



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/NewOff  
MCO: 362.100  
Adm Issuance: No

## License Application: New Corporate Officer

The business continues regular operations but adding new officer(s) and the business must have a current license in good standing.

Publicly traded corporations are not required to complete the information below.

If there are any other changes, discuss the changes with your Inspector as you may need additional applications.

If you have questions, 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. There is a \$500 fee 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](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. **New Corporate Officer application**  
This must be filled out by a current owner, partner, or principle.
4. **Personal Information Form (form #1)**
  - Every new officer and director must fill out this form.
  - Copy of valid driver's license or valid government issued photo ID for each new officer.
5.  **State of Minnesota AGE form-** ask your Inspector for the correct form for your license type.
6.  **Corporate minutes:** Attach a valid copy documenting the election of the new officer(s)

### 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 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. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

## New Corporate Officer application

### 2. Business information

Explain in detail the changes with officers and any other changes to the business			
Name of person making the request (must be current owner or shareholder)			Title
Phone number		Email	
Business legal corporation name		Business name (DBA)	
Business address		Suite number	City
Zip code			
Business Email		Tax ID	
License number		Current license type	
Describe any entertainment provided at the business			
Manager's name		Email	Phone
Person responsible within 75 miles		Email	Phone

### 3. Previous officers

Full name	Title	% shares

### 4. New officers

Full name	Title	% shares

## 5. 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 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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## Personal Information Form New Officer application

This form must be completed by each new officer.

Copy of officer's valid driver's license or valid government issued photo ID

Background information				
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Legal corporate name of business		Trade name of business (DBA)		
Address of business	Suite	Zip code	Business phone	Cell phone
Your Name (first, middle, last)		Place of birth (city, state, country)		Date of birth
Home address		City	State	Zip code
Social Security number or Individual Tax ID Number (ITIN) Required:		Other names you have ever used or been known by:		
Email address		Title		% of ownership

List where you lived for the past ten (10) years. Attach additional sheets if necessary.			
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Address	City, State, Zip	From	To

List name of employers, job title and addresses for the past ten (10) years. Attach additional sheets if needed				
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Employer	Job title	Street address, City, State, Zip	From	To

Spouse information or <input type="checkbox"/> None		
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Spouse's name	Place of birth (City, State, country)	Date of Birth
Other names your spouse has ever used or been known by:		

Spouse's home address	City	State	Zip code
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**License history**

Have you ever owned or been employed by a restaurant, bar, or other businesses with alcohol?  
 No  Yes If yes, list

Business Name	Address	City	State	From	To

Have you or your spouse held a City of Minneapolis Business License?  Yes  No If yes,  
Type of license From To


Have you or your spouse ever had a liquor, wine, or beer license, revoked, suspended, or denied by any government entity?  No  Yes, list details-

Do you have a business or financial interest in liquor manufacturing, brewery, wholesaler, or off sale retail license?  No  Yes, please list business name and address:

Have you or your spouse ever been convicted of any city ordinance violation, liquor law violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties, state, local, and federal offenses. Do not include parking violations.  
 No  Yes, list below-

Offense	Fine/Penalty	City, State	Date

Do you or your spouse have any delinquent personal or business taxes?  No  Yes, list  
Year taxes were filed: \_\_\_\_\_ Amount you owe: \_\_\_\_\_  
Are you on an approved payment plan:  No  Yes, submit the approved payment plan

A representative of the City of Minneapolis will make inquiry of individuals or firms named in this application. Are those individuals or firms authorized to release information to such representatives?  Yes  No

**Data privacy advisory**

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.

## 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. After we approve your license, all information is public (MN Statutes, Chapter 13).

I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor and beer; the rules and regulations enforced by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I that the answer to every question is true of my knowledge, information, and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and/or the failure to give required pertinent information is cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be ground for prosecution for perjury.

**A signature is required.**

I have read and understand the above Data Practices Advisory.

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