



City of Minneapolis  
 Licenses and Consumer Services  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415-1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

**For Office Use Only**  
 AP: BLLiqOff  
 MCO: 362  
 Adm Issuance: No

## License Application Guidelines and Checklist

### Application Type: Off Sale Liquor

**DEFINITION:** The sale of liquor, wine and/or beer for consumption off the licensed premises.

This application is divided into two parts. **PART ONE:** Complete the items below and submit to the [Minneapolis Development Review](#) office. You will have an opportunity to discuss your application with Zoning and Environmental Health Inspectors. **PART TWO:** After staff review, your application will be sent to a License Inspector who will then contact you. At that time you may submit the remainder of your application (**PART TWO**) to the License Inspector. Incomplete applications will be returned. More information about applying for a license is available on our website at [www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing).

# PART ONE

Staff Initials	<b>APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW</b> <a href="#">Minneapolis Development Review</a> 250 South 4 <sup>th</sup> Street, Room 300 - Minneapolis, MN 55415 <a href="#">Free Parking</a> .
	<input type="checkbox"/> <b>1. License Application</b> (Form #1)
	<input type="checkbox"/> <b>2. Floor Plan:</b> Attach an 8 1/2" by 11" copy of a floor plan/scaled diagram with square footage showing the design of the premises to be licensed. Include the location of the building(s), the portion of the building intended to be used, and both the interior and outdoor areas. See sample Form #2.
	<input type="checkbox"/> <b>3. Certified Food Manager:</b> If you employ a Certified Food Manager, attach a copy of your <a href="#">MN Dept of Health</a> certificate. <input type="checkbox"/> I currently do not employ a Certified Food Manager.
	<input type="checkbox"/> <b>4. Equipment:</b> Attach photos and copies of equipment specifications. This is required if you have a new kitchen or if you are adding or updating any equipment in your kitchen. <input type="checkbox"/> <b>N/A.</b> No changes in equipment.
	<input type="checkbox"/> <b>5. Menu:</b> Attach a copy of the menu and/or list of food items available for sale.
	<input type="checkbox"/> <b>6. \$_____ Food Plan Review Fee</b>

### Additional Requirements

- 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.
- 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. This should be submitted two weeks before your license is approved by the Minneapolis City Council.
- Certified Food Manager:** The [Minnesota Food Code](#) requires a food establishment to employ one full-time Certified Food Manager within 45 days of opening.
- Your License Application:**
  - Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
  - A Public Hearing may be required. This will be scheduled by the License Inspector.
  - No license will be issued for a period longer than one year. Licenses are not transferable.
  - Make a duplicate copy of this packet for your personal records before submitting.
  - [Minnesota Sales Tax ID Number](#) or 651-296-6181.
  - If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
- 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.

# PART TWO

Begin completing the forms listed in **PART TWO**. After a License Inspector contacts you, submit them for review. Attach all documentation. Incomplete applications will be returned.



