

## License Application: License Upgrade

**Definition:** A change in your license type such as On-Sale Wine to On-Sale Liquor. You must have a license in good standing. A public hearing may be required. This will be scheduled by your [Inspector](#). If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

### 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 the fees of your current license and your requested license. 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.  **Alcohol Application for Business Change** (Form #1)
4.  **Upgrade/Downgrade/Name Change - Alcohol License Application** (Form #2)
5.  **State of Minnesota On Sale Liquor, 3.2 Liquor, or Sunday Liquor License Application** (Form #3)
6.  [Certificate of Liability Insurance](#) (Sample Form #4)
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 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.
9. **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.
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.

## 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 \_\_\_\_\_

# Upgrade/Downgrade - Alcohol License Application

#2

## 1. License Type(s) Requested

On Sale

Liquor  Wine  Strong Beer  3.2 Beer

Type of Business:  Restaurant/Bar  Hotel  Night Club  \_\_\_\_\_

Sunday Sales license?  Yes  No

If yes, check the food services available on Sundays:

Full Food Menu  Limited Menu with Short Order Service  Grill and Sandwiches Only

\_\_\_\_\_

2 am license?  Yes  No

## 2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> _____		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Business Telephone Number		Cell Phone Number
<u>Minnesota Sales Tax ID Number</u> (Required)	<u>Social Security Number or Individual Tax ID</u> (Required)		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			

## 3. Business Information

Adding a new license to an existing business. (New License)  Changing Equipment  Remodeling

## 4. Entertainment

**A. Check all categories of entertainment you are planning to provide at your business.**

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 establishment. No patron dancing.

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

Adult Entertainment: This includes 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).

**B. Describe all of the entertainment you are planning to provide:**

## 5. Company Operations

Give us a brief description of your business.

Gross Square Footage for Business Use: \_\_\_\_\_

Are you planning or have you completed any construction or remodeling?  Yes  No

Name of Contractor or Building Manager

Does this include adding/changing equipment that requires a gas or plumbing connection?  Yes  No

Explain the scope of the remodeling or construction.

## 6. 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 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 of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## 7. 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.



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>.**

# 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): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	INSURER(S) AFFORDING COVERAGE NAIC #

**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	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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					EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$      RETENTION \$					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS      OTH-ER 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)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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.