2. There is a fee, plus a new license processing charge, for this application. You can pay by
 - ☐ **Cash:** Do not mail cash, drop it off in person.
 - ☐ **Check:** Make checks payable to- Minneapolis Finance Department
 - ☐ **Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. ☐ **Floor Plan:** Attach detailed diagram. Include the square footage of sales floor, all indoor areas including bathrooms, kitchens, shelves, equipment, storage and outdoor areas including parking lots.
4. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
 - ☐ Attach a copy of your Minnesota Department of Health certificate.
 - ☐ I currently do not have a Certified Food Protection Manager.
5. **Background information:**
 - ☐ **Data Privacy Advisory** (form #1): This is required for the applicant and each owner and/or partner. Include
 - ☐ **Photo ID-** current driver's license or valid government photo issued ID
 - ☐ **Background Report** This report must be dated **within 30 days** of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

No one can have a conviction in the last five (5) years related to operating a food business, food subsidy program or a controlled substances violation.
6. ☐ **Inventory list:** attach a list of all food, drinks and household items for sale.
7. ☐ **Security cameras-** attach a diagram showing the location of all security cameras inside and outside
8. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
 - ☐ Attach the SAC determination letter.

Contact your area License Inspector or call 612-673-2080 for other licenses. You will need to complete additional applications, and these licenses must be approved and issued before you can open and operate.

2. Applicant information

Legal company name	Business name/DBA			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ Manager			
Grocery store address	Suite	City	State	Zip code
Mailing address (if different than business address)	City		State	Zip code
E-mail address	Cell phone number		Business telephone number	
Minnesota Sales Tax ID number <i>(Required)</i>	Social Security number or Individual tax ID (ITIN) <i>(Required)</i>			
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit	Date of incorporation		State of incorporation	
Is this business publicly traded? ☐ Yes ☐ No	Proposed opening date:			
Check one: ☐ Grocery - retail sales floor area selling staple foods must be at least two thousand (2,000) square feet ☐ Grocery, Accessory Use - retail business selling some food items in addition to its primary business use				
Total square footage for <i>business use</i> _____		Total square footage of <i>retail floor area</i> _____		

3. Building information

☐ Starting a new business in an existing building. ☐ Starting a new business in a new building. ☐ Changing or adding kitchen equipment ☐ Remodeling.	☐ Adding a new license to an existing business. Name of business: _____ ☐ Taking over an existing business. Name of previous business: _____
Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	Name of contractor or building manager
Are you adding or replacing equipment that requires gas, plumbing or mechanical connections ☐ Yes ☐ No	
Are you adding or replacing ventless cooking equipment or a ventless hood ☐ Yes ☐ No	
Explain the remodeling, construction or kitchen equipment.	

4. Owners

List all owners, shareholders and partners. Ownership must add up to 100%, attach more sheets if needed.			
Full name: Last, First, Middle			Telephone
Home address	City	State	Zip code

Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	

5. Company operations

Describe your grocery store and all the services you provide

List days and hours of operation:

Check all items you will have at the grocery store. You will need to submit additional applications.

- ☐ Butcher Shop/Meat Market
☐ Food Manufacturer
☐ Tobacco

- ☐ Sidewalk Cafe
☐ Off Sale 3.2 Beer
☐ Caterer

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? ☐ No ☐ Yes
 If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

6. Workers compensation

Workers' compensation company

Policy number

Dates of coverage

Or

I certify that I am not required to carry workers compensation insurance because

☐ I am the only worker, and I have no employees.

☐ I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

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

I, (print name) _____, 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 is subject to verification by the City of Minneapolis. 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 of applicant _____ Title _____ Date _____

8. Additional information

- No license will be issued for longer than one year.
- You cannot transfer your license to any other person or location.
- Contact your License Inspector or call 612-673-2080 for any additional licenses. These licenses must be approved and issued before you can open and operate.
- Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

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

Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner:

- ☐ A copy of your valid driver's license or government issued photo ID.
- ☐ Background Report: This report must be dated ***within 30 days*** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

Last name	First name	Middle name
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Also Known As: _____ Date of birth: _____

Title: _____

- ☐ I have read and understand the above Data Privacy Advisory.
 - ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____