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#1

## Beverage Alcohol License Application

I. APPLICANT INFORMATION			
Legal Company Name	DBA/Doing Business As		
Business Address	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Name (Last, First MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> _____		
Mailing Address (If different than Business Address.)	City	State	Zip Code
<u>Minnesota Sales Tax ID Number</u> , Social Security Number, or Individual Tax ID Number			
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		
Name of Manager and Home Address		Date of Birth	
Name of Responsible Person w/in 75 miles		Telephone Number	
Name of Person filling out the application		Telephone Number	
II. LICENSE INFORMATION			
Type of <u>License</u> : <input type="checkbox"/> On Sale <input type="checkbox"/> Off Sale  <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Charter Wine <input type="checkbox"/> Strong Beer <input type="checkbox"/> 3.2 Beer <input type="checkbox"/> Cocktail Room <input type="checkbox"/> Taproom <input type="checkbox"/> Growler			
Type of Establishment: <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Night Club <input type="checkbox"/> _____			
Sunday Sales license? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, check the food services available on Sundays.			
<input type="checkbox"/> Full Food Menu <input type="checkbox"/> Limited Menu with Short Order Service <input type="checkbox"/> Grill and Sandwich Only <input type="checkbox"/> _____			
Are you planning to operate Amusement Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, How Many? _____			
An additional <a href="#">Amusement Devices License</a> may be required.			
Other Licenses: <input type="checkbox"/> Sidewalk Café <input type="checkbox"/> Tobacco Dealer <input type="checkbox"/> Food Catering <input type="checkbox"/> Liquor Catering <input type="checkbox"/> Off Sale Beer <input type="checkbox"/> _____			
As an Applicant/Licensee, I am <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant _____ <input type="checkbox"/> Equipment Changes. Provide equipment information and photos.		<input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Taking over an existing business (New Owner) Name of existing business _____ <input type="checkbox"/> Remodeling Only	

**III. ENTERTAINMENT**

**Class of Entertainment Requested:**  A  B  C-1  C-2  D  E

Check and describe all categories of entertainment you are planning to provide on your premises.

**No Entertainment.**

**Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV, radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

**General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patron dancing, plays, shows, contests, etc. Describe below.

**Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

Describe in detail the principal products and/or services rendered.

**IV. OPERATIONS**

Is business over 5,000 sq ft.?  Yes  No If yes, how many facilities? \_\_\_\_\_

**INTERIOR**

**EXTERIOR**

Gross Square Footage for Business Use \_\_\_\_\_

Gross Square Footage for Business Use \_\_\_\_\_

Seating Capacity \_\_\_\_\_ Fire Occupancy \_\_\_\_\_

Seating Capacity \_\_\_\_\_ Total Customer Capacity \_\_\_\_\_

INTERIOR Hours of Operation

EXTERIOR Hours of Operation

Are you sharing the licensed premises with another other business?  Yes  No If yes, describe.

Are you planning or have you completed any construction or remodeling?  YES  NO

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

List any licenses you currently have or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity?  YES  NO  
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

**V. OWNERS, PARTNERS, OFFICERS**

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

N/A – Corporation is publicly traded.

<b>Full Name: Last, First, Middle</b>	<b>Telephone</b>	<b>Title</b>		<b>Ownership %</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>
<b>Full Name: Last, First, Middle</b>	<b>Telephone</b>	<b>Title</b>		<b>Ownership %</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>
<b>Full Name: Last, First, Middle</b>	<b>Telephone</b>	<b>Title</b>		<b>Ownership %</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>

Have any of the people listed above been convicted of a crime?  YES  NO  
 If Yes, please provide or attach specific information about dates and conviction.

Does any person other than those named as owner, manager, partner, or shareholder share directly or indirectly in any profits or in any way with the license or licensed business?  YES  NO If Yes, compete the following.

<b>Name</b>	<b>Address</b>	<b>Date of Birth</b>
<b>Interest:</b>		
<b>Name</b>	<b>Address</b>	<b>Date of Birth</b>
<b>Interest:</b>		

**Individual or firm that provides bookkeeping or accounting services for the licensed business**

<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>
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**Services:**

Do you agree to furnish the Minneapolis License Division books of account that pertain to the operation of the licensed business?

YES  NO

Are there any delinquent taxes for this business?  YES  NO

Is any individual named in this application a member of a governing body of the City of Minneapolis?  Yes  No – If yes, complete below.

<b>Name</b>	<b>Address</b>	<b>Governing Body</b>
<b>Name</b>	<b>Address</b>	<b>Governing Body</b>
<b>Name</b>	<b>Address</b>	<b>Governing Body</b>

**VI. OFF DUTY POLICE OFFICERS**

Will you hire off-duty police officers at any time during the license year?  Yes  No If yes, attach the following to be effective during the license period:

Certificate of Liability Insurance (Sample Form #8 attached) 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.

