

## License Application: Off Sale Distilled Spirits

### Definitions:

**Off Sale Distilled Spirits:** The sale of distilled spirits in 750 milliliter bottles (one per customer per day) by a distillery licensed under Minnesota state statute 340A.22 for drinking away from the business. No brand may be sold at the microdistillery unless it is also available for distribution by wholesalers. A public hearing may be required. This will be scheduled by your [License Inspector](#).

**On Sale Liquor, Cocktail Room:** The sale of distilled spirits produced by your microdistillery for drinking at your business. You are not required to serve food.

You may use this application for both a Cocktail Room and an Off Sale Distillery license. You will be charged a [fee](#) for each license. You will only pay one alcohol investigation fee. If you have questions, you may email us at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov), contact your [License Inspector](#), or call our office at 612-673-2080.

## Part One

This application has two parts. **Part One:** Complete the application and include all the requirements listed below. You may send your application by email ([businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office. **Part Two:** Begin preparing items in Part Two. Submit them to your [License Inspector](#) as soon as possible.

### Application Requirements

1.  **Alcohol License Application** (Form #1)
2.  **Floor Plan** (Form #2): Attach an 8.5" by 11", scaled diagram. Include the square footage as well as labels of the interior and outdoor areas.
3. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
  - Attach a copy of your Minnesota Department of Health certificate.
  - I currently do not have a Certified Food Protection Manager.
4.  **Menu:** Attach a copy of the menu and/or list of food items for sale.
5. **Food Plan Requirement:** Are you doing any of the following:
  - Starting a food business at a location that NEVER had a license for food business
  - Adding or replacing equipment that requires gas, plumbing or mechanical connections
  - Adding or replacing ventless cooking equipment or a ventless hood

If you checked any of the boxes above, you MUST complete and email a [Food Plan Review Form](#) to [development@minneapolismn.gov](mailto: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 any equipment changes or work requiring gas, plumbing or mechanical connections. If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).
6. **Would you like to apply for an On Sale Distillery Cocktail Room License?**  Yes  No If yes, You will add your State of Minnesota On Sale Micro Distiller Cocktail Room License Application in **Part Two**.
7. **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](mailto:development@minneapolismn.gov).
  - Attach a copy of your SAC Determination Letter.

# Alcohol License Application

## 1. License Type(s)

On Sale    Off Sale  
 Liquor    Wine    Strong Beer    3.2 Beer    Cocktail Room    Taproom    Off Sale Malt Liquor    Distillery  
 Type of Business:    Restaurant/Bar    Hotel    Night Club    \_\_\_\_\_  
 Sunday Sales license?    Yes    No  
 If yes, check the food services available on Sundays:  
 Full Food Menu    Limited Menu with Short Order Service    Grill and Sandwiches Only  
 \_\_\_\_\_

## 2. Applicant Information

|  |   |                               |                 |
|--|---|-------------------------------|-----------------|
| <b>Legal Company Name</b>  | <b>Business Name/DBA</b>  |                               |                 |
| <b>Name (Last, First, MI)</b>  | <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager<br><input type="checkbox"/> _____ |                               |                 |
| <b>Business Address</b>  | <b>City</b>   | <b>State</b>                  | <b>Zip Code</b> |
| <b>Mailing Address (if different than business address)</b>  | <b>City</b>   | <b>State</b>                  | <b>Zip Code</b> |
| <b>E-mail Address</b>  | <b>Minnesota Sales Tax ID Number (Required)</b>   |                               |                 |
| <b>Business Telephone Number</b>   | <b>Cell Phone Number</b>  |                               |                 |
| <b>Type of Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit | <b>Date of Incorporation</b>  | <b>State of Incorporation</b> |                 |
| <b>Is this business publicly traded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Proposed Opening Date:</b>   |                               |                 |

## 3. Business Information

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

## 4. Entertainment

**A. Check all categories of entertainment you are planning to provide at your business.**

No Live Entertainment: Radio, television, electronically reproduced music, and jukebox.  
 Limited Entertainment: Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing.  
 General Entertainment: All forms of entertainment described above and patron dancing.  
 Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude).

