



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/ShareLiq  
MCO: 362.100  
Adm Issuance: No

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

## License Application: New Shareholder/On Sale Wine

**Definition:** Company shares are purchased. The company retains original license and all assets. The business continues regular operations but with shareholder(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 shareholder with 10% or more shares must fill out this form.
5. **Source of Funds** (Form #3)
  - Every new shareholder must fill out both sides of this form.
6.  **State of Minnesota City/County On Sale Wine License Application** (Form #4)
7. **Corporate Minutes:** Attach a copy with the following information:
  - Sale of shares approval
  - Shares purchased
  - New shareholders and % of shares
8.  **Shares Purchase Agreement:** Attach a copy.
9.  **Shares Certificate(s) with restriction on shares:** Attach a copy.

### 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

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
- New Corporate Officer: Every new officer
- 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 \_\_\_\_\_

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. **Attach documentation for all sources of your financing.**

**1. Tax Records: Required**

Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture or corporate tax records, if applicable.

**2. Costs Reporting Form: Required**

Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses and revenues as well as any unlisted expenses/revenues they feel is related to this application.

**3. Funds from Savings/Investments/Corporate Holdings: Required**

Attach copies of three months of full official bank statements that show the money being used is available in the first month's statement that is provided.  
 Alcohol Establishments: Must additionally attach copies of three months of full official bank statements from twelve months prior to the first month's bank statement that is provided.

**4. Loans from the Lending Institution**

Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; or  
 Individuals may be eligible for a loan, but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.  
 N/A

**5. Loans from Individuals** - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well as tax records.

Attach a copy of each lender's source of funds and tax records; and  
 Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); and  
 If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.  
 N/A

**6. Landlord Construction or other Credit/Financing** - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); and  
 Attach a statement about payment terms.  
 N/A

**Acknowledgement**

I (printed name) \_\_\_\_\_ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

By typing your name, you are electronically signing this application.

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

## Source of Funds Costs Reporting Form

An applicant must report all costs and fund sources associated with pursuing this license to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** your specific costs and sources of funds. Attach additional sheets if necessary.

Applicant's Name: _____		Business Name: _____	
<b>Building Expenses</b> (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
<b>Construction Expenses</b> (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
<b>Professional Expenses</b> (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
<b>Start Up Costs</b> (insurance, license fees, inventory, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
<b>Other Expenses</b> (payroll, insurance, SAC charges, other)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
<b>Total Costs for pursuing this License:</b>		<b>\$ _____</b>	

Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

Complete and submit with your license application. A sample is listed below.

<b>Applicant's Name:</b>		<b>Business Name (DBA):</b>	
<b>Total Cost to Start the Business (from items listed above.) \$ 30,000</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
	<b>TOTAL:</b>		

Here is a sample of your documentation.

<b>Applicant's Name: A. A. Smith</b>		<b>Business Name (DBA): The Company Business</b>	
<b>Total Cost to Start the Business (from items listed above.) \$ 30,000</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>	<b>Savings Account Money</b>	<b>\$10,000</b>	<b>Bank Statements from Jan, Feb, Mar 2013 and 2014</b>
<input type="checkbox"/>	<b>Bank Loan</b>	<b>\$10,000</b>	<b>Loan Closing Documents from First Bank and Trust</b>
<input type="checkbox"/>	<b>Loan from Parents</b>	<b>\$10,000</b>	<b>Stock Dividend Statement 2013 and 2014</b> <b>Tax Records 2013 and 2014</b> <b>Promissory Note</b> <b>Notarized Statement of Loan Terms</b>
<input type="checkbox"/>	<b>TOTAL:</b>	<b>\$30,000</b>	



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 24% of alcohol by volume)

#4

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Licensee's MN sales and Use Tax ID # \_\_\_\_\_ Licensee's Federal Tax ID # \_\_\_\_\_

Business Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code

Is this application <input type="checkbox"/> New		License Period From	To
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If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN

**CORPORATIONS**

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If a subsidiary of another corporation, give name and address of parent corporation

**BUILDING AND RESTAURANT**

Name of building owner		Owner's address	
Are property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort etc.), describe business

**NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED**

- Yes  No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes  No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? \_\_\_\_\_  
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes  No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- Yes  No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes  No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

Yes  No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The licensee must have one of the following:

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. Attach "**CERTIFICATE OF INSURANCE**" to this form.

A surety bond from a surety company with minimum coverage as specified above in.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

**IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY**

Yes  No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

\_\_\_\_\_  
Signature County Attorney

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

**REPORT BY POLICE OR 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, Municipal or County ordinances relating to intoxicating liquor, except as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department and Title

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.  
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.