**VII. WORKERS COMPENSATION**

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----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.

**VIII. CERTIFIED FOOD MANAGER**

Name of Certified Food Manager \_\_\_\_\_

**IX. VEHICLES**

Will there be vehicles used in the business?  YES  NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

**X. VERIFICATION**

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.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

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.

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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### Floor Plan Standards

Every application for a restaurant or beverage alcohol license must include a floor plan. A sample is provided below. Attach an 8 ½" x 11" diagram of both your **INTERIOR** and **EXTERIOR** premises. Include dimensions. Hand drawn floor plans will be accepted if they are legible. Drawings for outdoor areas may be on a separate sheet. If the outdoor area is located on the public sidewalk, drawings must include additional features and 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. The function of the space including the dimensions and square footage of the area in which food will be served. Label mezzanine levels, fixed seating and egress convergence.
3. All doors, windows and other openings as well as any building feature requiring 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 capacity needs to be consistent with the number of patrons stated in your license application.
7. Ensure that your total bar area does not exceed the area that is allowed for your type of license. Include square footage (no more than 30% or 20%). Bar Area: One or more spaces in an establishment designed and utilized primarily for the consumption of alcohol or providing entertainment. This space would include a dance floor area, stage, game room or any space that is undefined or does not provide for seated food service. Outdoor bar areas may be calculated separately from indoor bar areas and considerations may be made for outdoor sporting courts such as bocce ball, volleyball or similar features.

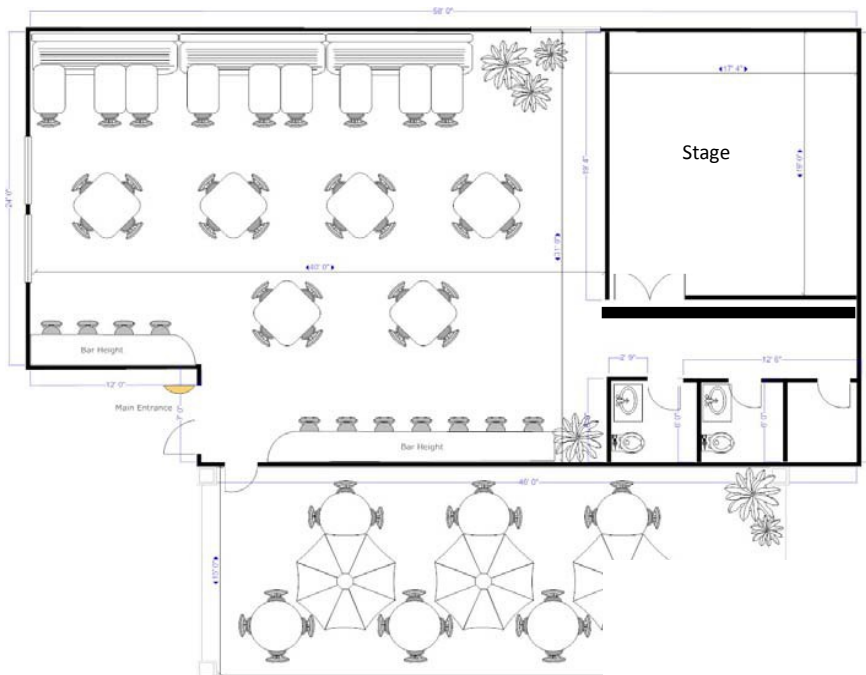
Outdoor Area Diagrams shall also include the following, in addition to the information above:

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

DBA: Living the Dream  
 Address: 1313 Mockingbird Lane  
 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/ seating for 18  
 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. Tech  
 The Architects, LLC





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## License Application Guidelines and Checklist

### Application Type: Off Sale Liquor

# PART TWO

## APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW

Licenses and Consumer Services 350 South 5<sup>th</sup> Street – Room 1, Minneapolis, MN 55415–1391

Attach all documentation. Incomplete applications will be returned.