**B. Describe all of the entertainment you are planning to provide:**

## 5. Company Operations

Give us a brief description of your business.

| Interior                                      | Exterior                                     |
|---|--|
| Gross Square Footage for Business Use: _____  | Gross Square Footage for Business Use: _____ |
| Seating Capacity: _____ Fire Occupancy: _____ | Seating Capacity: _____ Max Capacity: _____  |
| Interior Days and Hours of Operation:         | Exterior Days and Hours of Operation:        |

Are you sharing the licensed premises with another business?  Yes  No 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 |
| Are you adding/changing equipment that requires <input type="checkbox"/> a gas connection <input type="checkbox"/> a plumbing connection <input type="checkbox"/> ventless cooking equipment and/or <input type="checkbox"/> use of a ventless hood? |  |

Explain the scope of the remodeling, construction and/or equipment changes.

## 6. 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 |                  |
|   |         |                  |                  |
|   |         |                  |                  |
| Name of person filling out this application   |         | Email Address    | Telephone Number |
| Has any owner, officer, shareholder, partner, or manager been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, attach specific information about the dates and conviction.   |         |                  |                  |
| Does any owner, officer, shareholder, 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 any owner, officer, shareholder, 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 |                  |
| Does anyone else share directly or indirectly in any profits or in any way with the license or licensed business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, compete the following.   |         |                  |                  |
| Name  | Address | Date of Birth    |                  |
| Interest:   |         |                  |                  |
| Name  | Address | Date of Birth    |                  |
| Interest:   |         |                  |                  |
| Name of the individual or firm that provides bookkeeping or accounting services for the licensed business:  |         |                  |                  |
| Name  | Address | Telephone Number |                  |
| Services:   |         |                  |                  |
| Do you agree to furnish the Minneapolis License Division books of account that pertain to the operation of the licensed business? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |                  |                  |
| Are there any delinquent taxes for this business? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |                  |                  |
| Is any owner, officer, shareholder, partner, or manager a member of a governing body of the City of Minneapolis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following.   |         |                  |                  |
| Name  | Address | Governing Body   |                  |
|   |         |                  |                  |
|   |         |                  |                  |

## 7. 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.

## 8. 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.

## 9. 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 \_\_\_\_\_

## 10. 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](mailto: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. Hadio aad Caawimaad u baahantahay 612-673-3500.

Every application for a restaurant or alcohol license must include a floor plan. A sample is below. Attach an 8 ½" x 11" diagram of both your **Interior and Exterior** premises. Include dimensions. Hand drawn floor plans are fine if they are legible. Drawings for outdoor areas may be on a separate sheet. If your outdoor area is on the public sidewalk, a [Sidewalk Café License](#) is required. Include the following on your plan:

1. Business name (DBA), building name, address, contact person and telephone number
2. Dimensions and square footage of the food service areas. Label mezzanine levels, fixed seating, etc.
3. All doors, windows, other openings and emergency access
4. The occupant load calculated by the designer
5. The number and size of tables
6. The number of chairs and their location to the tables. Seating needs to equal number of patrons stated in your license application.
7. Bar Area: The space designed and utilized for drinking alcohol or providing entertainment. Your total indoor bar area cannot be larger the area for your type of license. Include square footage (no more than 20% or 30%). This space would include a dance floor, stage, or game room, with no seated food service. Outdoor bar areas may include sport courts such as bocce ball or volleyball, for example.

