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

DBA:
License Code: Current License Code
Rev Code: 311006
MCO: 362.100, 363.100, 366.110
Adm Issuance: NO
LICENSE ID #
CSR:

License Application

Guidelines and Checklist

Application Type: Internal Transfer of Shares

Definition: Company stock is transferred internally to the corporation or a current shareholder. No new shareholders are involved. The corporation retains original license and all assets. The business continues regular operations.

Minimum Requirements: The business must have a current license in good standing.

Publicly traded corporations are not required to complete the information below.

Staff Initials	Application Checklist Applications will not be accepted until all requirements have been satisfied.
	☐ **1. Supplemental Change Form** (Form #1) This must be filled out by a current owner, partner or principle.
	☐ **2. Personal Supplemental Affidavit** (Form #2) Every individual acquiring stock whose ownership equals 10% or more of the total shares must fill out both sides of this form.
	☐ **3. Source of Funds Statement – Beverage Alcohol Establishments** (Form #3) Every individual acquiring stock whose ownership equals 10% or more of the total shares must fill out both sides of this form.
	☐ **4. Corporate Minutes** – Attach a copy with the following information: ☐ Sale of Stock approval. ☐ Stock purchase ☐ New Shareholders and % of stock
	☐ **5. Stock Purchase Agreement – A**ttach a copy.
	☐ **6. Stock Certificate(s) with restriction on stock. - A**ttach a copy.
	☐ **7. Fee: There is no fee associated with the change to the license.**

Additional Requirements

Your Application

a. Incomplete applications will be returned.
b. All applications must be signed by an owner, partner or principle.
c. Make a duplicate copy of this packet for your personal records before submitting.
d. If you have questions, talk to License Staff at 1C City Hall.

Stock Certificate(s) with Restriction on Stock: 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."

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.

#1

FOR OFFICE USE ONLY:
LICENSE ID #:
CSR:
FEE: $
DATE:
INSPECTOR:
MPD FILE #:

Minneapolis
City of Lakes

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Supplemental Change Form

TYPE OF CHANGE TO LICENSE

☐ **Amending a Business Plan/Downgrade**	☐ **Internal Transfer of Shares**	☐ **Special All Night Bowling/Pool/Billiards**
☐ **Corporate Stock Purchase**	☐ **New Corporate Officer**	☐ **Special Late Night Food**
☐ **Downgrading License(Entertainment)**	☐ **New Manager**	☐ **Upgrading License (Entertainment)**
☐ **Expansion of Premises**	☐ **New Shareholder/Partner**	☐

BACKGROUND INFORMATION

I, _____, as ☐Owner ☐Partner, on behalf of _____,
(Print Full Name) **(Legal Corporate Name of Business)**
request the following (Provide a detailed description.):

Business Name (DBA)	**Business Address**	
Business E-mail Address	**Alternative E-mail Address**	
Business Telephone Number	**Cell Phone Number**	**Type and Class of License Currently Held**

VERIFICATION

SIGNATURE _____ **TITLE** _____ **DATE** _____

THIS SECTION IS TO BE COMPLETED BY THE CITY OF MINNEAPOLIS

The Minneapolis Police Department Recommends: ☐ **Approve** ☐ **Deny**

Signature of Minneapolis Police Department Representative_____

Comments:

The Minneapolis License Department Recommends: ☐ **Approve** ☐ **Deny**

Signature of Minneapolis License Department Representative_____

Comments:

OFFICERS, DIRECTORS, and/or STOCKHOLDERS
Attach additional sheets if necessary

Publicly held corporations need list only shareholders with 10 percent of more corporate stock.

Name	Address	Telephone	Title	# Shares or % of Ownership

I, _____, the undersigned, do hereby declare under the penalty of perjury that as of this date, the
(print name)

following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership.

Signature_____Title_____Date_____

Note: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting as documentation.

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#2

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_____

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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

☐ **A**ttach 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 bank/portfolio statements that verify that the necessary funds have been on deposit. This can include savings accounts, retirement accounts, or stock accounts, etc.

☐ Attach a minimum of three months of bank/portfolio statements.

☐ Alcohol Establishments: Attach a minimum of three months of bank/portfolio statements from two calendar years prior to the application.

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

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COSTS REPORTING FORM

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**
☐			
☐			
☐			
	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**
☐	Savings Account Money	$10,000	Bank Statements from Jan, Feb, Mar 2013 and 2014
☐	Bank Loan	$10,000	Loan Closing Documents from First Bank and Trust
☐	Loan from Parents	$10,000	Stock Dividend Statement 2013 and 2014; Tax Records 2013 and 2014; Promissory Note; Notarized Statement of Loan Terms.
☐	TOTAL:	$30,000	