Staff Initials				
	<input type="checkbox"/> 4. <b>State of Minnesota Off Sale Intoxicating Liquor License Application</b> (Form #3)			
	<input type="checkbox"/> 5. <b>Personal Supplemental Affidavit</b> (Form #4) – This is required for the applicant; manager(s); and each owner, partner, officer and shareholder who owns 10% or more corporate stock unless the company is publicly traded.			
	<input type="checkbox"/> 6. <b>Source of Funds for Beverage Alcohol</b> – Complete Form #5 and attach supporting documents.			
	<input type="checkbox"/> 7. <b>Business Plan for Beverage Alcohol</b> (Form #6)			
	<input type="checkbox"/> 8. <b>Police Security Plan Review</b> (Form #7)			
	<input type="checkbox"/> 9. <b>Noise Management Plan</b> (Form #8)			
	<input type="checkbox"/> 10. <b>Certificate of Liquor Liability Insurance</b> (Sample Form #9) This must be furnished by your Insurance Agent approximately two weeks before your Minneapolis license is approved.			
	<input type="checkbox"/> 11. <b>Manager(s) must attach a Criminal History Report.</b> A copy may be obtained from <a href="https://www.cch.state.mn.us/NewCriminalHistory">https://www.cch.state.mn.us/NewCriminalHistory</a> or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN 651-793-2400. <b>This report must be dated within 30 days of receipt of this application.</b>			
	<input type="checkbox"/> 12. <b>Attach a copy of the Lease Agreement, Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes</b> for the business and/or building.			
	<input type="checkbox"/> 13. Attach a <b>Certificate of Assumed Name</b> from the Minnesota Secretary of State’s Office (651-297-7067) if the legal name of the company is different than the DBA (Doing Business As).			
	<input type="checkbox"/> 14. <b>Attach Exact Legal Description</b> of the premises to be licensed and documentation that <b>Property Taxes</b> are paid. <a href="http://www.co.hennepin.mn.us/PropertyInformationSearch">www.co.hennepin.mn.us/Property Information Search</a>			
	<input type="checkbox"/> 15. <b>Corporate Documentation – Attach the following:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>Corporations</b>  <input type="checkbox"/> Certificate of Incorporation  <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Meeting Minutes naming the current Directors and Officers  <input type="checkbox"/> Meeting minutes authorizing the purchase of stock  <input type="checkbox"/> Corporation By-laws with restriction on transfer of stock  <input type="checkbox"/> Copy of stock certificates with restriction on stock*         </td> <td style="width: 33%; text-align: center; vertical-align: top;">OR</td> <td style="width: 33%; vertical-align: top;"> <b>Limited Liability Companies</b>  <input type="checkbox"/> MN Secretary of State Certificate of Organization  <input type="checkbox"/> Minutes of organizational meeting  <input type="checkbox"/> Member Control Agreement with restriction on transfer of membership interest*         </td> </tr> </table> <p>*<b>Stock Certificate(s) with Restriction on Stock:</b> Minneapolis Code of Ordinances, Chapter 362.330(b) requires Corporate By Laws, and by extension LLC Member Control Agreements, contain a restriction stating to the effect that          1) No transfer of stock is valid or effective unless approved by City Council of Minneapolis; and          2) All stock certificates will contain the following words, “The transfer of this stock certificate is invalid unless approved by the City Council of Minneapolis, MN.”</p>	<b>Corporations</b> <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Meeting Minutes naming the current Directors and Officers <input type="checkbox"/> Meeting minutes authorizing the purchase of stock <input type="checkbox"/> Corporation By-laws with restriction on transfer of stock <input type="checkbox"/> Copy of stock certificates with restriction on stock*	OR	<b>Limited Liability Companies</b> <input type="checkbox"/> MN Secretary of State Certificate of Organization <input type="checkbox"/> Minutes of organizational meeting <input type="checkbox"/> Member Control Agreement with restriction on transfer of membership interest*
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	<input type="checkbox"/> 16. <b>Notification of the type of license; address of premises; applicant’s name, address and telephone number; and Business Plan.</b> Attach copies of letters or emails that have been sent to: <input type="checkbox"/> <a href="#">City Council Member</a> <input type="checkbox"/> <a href="#">Neighborhood Organization(s)</a> and <input type="checkbox"/> <a href="#">Business Association(s)</a> . See <a href="#">sample letter</a> .			
	<input type="checkbox"/> 17. <b>SAC Determination Letter</b> – Complete the Sewer Availability Charge (SAC) application and Affidavit of Business Use (Form #10) and submit to <a href="mailto:SACprogram@metc.state.mn.us">SACprogram@metc.state.mn.us</a> . Attach a copy of your SAC Determination Letter.			
	<input type="checkbox"/> 18. <b>2 am License</b> (optional) - Attach a copy of your 2 am license application which you will submit to the State of Minnesota about two weeks before your Minneapolis license is approved. <input type="checkbox"/> <b>N/A</b> I am not applying for a 2am license.			
	<input type="checkbox"/> 19. <b>Total License Fee</b> which will be verified by License Staff: \$ _____ Investigation Fee \$ _____ License Fee \$ _____ \$ _____ Sunday Sales \$ _____ Other: _____ \$ _____ Other: _____ \$ _____			



