

License Application Guidelines and Checklist

License Type: Upgrade of License	
DEFINITION: An upgrade in the license type or entertainment class for a current license in good standing.	
Staff Initials	Application Checklist Applications will not be accepted until all requirements have been satisfied.
	<input type="checkbox"/> 1. Beverage Alcohol License Applications (Form #1)
	<input type="checkbox"/> 2. Notification of the type of license; address of premises; applicant’s name, address and telephone number; and Amended Business Plan (if applicable). Attach copies of letters or emails that have been sent to: <input type="checkbox"/> City Council Member <input type="checkbox"/> Neighborhood Organization(s) and <input type="checkbox"/> Business Association(s) . See sample letter .
	<input type="checkbox"/> 3. Change in Type of License <input type="checkbox"/> State of Minnesota On Sale Liquor, 3.2 Liquor, or Sunday Liquor License Application (Form #2) <input type="checkbox"/> Certificate of Liquor Liability Insurance <input type="checkbox"/> N/A – No changes in type of license.
	<input type="checkbox"/> 4. Change in Class of Entertainment <input type="checkbox"/> Amended Business Plan (Form #3) – Outside the downtown area, no live entertainment is permitted in outdoor areas. <input type="checkbox"/> Police Security Plan Agreement (Form #4) <input type="checkbox"/> N/A – No changes in class of entertainment.
	<input type="checkbox"/> 5. Changes to Equipment or Physical Space <input type="checkbox"/> a. Source of Funds Statement (Form #5) <input type="checkbox"/> b. Attach an 8 1/2” x 11” drawing of the premises including both the interior and outdoor areas with changes highlighted. See Sample Form #6. <input type="checkbox"/> c. Attach photos and copies of equipment specification. This is required if you have remodeled or are adding or updating any equipment in your kitchen. <input type="checkbox"/> d. Menu - Attach a copy of the menu and/or list of food items available for sale. <input type="checkbox"/> e. SAC Determination Letter – Complete the Sewer Availability Charge (SAC) application and Affidavit of Business use (Form #7) and submit to SACprogram@metc.state.mn.us . Attach a copy of your SAC Determination Letter. <input type="checkbox"/> N/A – No changes in equipment of physical space.
	<input type="checkbox"/> 6. Fee: \$_____ (\$500 plus the difference between the fee for the existing license and the new license.)
Additional Requirements	
Your Application <ol style="list-style-type: none"> a. Incomplete applications will be returned. b. All applications must be signed by an owner, partner or principal. c. Make a duplicate copy of this packet for your personal records before submitting. d. If you have questions, talk to License Staff at Room 1 City Hall, 350 S. 5th Street, Minneapolis, MN 55415. 	
Public Hearing This may be required and will be scheduled by your License Inspector.	
Information in Other Languages Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.	



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

#1

Beverage Alcohol License Application

I. APPLICANT INFORMATION			
Legal Company Name		Business Address	
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
Minnesota Sales Tax ID Number , 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 License : <input type="checkbox"/> On Sale <input type="checkbox"/> Off Sale <input type="checkbox"/> Liquor <input type="checkbox"/> 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 Amusement Devices License 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

Entertainment: Check the level of entertainment you are requesting. Describe below the specific entertainment you plan to offer on your premises.

No Live Entertainment. No entertainment other than the use of radio, television, electronically reproduced music and jukebox. Describe below.

Limited Entertainment: Entertainment limited to 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, with no patron dancing. Describe below.

General Entertainment: All forms of legal entertainment and patron dancing. 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.

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

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.

Name	Address	Date of Birth
Interest:		
Name	Address	Date of Birth
Interest:		

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

Name	Address	Telephone Number
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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.

Name	Address	Governing Body
Name	Address	Governing Body
Name	Address	Governing Body

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 _____



#2

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

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

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

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

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

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

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

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

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

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

Amended Business Plan - Establishments with Beverage Alcohol

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.

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

- No changes.

2. 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](#).

- No changes.

3. 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.

- No changes.

4. 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.

- No changes.

5. 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.

- No changes.

6. Hours of Operation

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

- No changes.

7. 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.
- No changes.

8. Charitable Gambling Activities

- Identify the types of games, hours, gambling manager and name of charity.
- No changes.

9. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales

- Include a resume or summary of work experience.
- No changes.

10. 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.
- No changes.

11. Advertising

- Attach a copy of all the sites you will advertise, such as social media, website, flyers, coupons, table tents, etc.
- No changes.

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 and Security Plan 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 staff from the City of Minneapolis 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.

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 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-3001

Fax: 612-673-3399 TTY: 612-673-2157

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.

APPLICANT’S NAME: _____		BUSINESS NAME: _____	
Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
Professional Expenses (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
Start Up Costs (insurance, license fees, inventory, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
Other Expenses (payroll, insurance, SAC charges, other)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
TOTAL COSTS for pursuing this License:			\$ _____

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.

APPLICANT’S NAME: _____		BUSINESS NAME (DBA): _____	
Total Cost to Start the Business (As listed above.)			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		
APPLICANT’S NAME: A. A. Smith		BUSINESS NAME (DBA): The Company Business	
Total Cost to Start the Business (As listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<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	



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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.

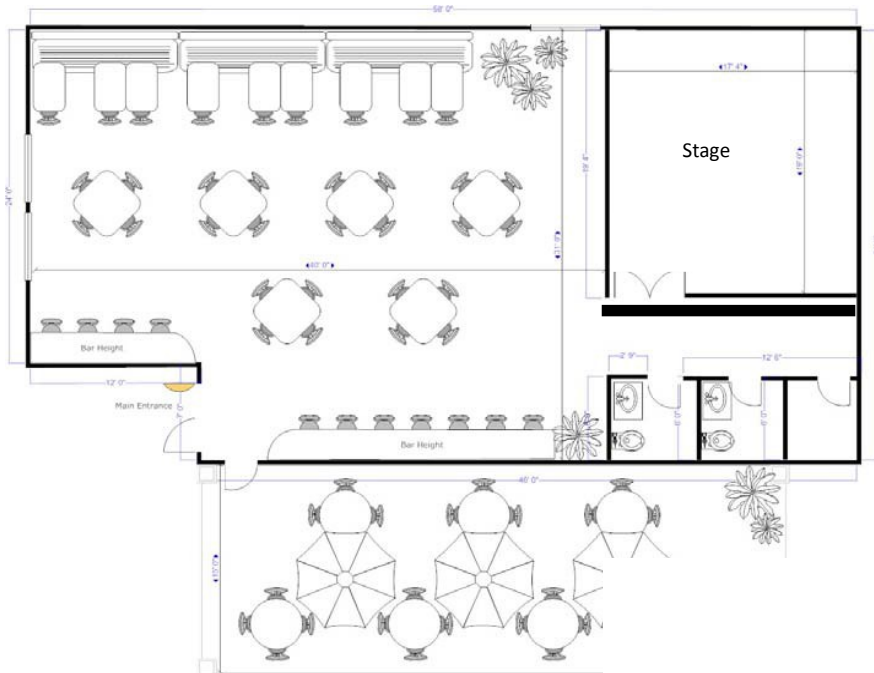
Outdoor Area Diagrams shall also include the following, in addition to the information above:

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





Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION

Return to: 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

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

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.

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: _____