Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: April 1
AP: Food/FoodMan
MCO: 188
Adm Issuance: Yes

License Application: Micro Food Wholesaler

If you hold a Minneapolis food license, you can sell your food products by leasing shelf space in other licensed food businesses, such as grocery stores. This is available to seasonal food permit holders, caterers, restaurants, food manufacturers, and businesses with on-sale liquor, wine, or beer licenses.

You may have up to 10 (ten) total locations for these sales.

Tier One: sales at 1 to 5 different qualifying Minneapolis licensed retail food business locations.
Tier Two: sales at 6 to 10 different qualifying Minneapolis licensed retail food business locations.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a fee, plus a new license processing charge, for this application. You can pay by
   - ☐ **Cash:** Do not mail cash, you must drop 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 an 8.5" by 11", scaled diagram. Include the square footage for the inside and outdoor areas.
4. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire 1 (one) 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:**Copy of 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. ☐ **Menu:** Attach a list of foods you will be selling.

2. Applicant information

Legal company name		**Business name/DBA**		
Name (Last, First, MI)		☐ Owner ☐ Partner ☐ Manager		
Business address	**Suite**	**City**	**State**	**Zip code**
Mailing Address (if different than business address)		**City**	**State**	**Zip code**
E-mail Address		**Cell phone number**	**Business phone number**	
Minnesota Sales Tax ID number (*Required*)		**Social Security or ITIN number (*Required*)**		
Type of ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit		**Date of incorporation**	**State of incorporation**	
Is this business publicly traded? ☐ Yes ☐ No		**Proposed starting date:**		

☐ **Adding a Micro Food Wholesaler license to a current food or on-sale license.**

License type: _____ Current license number: _____

How many locations will you be renting shelf space as a Micro Food Wholesaler? _____

☐ **Tier One: 1 to 5 locations**

☐ **Tier Two: 6 to 10 locations**

3. Building information

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	**Name of contractor or building manager**

Are you replacing or adding new kitchen or bar equipment? ☐ Yes ☐ No

Are you adding/changing equipment that requires a gas or plumbing connection? ☐ Yes ☐ No

Are you adding or replacing ventless cooking equipment or a ventless hood? ☐ Yes ☐ No

If yes, email a Food Plan Review Form to development@minneapolismn.gov or call 612. 673-3000.

Explain the type of remodeling or construction.

4. Owner information

Any ownership changes from your current food or on-sale license? ☐ Yes ☐ No

List all owners below, ownership must total 100%.

Full name	Phone number	Title	Ownership %

5. Company operations

List what are you selling as a Micro Food Wholesaler

List days and hours of operation

Give us a brief description of your business

Total number of locations you will you be renting shelf space as a Micro Food Wholesaler? _____

List the information below for each location:

	Minneapolis license number	Business name	Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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, Indicate 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. All other workers whose work is controllable by the employer must be covered.**

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 given 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

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 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.**
4. **Visit our website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/**

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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

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: _____