

License application: Restaurant

A food service business with drinks and food preparation for delivery, carry out and on-site dining with 13 or more seats. If you have 12 or fewer seats, you will receive a Food Manufacturer license.

Applicant must be the actual owner of the business and the lease holder.

You do not need a Restaurant License if you want to serve wine, beer, or liquor. Instead, you must complete an On-Sale license application and meet all requirements. Talk to your area License Inspector about the process.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. If you have questions, email businesslicenses@minneapolismn.gov or call 612-673-2080.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not mail cash, you must drop it off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department.
 - Credit card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **Floor Plan:** Attach a detailed scaled diagram of the business. Include the square footage as well as labels of the inside and outdoor areas, including all tables, seats and kitchen area.
4. **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.
5. **Background information:**
 - Data Privacy Advisory** (form #1): This is required for the applicant and all owners and partners.
 - Driver's license** or valid government issued photo ID for each owner and partner.
 - Background report-** This report must be dated **within 30 days** of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

No one can have a conviction in the last five (5) years related to operating a food business. This also includes food subsidy program or controlled substances violation.
6. **Menu:** Attach a copy of the menu and list of food items for sale.
7. **Lease:** Attach a copy of the valid signed lease for the building where the restaurant is located.
8. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
 - SAC determination letter-** attach a current letter

Additional licenses

Contact the area License Inspector for additional licenses- Caterer, Sidewalk Café, Food Distributor, Vending Machines or Tobacco

Visit the City's website at www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

2. Applicant information

Legal company name		Business name/DBA		
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager		
Business address	Suite	City	State	Zip code
Mailing address (if different than business address)		City	State	Zip code
E-mail address		Cell phone number	Business telephone number	
Minnesota sales tax ID number <i>(Required)</i>		Social Security number or Individual Tax ID (ITIN) <i>(Required)</i>		
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:		
Select one for this business-				
<input type="checkbox"/> Restaurant- 13 or more seats		<input type="checkbox"/> Food Manufacturer- 12 or less seats		

3. Business information

<input type="checkbox"/> Starting a new business in an existing building. <input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Changing or adding kitchen equipment <input type="checkbox"/> Remodeling	<input type="checkbox"/> Adding a license to an existing business. Name of business: _____ <input type="checkbox"/> Taking over an existing business. Name of previous business: _____
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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
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Are you adding-

New kitchen or bar equipment that requires gas, plumbing or mechanical connections Yes No

Ventless cooking equipment or a ventless hood Yes No

Explain the type remodeling, construction or equipment changes.

4. Owners

List all owners and partners, ownership must add up to 100%. Attach additional sheets if needed.

Full name: last, first, middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	

Full name: last, first, middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: last, first, middle		Telephone	
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Title	Date of birth	Ownership %	
Full name: last, first, middle		Telephone	
Home address	City	State	Zip code
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5. Company operations

Give us a detailed description of your business

Describe the food and drinks that you sell

Describe any entertainment you will provide at the business, including TV or radio.

Inside use:

List days and hours of operation:	Number of seats:	Total square footage for business use:
	Number of tables:	

Outside use: None

<input type="checkbox"/> Private patio List days and hours of operation:	Number of seats:	Total square footage for business use:
	Number of tables:	

<input type="checkbox"/> Sidewalk café- (<i>requires a separate application</i>) List days and hours of operation:	Number of seats:	Total square footage for business use:
	Number of tables:	

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 any government entity? No Yes
 If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

6. 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 the only worker, 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.

7. 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 is subject to verification by City of Minneapolis. 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 _____

8. Additional information

- No license will be issued for longer than one year.
- You cannot transfer your license to any other person or location.
- Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadio aad caawimaad u baahantahay wac 311.



City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner:

- A copy of your valid driver’s license or government issued photo ID.
- Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

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

Authorization for Release of Information

Last name	First name	Middle name
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Also Known As: _____ Date of birth: _____

Title: _____

- I have read and understand the above Data Privacy Advisory.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

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

Signature: _____ Date: _____