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555  
 WWW.DPS.STATE.MN.US



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until the \$20 Retailer ID Card fee is received**

Workers compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_

Licensee's MN Sales and Use Tax ID # \_\_\_\_\_ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # \_\_\_\_\_

**If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.**

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____	Applicant's Home Phone #	
City	County	State	Zip Code
Name of Store Manager	Business Phone Number	DOB (Individual Applicant)	

**If a corporation or LLC state name, date of birth, Social Security # address, title, and shares 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	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

1. If a corporation, date of incorporation \_\_\_\_\_, state incorporated 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 Control 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

- A. 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.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. 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 & 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		PS 9136-(2009)

**IMPORTANT NOTICE**

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.  
For information call (513) 684-2979 or 1-800-937-8864



**Personal Supplemental Affidavit – New Alcohol License Applications**

This form must be completed by each of the following with a copy of driver’s license or government issued photo ID attached.

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

BACKGROUND INFORMATION					
Legal Corporate Name of Establishment		Trade Name of Business (DBA)			
Street Address of Licensed Premises		Zip Code	Business Phone	Individual’s Cell Phone	
Your Name (First, Middle, Last)		Place of Birth (City, State)		Date of Birth	
Residential Street Address		City	State	Zip Code	
Social Security Number (SSN) or Individual Tax Identification Number (ITIN)		First, middle, or last names you have ever used or been known by			
email address		Title		% of ownership	
List your Residences for the past Ten (10) Years – Attach additional sheets if necessary					
Street Address	City	State	Zip	From	To
List Name and Address or Employer and Occupations for the past Ten (10) Years – Attach additional sheets if necessary					
Employer and Occupation	Street Address and City	State	Zip	From	To
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 Residential Street Address		City	State	Zip Code	

**LICENSE HISTORY**

Have you ever been employed by a restaurant, bar, or other business or 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 or suspended?  Yes  No New or renewal license denied?  Yes  No (By any government entity?) 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:

Representative of the City of Minneapolis will make inquiry of person or firms named in this application. Are those individuals or  
firms authorized to release information to such representative?  Yes  No

**DATA PRIVACY ADVISORY**

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, 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.

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

Individual \_\_\_\_\_  
Last Name First Name Middle Name

Also Known As \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

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

**VERIFICATION**

The data which 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 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. After submitting this application, all information except your Social Security Number will be public information pursuant to Minnesota 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 promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I have read and understand every question in this application and 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 constitutes 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 IN ORDER TO PROCESS THIS APPLICATION**

**I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.**

**SIGNATURE**

**TITLE**

**DATE**



SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET

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/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

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.