Outdoor Area Diagrams must also include the following:

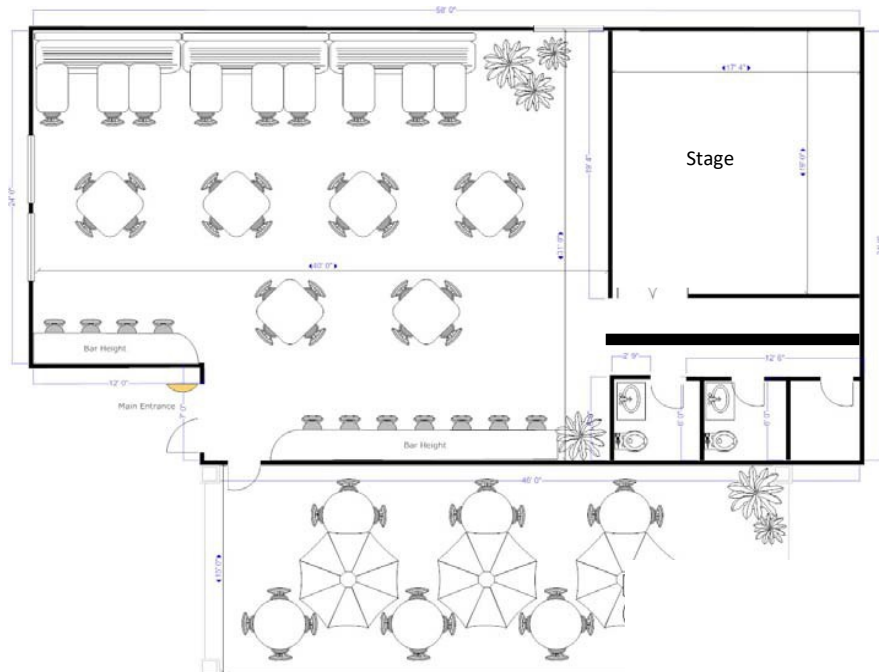
1. All outdoor areas accessible to and building and non-building occupants. This includes yards, patios, cafes, courts, dog areas, rooftops, etc.
2. Umbrellas, planters, stanchions, fences, lights, signs, etc.
3. Planted, groomed or landscaped areas next to the outdoor area
4. Heating elements and location of storage area for gas cylinders
5. There must be 5% or at least one table which is ADA accessible.
6. Access and Egress: Your business plan should describe how you will control this.

DBA: Living the Dream  
Address: 1313 Mockingbird  
Building Name: Empire State  
Contact Applicant: Doe John  
Telephone: 612-555-5555

**Interior**  
Sq Footage: 6000 sq ft  
Dining Sq Footage: 5000 sq ft  
Seating Capacity: 53  
6 Tables (4' x 4') all accessible  
24 Chairs  
9 Booths (2' x 4') w/ 18 seats  
Bar Area (800 sq ft)  
Occupant Load: 60

**Exterior**  
Sq Footage: 2000 sq ft  
Dining Sq Footage: 1800 sq ft  
Seating Capacity: 24  
6 Tables (4' x 4') all accessible  
24 Chairs  
Occupant Load: 40

Prepared by: M. I. Architects



## License Application: Off Sale Distilled Spirits

# Part Two

Begin completing the forms listed in **Part Two**. Submit them to your [License Inspector](#). Attach all documentation. Incomplete applications may be returned. You may send your application by US mail, drop it off at our office, or by email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov).

### Application Requirements

8.  **State of Minnesota Distillery Off Sale Intoxicating Liquor License Application (Form #3)**
9.  If you are applying for an On Sale Cocktail Room License, attach your State of Minnesota Certification of an On Sale Micro Distiller Cocktail Room License Application (Form #4)  
 N/A. I am not applying for an On Sale Cocktail Room license at this time.
10.  **Personal Information Form** (Form #5): This is required for the applicant; manager(s); directors; officers; and each owner, partner, and shareholder who own 10% or more of company shares. Everyone must complete and sign the form and attach a copy of your driver's license or government issued ID.  
 If your corporation is publicly traded, you do not need to complete this for owners, partners, and shareholders.
11.  **Source of Funds**: Complete Form #6 and provide documents with the funds to begin operating the business. Include expenses (equipment, payroll) and funding resources (bank statements, credit/loan documents, etc.)
12.  **Business Plan for Beverage Alcohol** (Form #7)  
 **Police Safety Plan Review Form** (Form #8)  
 **Sound Management Plan** (Form #9)
13.  **Notification**: You need to send a letter to your [City Council Member](#), [Neighborhood Organization](#), and [Business Association\(s\)](#). Tell them your business name, address and type of license; your name, email address and telephone number; and include your Business Plan.  Attach a copy of your [letters or emails](#).
14.  Attach a [Certificate of Assumed Name](#) from the Minnesota Secretary of State's Office if the legal name of your company is different than the DBA (Doing Business As).
15.  **Attach the Exact Legal Description** of the premises to be licensed and documentation that property taxes are paid: [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us) /Property Information Search.
16.  **Attach a copy of the Lease Agreement**, Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes for the business and/or building.
17.  **2 am License** (optional): Attach a copy of your 2 am license application. You also send the original, with payment, to the State of Minnesota about two weeks before your Minneapolis license is approved.  
 N/A - I am not applying for a 2 am license.
18. **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. Send this about two weeks before your Minneapolis license is approved.
19. **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.
20. **Certificate of Liquor Liability Insurance** (Sample Form #10): This must be prepared by your Insurance Agent approximately two weeks before your Minneapolis license is approved.

