

License Application Guidelines and Checklist

License Type: 3.2% Off-Sale Beer

DEFINITION: The sale of 3.2 beer in original packages in drugstores, general food stores and exclusive liquor stores for consumption off or away from the premises where sold. 3.2% malt liquor is malt liquor containing not less than one-half of one percent alcohol by volume nor more than 3.2 percent alcohol by weight. **Minimum Requirements:** The applicant must be a resident of the State of Minnesota. If the applicant is a partnership, the managing partner must be a resident of the State of Minnesota. If the applicant is a corporation, the manager or person in charge must be a resident of the State of Minnesota or reside within 75 miles from Minneapolis City Hall.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. City of Minneapolis 3.2 Off-Sale Beer License Application (Form #1) This must be filled out by either a current owner or a manager on behalf of a corporation.
	<input type="checkbox"/> 2. State of Minnesota On Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License Application (Form #2)
	<input type="checkbox"/> 3. Data Privacy Form (Form #3)
	<input type="checkbox"/> 4. State Identification Attach a copy of your Minnesota Driver's License or Minnesota State Identification Card.
	<input type="checkbox"/> 5. Attach a Criminal History Report for applicant, on-site manager, and all owners, partners, officers, and shareholders. Copies may be obtained from https://cch.state.mn.us/New Criminal History or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN 651-793-2400. This report must be dated within 30 days of receipt of this application.
	<input type="checkbox"/> 6. Corporate Minutes – If applicant is a corporation, attach a copy of each of the following: <input type="checkbox"/> Bylaws <input type="checkbox"/> Articles of incorporation <input type="checkbox"/> Minutes of the meeting setting forth the officers of the corporation <input type="checkbox"/> Minutes of the meeting authorizing the issuance of stock; a list of all people holding stocks; and the number of shares held by each person. <input type="checkbox"/> N/A – Applicant is not a corporation.
	<input type="checkbox"/> 7. A copy of the real estate and personal property tax payments for the premises available at www.co.hennepin.mn.us / Property Information Search
	<input type="checkbox"/> 8. A copy of the exact legal description of the premises to be licensed. www.co.hennepin.mn.us / Property Information
	<input type="checkbox"/> 9. Fee: _____ plus new license surcharge

Other Requirements

- Complete the **Department of the Treasury Alcohol Dealer Registration** . **Do Not Attach.** Mail to: Alcohol and Tobacco Tax and Trade Bureau, 550 Main Street, Suite 8002, Cincinnati, OH 45202
- Complete the **State of Minnesota Buyer's Card**: Mail to Department of Public Safety, Alcohol and Gambling Enforcement Division, 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133.

1. Your License Application

- a. Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
- b. No license will be issued for a period longer than one year. Licenses are not transferable.
- c. Make a duplicate copy of this packet for your personal records before submitting.
- d. [Minnesota Sale Tax ID Number](#) or 651-296-6181.
- e. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

2. [Surveillance Camera](#) - Off Sale Liquor Establishments are required to have a surveillance camera operating in their stores during all business hours.

3. **Information in Other Languages** - Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



City of Minneapolis 3.2 Off Sale Beer License Application

BACKGROUND INFORMATION			
Legal Corporate Name of Business		Trade Name (DBA)	
Street Address of Licensed Premises	Zip Code	Telephone Number	Cell Phone Number
Applicant Name (First, Middle, Last)		E-mail Address	Place of Birth
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 Street Address	City	State	Zip Code
AFFIDAVIT OF LIQUOR LIABILITY INSURANCE EXEMPTION			
<p>Minnesota state statute 340.11 subd 21 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.</p> <p><input type="checkbox"/> I am exempt because I have one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> On-Sale Wine License with sales of less than \$25,000 last year <input type="checkbox"/> On-Sale 3.2 Beer License with sales of less than \$25,000 last year <input type="checkbox"/> Off-Sale 3.2 Beer License with sales of less than \$50,000 last year <p>And I realize that I must provide the required insurance if sales exceed that amount during any given year. The total sales of wine and beer for the upcoming year are estimated below. The total amount of sales must be provided to qualify for this exemption.</p> <p style="text-align: center;"> \$ _____ \$ _____ \$ _____ Wine Only Wine and 3.2 Beer 3.2 Beer Only </p> <p><input type="checkbox"/> I am not exempt.</p>			
WORKERS COMPENSATION			
Workers' Compensation Company		Policy Number	Dates of Coverage
-----Or-----			
<p>I certify that I am not required to carry workers compensation insurance because: <input type="checkbox"/> I am self insured. <input type="checkbox"/> I am the sole proprietor and I have no employees. <input type="checkbox"/> 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.</p>			
VERIFICATION			
<p>The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>I, (print name) _____, agree that my associates and I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor; the rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify or declare under penalty of perjury under the laws of the State of Minnesota that I have read and understand every question in this application and that the answer to every question and in all supplemental documents submitted on behalf of this application are true and correct to the best 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 constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury. All information given is subject to verification by the State of Minnesota.</p> <p>SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____</p>			



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

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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 # _____
(To Apply call 651-296-6181)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 651-201-7504, or visit our website at www.dps.state.mn.us.

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide is public and will be used by the **Minneapolis Police Department, License Inspection Unit** and/or the **Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.**

**AUTHORIZATION FOR RELEASE OF INFORMATION
(ONLY PRINT OR TYPE LEGIBLY)**

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth: _____

Driver's License Number _____ Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date _____