Signature Title Date



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-3001

Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

An applicant must report all costs and fund sources associated with pursuing this license in order 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** of your specific costs and sources of funds. Attach additional sheets if necessary.

<b>APPLICANT’S NAME:</b> _____		<b>BUSINESS NAME:</b> _____	
<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. Sample listed below.**

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

## **Business Plan - Establishments with Beverage Alcohol**

The Minneapolis Code of Ordinances (MCO), Chapters 259.30 and 362.120, requires applicants to provide a business plan that sets forth, in detail, the way the licensed business will be operated. Attach a typed report that includes all the following items. Additional and/or separate documents may be attached to this report.

### **A. 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.

Here are some links to alcohol server training resources: [Alcohol Service Plans](#), [Training Programs](#), and [ID scanners](#).

### **B. Police Department Security Plan**

- Complete and attach a signed Police Department Security Plan Review (attached) and any supporting documentation. The local Police Precinct will review the security portion of your business plan which addresses how you will take appropriate action to prevent illegal conduct from anyone on your business premises and/or parking areas. Here is a link with guidelines to [Develop a Security Plan](#).

### **C. Noise Management Plan**

- Attach a Noise Management Plan and any supporting documentation using the requirements listed on attached document which describes how you will address potential noise issues.

### **D. Entertainment**

- Prepare a detailed statement of the nature of entertainment presented in your establishment
- Days and hours of the entertainment and
- The age group at which the entertainment is directed.

### **E. Community Impact Plan**

- Describe how your establishment will be proactive in preventing negative secondary effects directly attributable to the existence of the business.
- Describe how the applicant will maintain the orderly appearance and operation of the premises with respect to litter, graffiti and refuse control. Include hours staff will be assigned.
- Indicate the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.

### **F. Hours of Operation**

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

### **G. Food Service**

- List all food (menu with prices) that you will prepare and/or serve
- Include hours of full food service and reduced food service.
- Include the staffing model of the kitchen service.
- Describe Kitchen, Bar and Cooking Equipment; and/or attach Food Plan Review.

**H. Charitable Gambling Activities**

Identify the types of games, hours, gambling manager and name of charity.

**I. Applicant’s Experience and Background with Liquor, Restaurant or Retail Sales**

Include a resume or summary of work experience.

**J. Promoters – If you will 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 will be made available to licensing official upon request.

**K. Advertising**

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

**ACKNOWLEDGEMENT AND AGREEMENT**

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

the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct reflection of the undersigned’s intentions;

any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation;

violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

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



## Police Department Security Plan Review For Alcohol Establishments and Extended Hours Licenses

### THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Establishment: \_\_\_\_\_ Address: \_\_\_\_\_

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

1. Contact your Precinct Commander to schedule a meeting.
2. You must include copies of your License Application (Form 1), Business Plan (Form 7) and Security Plan (Form 9) with this form.

### THIS PORTION TO BE COMPLETED BY MPD

**Listed below are recommendations discussed by the Minneapolis Police Department and the License Applicant which are applicable to the proposed business operations. All items checked should be added into the Security Plan portion of your Business Plan document for submittal with your license application.**