21.  **Corporate Documentation – Attach the following:**

**Corporations**

- Certificate of Incorporation
- Articles of Incorporation
- Meeting minutes naming the current Directors and Officers
- Meeting minutes authorizing the purchase of shares
- Corporation By-laws with restriction on transfer of shares
- Copy of stock certificates with restriction on stock\*

**Limited Liability Companies**

- MN Secretary of State Certificate of Organization
- Minutes of organizational meeting
- Member Control Agreement with restriction on transfer of membership interest\*

**\*Stock Certificate(s) with Restriction on Stock:** Minneapolis Code of Ordinances, Ch 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.”

22. There is a [fee](#) plus an alcohol investigation 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.



**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<br>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 |
|-----------------------------------|------------------------|------|
|                                   |                        |      |

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 |
|-----------------------------|-------|-----------|
|                             |       |           |

|                             |
|-----------------------------|
| 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



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
Telephone 651-201-7504 Fax 651-297-5259 TTY 651-282-6555

#4

**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 \_\_\_\_\_



**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 and address:

|  |
|--|
|  |
|  |
|  |

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, \_\_\_\_\_ 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.

---

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><br><b>Tax Records 2013 and 2014</b><br><b>Promissory Note</b><br><b>Notarized Statement of Loan Terms</b> |
| <input type="checkbox"/>   | <b>TOTAL:</b>                | <b>\$30,000</b>                                  |   |

## **Business Plan Requirements New Alcohol Applications**

The Minneapolis Code of Ordinances, Chapters 259.30 and 362.130, requires applicants to describe in detail your business operations. Attach a typed report that includes all the following items. You may attach extra documents to your report.

**1. Alcohol Server Training Plan.** Describe staff training that includes:

- Name of trainer
- Topics covered
- Ongoing training program
- Policy for carding and the use of electronic ID Scanners
- Reward and discipline policy for serving alcohol to minors and
- Self-audits

Our website has for more information about [Alcohol Service Resources](#).

**2. Safety.** Attach your [Police Safety Plan Review Form](#) to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.

**3. Noise.** Attach your [Sound Management Plan](#) which details how you will manage sound from your business. A Sound Plan is not required for Off Sale Alcohol businesses.

**4. Litter Removal.** You are required to clean litter within a 100 foot radius from your business. Describe your plans for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather months.

**5. Entertainment.** Describe the following:

- type of entertainment at your business
- days and hours of the entertainment and
- age group which the entertainment is directed

**6. Team Sponsorships.** Tell us the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.

**7. Hours of Operation.**

- Specify the hours for every day of the week
- Include both inside and outside hours

**8. Food Service.**

- List the hours of full food service and reduced food service
- Include the staffing model of your kitchen

**9. Charitable Gambling Activities.** Identify the types of games, hours, gambling manager and name of charity

**10. Applicant’s Experience and Background with Liquor, Restaurant or Retail Sales.** Include a resume or summary of work experience.

**11. Advertising.** Attach a copy of all the sites you will advertise, such as social media, website, flyers, coupons, table tents, etc.

