



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

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

**For Office Use Only**

AP: Amend/NewOff

MCO: 362.100

Adm Issuance: No

## License Application: New Corporate Officer/Off Sale Malt Liquor Brewer

**Definition:** The business continues regular operations but with new officer(s). 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. There is a \$500 fee for this application. 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 License Change Form (Form #1)**  
This must be filled out by a current owner, partner, or principle.
4. **[Personal Information Form/License Changes](#) (Form #2)**  
 Every new officer and director must fill out both sides of this form.
5.  **State of Minnesota Brewer Off Sale Intoxicating Liquor License Application (Form #3)**
6. **Would you like to submit a New Corporate Officer application for your On Sale Brewer, Taproom 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 Brewer's Taproom License Application (Form #3A)  
 No, I do not have an On Sale Brewer, Taproom Liquor license.
8.  **Corporate Minutes:** Attach a copy documenting the election of the new officer(s).

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



# Personal Information Form

## Alcohol License Changes

#2

This form must be completed by each of the following with a copy of your driver's license or government issued photo ID attached. If your corporation is publicly traded, owners, partners, and shareholders do not need to complete this form.

- Corporate Shares Purchase: Every new shareholder with 10% or more company shares and every new officer and director
- New Corporate Officer: Every new officer and director
- New Shareholder: Every new shareholder with 10% or more company shares
- New Manager

| I. Background Information |  |  |  |
|---------------------------|--|--|--|
|---------------------------|--|--|--|

|  |   |                |               |
|--|---|----------------|---------------|
| Legal Corporate Name of Business                                   | Trade Name of Business (DBA)                                      |                |               |
| Street Address of Licensed Premises                                | Zip Code  | Business Phone | Cell Phone    |
| Your Name (First, Middle, Last)                                    | Place of Birth (City, State)                                      |                | Date of Birth |
| Residential Street Address   | City  | State          | Zip Code      |
| Social Security Number or Individual Tax ID Number-ITIN (Required) | First, middle, or last names you have ever used or been known by: |                |               |
| Email Address  | Title   | % of ownership |               |

| List your residences for the past ten (10) years. Attach additional sheets if necessary. |  |  |  |
|--|--|--|--|
|--|--|--|--|

| Street Address | City, State, Zip | From | To |
|----------------|------------------|------|----|
|                |                  |      |    |
|                |                  |      |    |
|                |                  |      |    |
|                |                  |      |    |
|                |                  |      |    |
|                |                  |      |    |
|                |                  |      |    |
|                |                  |      |    |

| List name of employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if necessary. |  |  |  |  |
|--|--|--|--|--|
|--|--|--|--|--|

| Employer | Occupation | Street Address, City, State, Zip | From | To |
|----------|------------|----------------------------------|------|----|
|          |            |                                  |      |    |
|          |            |                                  |      |    |
|          |            |                                  |      |    |
|          |            |                                  |      |    |
|          |            |                                  |      |    |
|          |            |                                  |      |    |
|          |            |                                  |      |    |
|          |            |                                  |      |    |

## II. Spouse's Information

|  |                              |               |          |
|--|------------------------------|---------------|----------|
| Spouse's Name  | Place of Birth (City, State) | Date of Birth |          |
| First, middle, or last names your spouse has ever used or been known by: |                              |               |          |
| Spouse's Home Address  | City                         | State         | Zip Code |

## III. License History

Have you ever owned or been employed by a restaurant, bar, or other business of a similar nature?

Yes  No If yes,

| Name | Address | City | State | Zip | 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?  Yes  No If yes, explain.

Do you have a business or financial interest in a liquor manufacturing, brewery, wholesaler, or off sale retail license?  Yes  No If yes, please indicate name(s) and address(es):

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

| Offense | Fine/Penalty | City | State | Date |
|---------|--------------|------|-------|------|
|         |              |      |       |      |
|         |              |      |       |      |
|         |              |      |       |      |

Do you or your spouse have any delinquent personal or business taxes?  Yes  No If yes,

Date filed: \_\_\_\_\_ Address: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

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 representative?  Yes  No

#### IV. 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. This Authorization for Release of Information will expire two years from the date you signed it.

#### V. 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, (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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**APPLICATION FOR SMALL BREWER  
OFF SALE - 128 ounces per day**

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

Minnesota Tax ID

Federal Tax ID

Number of Annual Barrels Produced

Licensee Name (Business, partnership, LLC, corporation)

E-mail Address

DBA or Trade Name

Phone Number

Business Address

City

State

Zip Code

City or County Issuing License

License Period: From

To

Print name of applicant and title

Signature of applicant

Date

Issuing Authority Name

Signature of Issuing Authority

Date



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 BREWER IN ORDER TO APPLY FOR THIS LICENSE**  
**Certification of an On Sale Brewer's Taproom License and Sunday License**

**This license only authorizes the on sale of Malt liquor produced by the brewer 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 On Sale Brewer's Taproom 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 Taproom License Fee: \$ \_\_\_\_\_ Sunday License Fee: \$ \_\_\_\_\_

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 \_\_\_\_\_

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 Taproom 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.

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 \_\_\_\_\_