- The licensee shall provide sufficient staff devoted exclusively to security related duties to protect the well being and safety of patrons, employees and the general public. The security staff shall be distinctly clothed to make their appearance and function easily recognizable.
- The licensee shall designate an employee as head of the security staff. The designated employee may be the onsite manager.
- The licensee shall provide a plan that discusses how they will prevent over occupancy at their establishment.
- The licensee shall provide a mobile phone number to the appropriate Police Precinct for prompt communication in the event of a disturbance.
- Security staff shall be utilized to ensure that patrons who have exited the premises and others do not loiter on the public sidewalk or the licensee's parking areas.
- The licensee shall compile, maintain and enforce a "do not admit" list to prevent reoccurrence of disturbances by known persons. This list shall be shared with Minneapolis Business Licenses and the Minneapolis Police Department upon request.
- All persons seeking to gain entrance to the establishment after 9:00 p.m., or after established Hennepin County curfew times, shall be required to present legitimate identification as a condition of entrance.
- Upon request, the licensee shall meet representatives of the City of Minneapolis to discuss any safety, security or operational concerns.
- See the attached Precinct Security Checklist.
- Additional Comments: \_\_\_\_\_

Police Dept. Representative \_\_\_\_\_ Signature \_\_\_\_\_ Badge # \_\_\_\_\_ Date \_\_\_\_\_

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

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



## Noise Management Plan Requirements

The City of Minneapolis would like your assistance in striking the balance between entertainment in our vibrant communities with our residents' right to peace and quiet. The following items are recommended by the City of Minneapolis to help you develop an effective noise management plan to protect your patrons, neighboring community, and business. Not all questions may be applicable to your business operation. All applicable items should be added into the Noise Management Plan of your Business Plan document for submittal with your license application.

### 1. Speakers

Describe how speakers be positioned to minimize, deflect or absorb excessive noise.

List what time will music be turned down and what time speakers will be turned off.

### 2. Closing Time

Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.

Describe how you plan to remind patrons to lower their voices to respect local residents when leaving your establishment and actions for dealing with unruly customers.

Describe how you plan to prevent loitering around your establishment and in the parking lot.

### 3. Equipment

Describe any sound metering equipment and/or music systems with self regulators you have and how you intend to utilize them.

### 4. Role of Staff

Describe training and job expectations related to noise management for managers and/or supervisors and other staff including bartenders, hosts, and servers.

### 5. Special Events

Describe noise management plans for special events held at your establishment or in the city.

### 6. Complaints

Describe how you will address excessive noise complaints.

## Outdoor Areas

### 1. Speakers

Describe how speakers be positioned to minimize, deflect or absorb excessive noise.

Describe how low frequency music beats will be minimized.

List what time will music be turned down and what time speakers will be turned off.

### 2. Capacity

List the capacity of your outdoor area.

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

### 3. Seat Location

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

### 4. Closing Time

Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.

List what time you will seat your last patrons and what time patrons will be asked to leave.

Describe how you will encourage patrons to utilize parking facilities and taxicabs instead of parking in residential streets.

**5. Patron Noise**

Describe plans for monitoring, controlling, relocating, and/or removing noisy patrons or unruly customers.

**6. Role of Staff**

Describe management/ supervisory staff duties including frequency of security staff making rounds.

Describe community outreach efforts such as attending neighborhood association meetings, downtown LINC meetings, etc.

**7. Complaints**

Describe how you will address excessive noise complaints, including having a phone number other than the establishment main phone number residents may call to discuss noise concerns.

**8. Architectural Design or Enhancements**

Describe the use of sound blocking walls/fences and how you plan to direct noise toward unoccupied buildings.

**Additional Resources**

If you answer Yes to two or more of the following questions, send an email to [EnvServicesInfo@minneapolismn.gov](mailto:EnvServicesInfo@minneapolismn.gov) or call 612-673-3867 or for more information and resources about noise abatement solutions.

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. Is your mechanical equipment located within 100 feet of a residential area?  Yes  No
6. Do you have an established routine maintenance schedule for mechanical equipment?  Yes  No
7. Do patrons tend to all leave at closing time?  Yes  No
8. Do customers park in residential areas?  Yes  No
9. Have you received complaints about excessive noise?  Yes  No
10. Are you interested in learning more about noise management plans, sound engineers, sound meters, and/or products to help measure and regulate noise?  Yes  No

## 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: "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:		
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      POLICY (MM/DD/Y)      POLICY (MM/DD/Y)      LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		WC STATU- TORY LIMITS    OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB EXCESS LIAB    CLAIMS-MADE DED    RETENTION \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N    N/A	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
CERTIFICATE HOLDER		CANCELLATION	
ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 350 South 5 <sup>th</sup> Street, Room 1 City Hall 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.



# Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION

**Return to: [SACprogram@metc.state.mn.us](mailto:SACprogram@metc.state.mn.us)**

*If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.*

## CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Estimated Year of Occupancy: \_\_\_\_\_

Site Address (if address not assigned, need street intersections): \_\_\_\_\_

Suite Number: \_\_\_\_\_

City Name: \_\_\_\_\_

Site Location / Campus (e.g. Mall of America; etc.): \_\_\_\_\_

Parcel Identification Number (PID): \_\_\_\_\_

Original Building Construction Year: \_\_\_\_\_

Project Description: \_\_\_\_\_

## PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if there was a different business previously in this suite/building)

Previous Business Name in same space as current project: \_\_\_\_\_

Previous Type of Business: \_\_\_\_\_

Estimated Year(s) of Occupancy: \_\_\_\_\_

Previous Site Address (if different than current project): \_\_\_\_\_

Previous Suite Number (if different than current project): \_\_\_\_\_

Entire Building Has Been or Will Be Demolished? (Check no or yes)  No or  Yes, Year \_\_\_\_\_

## CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Phone Number (xxx-xxx-xxxx): \_\_\_\_\_

Contact Email Address: \_\_\_\_\_



# Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

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## APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business** – Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy** – What year did (or will) this business move into this space?
3. **Site Location/Campus** – The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number** – This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year** – When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business** – This section helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address and/or suite number is different than the current address and/or suite number, enter this information.
8. **Contact Information** - This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person.
9. **Save this form and email with the other items from the list below.**

## ITEMS YOU ARE REQUIRED TO SUBMIT

1. SAC Determination Application (Transmittal-A)
2. Site Plan – If not available, an aerial photo pinpointing the location of the building will be accepted
3. Architectural Floor Plans – must be:
  - a. Same plan that you sent to your City for their review
  - b. Scalable, or with individual dimensions shown on the plan for every room and every space
  - c. All rooms labeled on the plan for the intended use of the space, or room schedule
  - d. Furniture plan (for restaurant, salon, bar, theater, stadium/arena seats) – include indoor and outdoor
  - e. Plumbing fixture layout (for clinic, hospital, parking garage)
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

## ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
  - a. Scalable, or with individual dimensions shown on the plan for every room and every space
  - b. All rooms labeled on the plan for the previous use of the space, or room schedule



# Sewer Availability Charge (SAC) 2017 AFFIDAVIT OF BUSINESS USE FOOD AND DRINK ESTABLISHMENTS

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**YOU MUST ANSWER ALL QUESTIONS OR WE WILL REJECT THE APPLICATION.**

Business Name: \_\_\_\_\_

Business Site Address: \_\_\_\_\_

City Name: \_\_\_\_\_

**PLEASE MARK ALL BOXES THAT ARE TRUE ABOUT YOUR BUSINESS WITH AN X.**

## Type of Service Provided

We Handle and Prepare Food, and Have Customer Seating:

- Yes  No

We Serve Drinks Only (We Don't Handle Food) and We Have Customer Seating:

- Yes  No

We Serve Take Out Food Only and Have No Customer Seating

- Yes  No

## Type of Seating Provided

What Type of Seating Will the Establishment Have:

- Indoor Seating  Outdoor Seating  No Seating

*If your business has any restrictions on consuming food or drink in any area of the property, you must submit a copy of the City-approved ordinance or City-issued business license stating the restriction(s) with this form.*

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I certify that I have read and understood all questions in this affidavit and that my answers are true to my knowledge and belief. I also understand that giving false answers in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_

Date: \_\_\_\_\_