**12. Promoters.** If you plan to work with promoters, you must have a written signed contract that includes the following:

- Statement of truth in advertising
- Cancellation rights if contract is not followed
- Promoter contact information
- Submit a sample contract. Signed contracts must be made available to licensing official upon request.

**Acknowledgement and Agreement**

I, (print name) \_\_\_\_\_, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct; and
- Any material change in the business plan must be submitted to an approved by the Business Licenses Division before implementation; and
- Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

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

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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)

#8

## Police Department Safety Plan Review for Alcohol Businesses or Extended Hours Licenses

All businesses licensed by the City of Minneapolis must provide adequate security to prevent criminal activity, loitering, lurking and disorderly conduct at their business, including parking areas, per MCO 259.250 (4). Additionally, all alcohol license holders must prevent negative secondary effects directly attributable to the existence of their business, per MCO 360.55.

Not providing adequate security to make your business safe could have an impact on the success of your business and your ability to continue to operate.

Adequate security is not “one size fits all”. Even a well-vetted plan does not fit every circumstance. The following considerations and major components of a safety plan were developed in collaboration with successful business owners, the Minneapolis Police Department, the Office of Violence Prevention, and the Minnesota Licensed Beverage Association.

It is important that this review happens with the Minneapolis Police Department. Business owners meeting face to face with Police representatives is a way to develop a positive connection.

### This portion to be completed by Applicant

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Business Safety Plan Requirements and Process

1. Please review the following components of a business safety plan.
2. Draft a plan that will best ensure the safety of your business, customers and the surrounding community, according to your business model.
3. Schedule a review of your plan by MPD Personnel to be determined by the Precinct Commander. The review should occur at the proposed business, if possible.
4. You must include copies of your License Application, Business Plan, Safety Plan and Sound Plan with this form. A Sound Plan is not required for off sale alcohol licenses.
5. Request peer support from a member of the business community by contacting your [Business Association](#).

## Business Safety Plan

Based on industry best practices, a successful business will have a safety plan that includes the following components:

### A. Staffing and Procedures

*Definition: Staffing for your business includes the following: Staff levels, different job titles and job expectations. This will include when the business is operating and closed. Please focus on staffing related to providing a safe environment for your customers, staff, and community.*

1. Who will perform hiring? Will you perform criminal background checks to inform hiring decisions? Will each job have a detailed job description? Will staff, especially management, have experience in industry or training?
2. Will you have dedicated safety personnel? Will you hire contracted safety personnel? Or, will you have regular in-house staff perform safety duties? If so, what levels during the week and during the weekend? Will you change this during special events or when you increase your occupancy? Will safety personnel be recognizable/wear uniforms?
3. What will your scheduling plan look like? Will it differ from summer to winter? Will special events at the business or in the city impact your staffing numbers? Will there be managers and/or supervisors? Will you cross train your staff to perform many duties?
4. Duties: Inside the premises? Outside the premises? Frequency of rounds? How will you address loitering? Will you have dedicated parking lot security staff if you have a parking lot? Will you work with neighboring parking lots that your customers use? This can help ensure safety.
5. Security Philosophy of Respectful Enforcement considerations: Will you offer regular de-escalation training? What procedures will you follow if it is necessary to escort a patron from the premises? Will your staff work in teams? *\*\*Please note that if you hire an outside professional security company, they must be licensed by the Minnesota Board of Private Detective and Protective Agent Services.*
6. Incident Logs: How will you communicate policies, incidents, and updates to employees?
7. Do you plan to create a No Admittance List? Who has the responsibility for managing the list? What will be your criteria for adding or removing someone? Will you share this list with Business Licensing?
8. Add to your plan how your business will follow Hennepin County curfew times.

### B. Exit Strategies

*Definition: How you will move customers out of and away from your business before the time you can no longer have them there? This could be 1:30am, 2:30am, or the time your conditions need you to close.*

1. Before closing time: Will you inform customers in advance? Alter lights and/or music? At what time will you stop alcohol and/or food service?
2. Closing Time: Will you provide escorts for customers and/or staff? Will you be monitoring your parking lot for illegal activities and/or disturbances? Will your business take part in traffic management?
3. Will you use valet services? Contracted or in-house? Make sure your safety plan includes protecting customers during high volume closing times. In some busy areas of the city, grid-lock can occur at closing time. This could be due to your valet service. How will you work with neighbors to assure access and safety for the neighborhood?
4. What are your plans for an emergency evacuation, sheltering in place, and an active shooter?

