

## Liquor Catering Notification Form

This form must be sent to [BusinessLicenses@minneapolismn.gov](mailto:BusinessLicenses@minneapolismn.gov) at least two full business day before your event. There is a daily fee for each event and there is also an extra 50% late fee for Notification Forms received less than two full business day before your event.

You must have all the required permits for the event.

You must cater food for the event, not just alcohol.

**No alcohol sales or serving alcohol after 1:00 a.m.**

1. License information		
Legal/Corporate Name	Business Name (DBA)	
Minneapolis Liquor Catering License #	MN Tax ID Number	
Contact Person	Email Address	Cell Phone Number
2. Event information		
Name of the Event (i.e. Jones Wedding Reception)		
<input type="checkbox"/> Private Event <input type="checkbox"/> Open to the Public – must submit a <a href="#">Food Event Sponsor Permit</a>		
Business/Building/Location Name	Address	
Event Contact Person	Cell Phone Number	Email Address
Date(s) and Time(s) of event		
Type of alcohol to be served: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Food <input type="checkbox"/> Lower Potency THC edibles or beverages- list your MDH registration number _____		
Number of Guests _____      Number of Staff _____		
List all that will be provided <input type="checkbox"/> Band <input type="checkbox"/> D.J. <input type="checkbox"/> Dance Area <input type="checkbox"/> Tent <input type="checkbox"/> Other _____		
<input type="checkbox"/> Attach a copy of the catered menu for this event.		
Event is to be held <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
Describe how the outside area will be enclosed and secured-		

Name of Security Company	# of Security Personnel
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I will have the following documents on site during the event

<u>Yes</u>	<u>No</u>	<u>NA</u>	
<input type="checkbox"/>			Copy of City of Minneapolis Liquor Caterer's License
<input type="checkbox"/>			Copy of this form
<input type="checkbox"/>			Copy of my State Liquor Caterer's Permit
<input type="checkbox"/>			My contract between caterer and event sponsor
<input type="checkbox"/>			Approval letter from property owner allowing the sale and consumption of alcoholic beverages
<input type="checkbox"/>			Diagram of premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tent permit (Fire): 612-201-2624
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP gas tank permit (Fire): 612-201-2624
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary occupancy permit (Fire): 612-201-2624
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amplified sound permit (Environmental Health): 612-673-3516
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street closure permit (Transportation and Parking Services): 612-673-5750

### 3. Verification

A signature is required.

I agree to allow entry to any city official who has legal authority for inspection.

I certify that the above information is true and complete and agree to follow all laws related to liquor catering.

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 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 \_\_\_\_\_

### 4. Additional information

1. You cannot transfer this license to any other person, location or event.
2. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.
3. [MN Office of Cannabis Management](#)