



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

**For Office Use Only**  
 AP: Amend/Internal  
 MCO: 362.100  
 Adm Issuance: No

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

## License Application: Internal Transfer of Shares/Off Sale Distilled Spirits

**Definition:** Company shares are transferred internally to the company or a current shareholder. No new shareholders are involved. There is no fee for this application. The company retains original license and all assets. The business continues regular operations. The business must have a current license in good standing. Publicly traded corporations are not required to complete the information below.

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 ([businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. **Alcohol License Change Form (Form #1)**  
This must be filled out by a current owner, partner, or principle.
3. **Source of Funds (Form #2)**  
 Every person purchasing shares must fill out both sides of this form.
4.  **State of Minnesota Distillery Off Sale Intoxicating License Application (Form #3)**
5. **Would you like to submit an Internal Transfer of Shares application for your On Sale Cocktail Room license?**  
 Yes. The ownership is exactly the same for both licenses. I understand there is no additional fee. I am attaching the State of Minnesota On-Sale Micro Distiller Cocktail Room License Application (Form 3A)  
 No, I do not have an On Sale Cocktail Room license.
6. **Corporate Minutes:** Attach a copy with the following information:  
 Sale of shares approval  
 Shares purchased  
 New shareholders and % of shares
7.  **Shares Purchase Agreement:** Attach a copy.
8.  **Shares Certificate(s) with restriction on shares:** Attach a copy.

### 2. Additional Information

**Stock Certificate(s) with Restriction on Stock:** Minneapolis Code of Ordinances, Chapter 362.330(b) requires Corporate By Laws and, by extension LLC Member Control Agreements, contain a restriction stating to the effect that

- 1) No transfer of stock is valid or effective unless approved by City Council of Minneapolis and
- 2) All stock certificates will contain the following words, "The transfer of this stock certificate is invalid unless approved by the City Council of Minneapolis, MN."

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.

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 \_\_\_\_\_



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 and 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

**Acknowledgement**

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.

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

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

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

## Source of Funds Costs Reporting Form

An applicant must report all costs and fund sources associated with pursuing this license 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** your specific costs and sources of funds. Attach additional sheets if necessary.

Applicant's Name: _____		Business Name: _____	
<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>		\$	_____

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. A sample is listed below.

<b>Applicant's Name:</b>		<b>Business Name (DBA):</b>	
<b>Total Cost to Start the Business (from items listed above.) \$ 30,000</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		

Here is a sample of your documentation.

<b>Applicant's Name: A. A. Smith</b>		<b>Business Name (DBA): The Company Business</b>	
<b>Total Cost to Start the Business (from items 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	



**APPLICATION FOR MICRO DISTILLERY OFF SALE  
 INTOXICATING LIQUOR LICENSE**

**Must be a licensed Micro Distillery in order to apply for this license**

Fees: Micro Distillery Off Sale Fee: \$ \_\_\_\_\_  
 Workers Comp. Ins. Co. \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Minnesota Tax ID Number \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Licensee's Name (business, partnership, LLC, corporation)		DOB	Social Security Number	DBA or Trade Name
Business address			Phone Number	Fax Number
City	State	Zip Code	License Period From	To
Name of Store Manager			Phone Number	DOB (Individual Applicant)

If a corporation or LLC state name, date of birth, Social Security Number address, title, and share held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address

1. If a corporation, date of incorporation \_\_\_\_\_, state incorporate in \_\_\_\_\_, amount paid in capital \_\_\_\_\_. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. 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 applicant or any of the associates in this application, 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. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. \_\_\_\_\_

7. 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. \_\_\_\_\_

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment?  Yes  No
9. 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
10. 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
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State Number of Employees \_\_\_\_\_
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval. \_\_\_\_\_

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. \_\_\_\_\_

2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. \_\_\_\_\_

3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor penalties?  Yes  No If yes, give dates, charges and final outcome. \_\_\_\_\_

4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  Yes  No If yes, attach a copy of the summons. \_\_\_\_\_

This licensee must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

- Check one
- 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.
- A surety bond from a surety company with minium coverage as specified in A.
- 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.

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 and title	Signature of applicant	Date

REPORT BY POLICE\SHERRIFF'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 violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature

County Attorney's Signature

**IMPORTANT NOTICE**

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651) 726-0220



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
Telephone 651-201-7504 Fax 651-297-5259 TTY 651-282-6555

#3A

**MUST BE A LICENSED MICRO DISTILLER IN ORDER TO APPLY FOR THIS LICENSE**  
**Certification of an On Sale Micro Distiller Cocktail Room License**

**This license only authorizes the on sale of Liquor produced by the distiller for consumption on the premises**

**Cities and Counties:** You are required by law to complete and sign form to certify the issuance of the following License types:  
**City issued Micro Distiller's Cocktail Room and Sunday Liquor Licenses**

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

Circle One: New License Transfer \_\_\_\_\_ Suspension \_\_\_\_\_ Revocation \_\_\_\_\_ Cancel \_\_\_\_\_  
(Former Licensee Name) (Give Dates)

Fees: On Sale Cocktail Room License Fee: \$ \_\_\_\_\_ Sunday License Fee: \$ \_\_\_\_\_ Food License Type \_\_\_\_\_  
(If Applying for Sunday Liquor)

City or County Email Address: \_\_\_\_\_

License 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 \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Email \_\_\_\_\_

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

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)                      DOB                      Social Security #                      Home address

\_\_\_\_\_  
Partner/Officer Name (First Middle Last)                      DOB                      Social Security #                      Home address

On Sale Cocktail Room 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 of the location listed 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 last 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 \_\_\_\_\_