### **C. Training**

*Definition: Training your staff on your safety plan can be the best way to make sure they follow it.*

Describe staff training that includes the following:

- staff meetings
- formal presentations
- name of trainer (or training company)
- topics covered
- ongoing training program (and for new-hires)
- policy for carding
- use of electronic ID scanners
- reward/discipline policy for staff that have served alcohol to minors
- self-audits.

The following information is on our website:

[Alcohol Server Training](#)

[De-escalation Presentation Prepared by the Barbara Schneider Foundation \(Dec 7, 2020\)](#)

[Trespassing Presentation Prepared by City Attorney's Office and Trespass Notice Form \(Nov 18, 2020\)](#)

Other types of training can include, but are not limited to:

- racial equity
- sensitivity
- hospitality
- bystander intervention
- sexual harassment
- any others that could help you and your staff create a safe and welcoming place for patrons to visit

### **D. Crime Prevention Through Environmental Design (CPTED)**

*Definition: CPTED uses design to discourage crime and promote building security. Architects design buildings/properties to hold up to the elements and natural disasters. We can also design them to prevent crime.*

1. Having enough interior and exterior lighting levels can promote safety. What lighting will your business provide?

2. Having video surveillance can help protect your business from crime. It can also help support Police investigating crimes that may happen there or nearby. What video surveillance will your business provide?

3. Natural sight lines allow for you to see someone or something from any given point in a room. It can also add to the safety of your business. Consider how much of the business your staff can see at any given point.

4. Make sure that private spaces are only accessible by staff to prevent a crime from happening in them.

### **E. Peer and Professional Support**

*Definition: Peers are other businesses willing to offer guidance to your new business. Professional support would be who you hire or contract to help keep your business safe.*

1. Who will be your business peer support?

2. Will you need extra professional support? Professional Security? Part-time Police Officers?

**F. Regular Review**

*Definition: Safety plan review should occur at regular intervals of time to keep it fresh and up to date.*

- 1. How often will you review your safety plan? Annually? Proactively before a special event? Reactively after an incident?
- 2. When you perform a self-review, will you keep records of this so that you can share it with others if you decide to do so?

**G. Large Crowds Arriving at Once**

*Definition: If an event or bus let out at your business, you could have a large crowd arriving at once, that could overwhelm your staff.*

- 1. What is your occupancy?
- 2. Will you allow party buses or pedal pubs to drop off a large crowd of people at your business? If so, how will you handle the crowd entering your business?
- 3. If applicable, how will your business handle let outs from concerts or games?

**This portion to be completed by MPD**

Police Representative \_\_\_\_\_ Badge # \_\_\_\_\_

Comments:

MPD Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Minneapolis Police Department does not approve safety plans or endorse license applicants or applications.**

## Sound Management Plan Requirements

An effective Sound Plan helps you balance your entertainment goals with those of the community. Not all questions apply to your business. Answer all that are relevant both indoor and outdoor.

### 1. Speakers

Describe the position of speakers to deflect or absorb excessive noise.

How will you minimize low-frequency music beats?

What time will you turn down music and what time you turn off speakers?

### 2. Closing Time

When will you stop serving alcohol? Turn up lights? Turn down music?

What time you will seat your last customers? How will you tell customers of closing time? What time will you ask customers to leave?

How will you manage noisy customers?

How will you remind customers to lower their voices to respect residents? This includes customers who park on residential streets.

### 3. Outdoor Capacity

List the capacity of your outdoor area.

Describe how you will manage the area to prevent over occupancy.

Describe how the seating design will minimize or deflect excessive sound.

### 4. Equipment

Describe your sound metering equipment and/or music systems with self-regulators. How do you plan to use them?

