



**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/MgrLiq  
MCO: 362.100, 320  
363.100, 320  
366.110, 220  
Adm Issuance: No

## License Application: New Manager

**Definition:** A new manager is hired to oversee business operations. There is no fee for this application.

**Minimum Requirements:** The business must have a current license in good standing. The manager must reside in Minnesota or within 75 miles of Minneapolis City Hall.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov), contact your [License Inspector](#), or call 612-673-2080.

<b>Application Requirements</b>	
1.	Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email ( <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> ), US mail, or drop it off at our office.
2.	<b>Alcohol License Change Form</b> (Form #1) This must be filled out by a current owner, partner, or principle.
3.	<b><a href="#">Personal Information Form/License Changes</a></b> (Form #2) This must be filled out by the new manager.

# Alcohol License Change Form

#1

## 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, request the following detailed description on behalf of \_\_\_\_\_:  
(Legal Corporation Name of Business)

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

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	
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 \_\_\_\_\_