



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/On Sale Distillery, Cocktail Room

**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 On Sale Micro Distiller Cocktail Room License Application (Form #3)**
6. **Would you like to submit a New Corporate Officer application for your Off Sale Distilled Spirits 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 Distillery Off Sale Intoxicating License Application (Form #3A)  
 No, I do not have an Off Sale Distillery license.
7.  **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			
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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 <i>(Required)</i>	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.			
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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.				
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Employer	Occupation	Street Address, City, State, Zip	From	To

**II. Spouse's Information**

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

Spouse's Home Address	City	State	Zip Code
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**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 \_\_\_\_\_



**MUST BE A LICENSED MICRO DISTILLER IN ORDER TO APPLY FOR THIS LICENSE**  
**Certification of an On Sale Micro Distiller Cocktail Room License**

**This license only authorizes the on sale of Liquor produced by the distiller 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 Micro Distiller's Cocktail Room 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 Cocktail Room License Fee: \$ \_\_\_\_\_ Sunday License Fee: \$ \_\_\_\_\_ Food License Type \_\_\_\_\_  
(If Applying for Sunday Liquor)

City or County Email Address: \_\_\_\_\_

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 \_\_\_\_\_

Business Email \_\_\_\_\_

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 Cocktail Room 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.
- Circle One: (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 \_\_\_\_\_



**APPLICATION FOR MICRO DISTILLERY OFF SALE  
 INTOXICATING LIQUOR LICENSE**

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

Fees: Micro Distillery Off Sale Fee: \$ \_\_\_\_\_  
 Workers Comp. Ins. Co. \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Minnesota Tax ID Number \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Licensee's Name (business, partnership, LLC, corporation)		DOB	Social Security Number	DBA or Trade Name	
Business address			Phone Number	Fax Number	
City	State	Zip Code	License Period From	To	
Name of Store Manager			Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security Number address, title, and share held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address

1. If a corporation, date of incorporation \_\_\_\_\_, state incorporate in \_\_\_\_\_, amount paid in capital \_\_\_\_\_. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  Yes  No

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.  
 \_\_\_\_\_

3. Is establishment located near any state university, state hospital, training school, reformatory or prison?  Yes  No  
 if yes state approximate distance. \_\_\_\_\_

4. Name and address of building owner: \_\_\_\_\_  
 \_\_\_\_\_

Has owner of building any connection, directly or indirectly, with applicant?  Yes  No

5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued?  Yes  No If yes, in what capacity? \_\_\_\_\_

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. \_\_\_\_\_

7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
 Yes  No If yes, give name and address of establishment. \_\_\_\_\_

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment?  Yes  No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises.  Yes  No  Will be Granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License.  Yes  No  Will be Granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State Number of Employees \_\_\_\_\_
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval. \_\_\_\_\_

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. \_\_\_\_\_

2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. \_\_\_\_\_

3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor penalties?  Yes  No If yes, give dates, charges and final outcome. \_\_\_\_\_

4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  Yes  No If yes, attach a copy of the summons. \_\_\_\_\_

This licensee must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

- Check one
- Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
  - A surety bond from a surety company with minium coverage as specified in A.
  - A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant and title	Signature of applicant	Date
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REPORT BY POLICE\SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature
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County Attorney's Signature

**IMPORTANT NOTICE**

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651) 726-0220