

License Application: Off Sale 3.2 Beer

Definition: The sale of 3.2 beer in original packages in drugstores, grocery stores, gas stations, etc. for drinking away from the business. 3.2 beer is malt liquor containing 3.2% alcohol by weight. The applicant, managing partner, or corporate manager must be a resident of the State of Minnesota.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a [fee](#), plus a new license processing charge, 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. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Floor Plan:** Attach an 8.5" by 11", scaled diagram. Include the square footage and labels. Mark the locations of your security cameras.
4. **Items for Sale:** Attach a copy of the list of all items for sale.
5. **State of Minnesota On Sale Liquor, 3.2% Liquor, or Sunday Liquor License Application (Form #1)**
6. **Background Check:**
 - Attach a [Data Privacy Advisory](#) (Form #2): This is required for the applicant; each owner, partner, and shareholder; and the corporate manager. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota Bureau of Criminal Apprehension](#) at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a felony conviction, or two other convictions, in the last five (5) years related to the sale, possession, manufacture, or transportation of liquor or beer.
7. **Corporate Minutes** – If applicant is a corporation, attach a copy of each of the following:
 - Bylaws
 - Articles of incorporation
 - Minutes of the meeting approving the officers of the corporation
 - Minutes of the meeting authorizing the issuance of stock; a list of all people holding stocks; and the number of stocks held by each person.
 - N/A – Applicant is not a corporation.
8. **Attach the Exact Legal Description** of the premises to be licensed and documentation that real estate and personal property taxes are paid: www.co.hennepin.mn.us /Property Information Search
 - If not paid, include the amount and years the taxes are due.
9. **Notification:** You need to send a letter to your [City Council Member](#), [Neighborhood Organization](#), and [Business Association](#). Tell them your business name, address, and type of license; your name, email address and telephone number; and describe your business. A [sample letter](#) is on our website.
 - Attach a copy of your letter or emails.

10. **Certificate of Liability Insurance** (Sample Form #3) - This must be furnished by your insurance agent. Minnesota state statute [340A.409](#) requires a minimum Liquor Liability coverage of \$50,000/\$100,000 injury; \$10,000 property damage; and \$50,000/\$100,000 for loss of support.
- Attach a copy or
- I am exempt because I have one of the following:
- On Sale 3.2 Beer License with sale of less than \$25,000 last year
 - Off Sale 3.2 Beer License with sales of less than \$50,000 last year
- I understand I must provide the required insurance if sales exceed that amount during any given year. The total sales of 3.2 beer for the upcoming year are estimated to be \$ _____. The total amount of sales must be provided to qualify for the exemption.
-
11. **Equipment:** Are you replacing or adding
- New kitchen or bar equipment that requires gas, plumbing or mechanical connections
 - Ventless cooking equipment or a ventless hood
- If you checked either box above,
- You must complete and email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review. ***This is a separate review and we cannot approve your license until it is completed.***
- Permits are required for equipment with gas, plumbing or mechanical connections.
- I do not need any permits for my kitchen equipment.
- If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
-
12. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
- Attach a copy of your SAC Determination Letter.
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13. **State of Minnesota Buyer's Card:** This should be mailed to Department of Public Safety, Alcohol and Gambling Enforcement Division, 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133 two weeks before your license is approved by the Minneapolis City Council.
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14. **Federal Tax Stamp:** You are required to complete the Department of Treasury Alcohol Dealer Registration and mail to: Alcohol and Tobacco Tax and Trade Bureau, 550 Main Street, Suite 8002, Cincinnati, OH 45202.
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15. **Surveillance Cameras:** Off sale liquor businesses are required to have a surveillance camera operating in your store during all business hours.

3.2 Off Sale Beer License Application

2. Applicant Information

Legal Company Name		Business Name/DBA		
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager		
Business Address		City	State	Zip Code
Mailing Address (if different than business address)		City	State	Zip Code
E-mail Address	Business Telephone Number	Cell Phone Number		

Social Security Number or Individual Tax ID (Required):	Minnesota Sales Tax ID Number (Required):
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Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proposed Opening Date:	

Spouse

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 Residential Street Address		City	State Zip Code

3. Business Information

<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

4. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
Give us a brief description of your business.	
Are you sharing the license premises with any other business? If yes, describe:	
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
Does this include adding/changing equipment that requires a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain the scope of the remodeling or construction.	

5. Owners - Attach additional sheets if necessary.

A. List all officers.

B. List all owners, shareholders, and partners unless your company is publicly traded. Ownership must add up to 100%.

N/A – Corporation is publicly traded.

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Name of Manager(s)		Date(s) of Birth	
Has the applicant or any owner, partner, or manager been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach specific information about the dates and conviction.			
Does the applicant or any owner, partner, or manager have or previously held a license in Minneapolis? (business or individual) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.			
Has the applicant or any owner, partner, or manager ever had a license denied or revoked by any government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date of denial/revocation, government agency, and reason for denial/revocation.			
Name and address of responsible person w/in 75 miles		Telephone Number	

6. Off Duty Police

Will you hire off-duty police officers at any time during the license year? Yes No If yes, send us a copy of your insurance approximately two weeks before your Minneapolis license is approved.

Certificate of Liability Insurance: This must be furnished by your Insurance Agent. You are required to have public liability or damages covering during all periods of employment of an off-duty city employee in the sum of \$100,000 per occurrence and \$300,000 aggregate for personal injury or death and \$5,000 per occurrence for property damage.

Certificate of the Workers Compensation Policy for off-duty police officer(s) during employment with the licensee.

I agree that the city will be held harmless and the licensee will assume the defense of the city against any claim or lawsuit against it by reason of the licensee's employee also being an off-duty city police officer.

7. Workers Compensation

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

8. 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. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

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 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 of Applicant _____ Title _____ Date _____

9. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Check One New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee 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 _____ Licensee's MN Tax ID # _____

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

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))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

Intoxicating liquor 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 as shown 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 past 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 _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>.



**City of Minneapolis
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

Complete the information below and attach the following:

- A copy of your driver’s license or state identification card
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

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.

Authorization for Release of Information

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

Last Name

First Name

Middle Name

Also Known As: _____ Date of Birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
 - I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____

City of Minneapolis Requirements for Liquor Liability Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

Minnesota Statute 340A.409:
Liquor liability insurance policy number must be included on certificate with coverage dates identical to license period or must state: "Liquor liability coverage is continuous until cancelled."

Personal Injury or Death:
\$50,000/\$100,000

Property Damage:
\$10,000

Other Pecuniary Loss:
\$50,000/\$100,000

Loss of Means of Support:
\$50,000/\$100,000

Original signature or stamp of agent. →

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																																						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																																						
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:																																					
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																																						
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ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave. S., Room 220 Minneapolis, MN 55415		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE																																				

Applications will be returned if requirements are not complete.