### 5. Staff

Describe sound management training for managers, supervisors, bartenders, hosts, servers, and security staff. What are their duties, including the frequency of rounds?

Describe how you will remind, relocate, and/or remove noisy customers?

Describe your community outreach. This can include neighborhood association meetings or downtown LINC meetings, for example.

### 6. Special Events

What are your plans for special events in the city?

### 7. Complaints

Describe how you will address sound complaints? This can include a telephone number other than your business number for residents to call for sound concerns.

### 8. Architectural Design or Enhancements

Describe the use of sound blocking walls, fences, and/or landscape.

How you plan to direct sound away from occupied buildings.

### Additional Resources

For more information about resources and solutions, send an email to [EnvServicesInfo@minneapolismn.gov](mailto:EnvServicesInfo@minneapolismn.gov) or call 612-673-3867. Here are common concerns.

1. Do you plan to use an outdoor area?  Yes  No
2. Is your seating capacity over 200 people?  Yes  No
3. Will you have amplified sound?  Yes  No
4. Are you located in a residential area?  Yes  No
5. Do customers tend to all leave at closing time?  Yes  No
6. Do customers park in residential areas?  Yes  No
7. Is your mechanical equipment located within 100 feet of a residential area?  Yes  No
8. Do you have a routine maintenance schedule for mechanical equipment?  Yes  No
9. Have you received complaints about sound?  Yes  No
10. Do you want to learn more about sound management plans? Products to measure and regulate sound? This includes sound engineers, sound meters, for example.  Yes  No

# City of Minneapolis Requirements for Liquor Liability Insurance Certificate

#10

## 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<br>Agency<br>Address<br>City, State, Zip   | CONTACT NAME:<br>PHONE (A/C, No, Ext):      FAX (A/C, No):<br>E-MAIL ADDRESS:<br>INSURER(S) AFFORDING COVERAGE      NAIC #<br>INSURER A:<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:  |   |                   |
| COVERAGES   |   | CERTIFICATE NUMBER:   | REVISION NUMBER:  |
| 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. |   |   |                   |
| INSR LTR  | TYPE OF INSURANCE   | ADDL SUBR INSR L WVD  | POLICY NUMBER     |
| GENERAL LIABILITY   | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | POLICY (MM/DD/YY)   | POLICY (MM/DD/YY) |
| AUTOMOBILE LIABILITY  | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS   | POLICY (MM/DD/YY)   | POLICY (MM/DD/YY) |
| UMBRELLA LIAB   | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  | POLICY (MM/DD/YY)   | POLICY (MM/DD/YY) |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N    N/A  | POLICY (MM/DD/YY) |
| LIMITS  |   |   |                   |
| EACH OCCURRENCE   |   | \$  |                   |
| MED EXP (Any one person)  |   | \$  |                   |
| PERSONAL & ADV INJURY   |   | \$  |                   |
| GENERAL AGGREGATE   |   | \$  |                   |
| PRODUCTS - COMPIOP AGG  |   | \$  |                   |
| COMBINED SINGLE LIMIT (Ea accident)   |   | \$  |                   |
| BODILY INJURY (Per person)  |   | \$  |                   |
| BODILY INJURY (Per accident)  |   | \$  |                   |
| PROPERTY DAMAGE (Per accident)  |   | \$  |                   |
| EACH OCCURRENCE   |   | \$  |                   |
| AGGREGATE   |   | \$  |                   |
| WC STATU-TORY LIMITS  |   | OTHER   |                   |
| E.L. EACH ACCIDENT  |   | \$  |                   |
| E.L. DISEASE - EA EMPLOYEE  |   | \$  |                   |
| E.L. DISEASE - POLICY LIMIT   |   | \$  |                   |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)   |   |   |                   |
| CERTIFICATE HOLDER  |   | CANCELLATION  |                   |
| ADDITIONAL INSURED:<br>City of Minneapolis – Licenses and Consumer Services<br>505 Fourth Ave. S., Room 220<br>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.<br><br>AUTHORIZED REPRESENTATIVE |                   |

Applications will be returned if requirements are not complete.