



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

License Application Guidelines and Checklist

For Office Use Only
DBA:
License Code: 028
Expiration: April 1
Rev Code: 311006
MCO : 366.130
Adm Issuance: NO
LICENSE ID #
CSR:

Application Type: 3.2% Off-Sale Beer

Definition: The sale of 3.2 beer in original packages in drugstores, general food stores and exclusive liquor stores for consumption off or away from the premises where sold. 3.2% malt liquor is malt liquor containing not less than one-half of one percent alcohol by volume nor more than 3.2 percent alcohol by weight. **Minimum Requirements:** The applicant must be a resident of the State of Minnesota. If the applicant is a partnership, the managing partner must be a resident of the State of Minnesota. If the applicant is a corporation, the manager or person in charge must be a resident of the State of Minnesota or reside within 75 miles from Minneapolis City Hall.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. City of Minneapolis 3.2 Off-Sale Beer License Application (Form #1) This must be filled out by either a current owner or a manager on behalf of a corporation.
	<input type="checkbox"/> 2. Zoning Addendum for Beverage Alcohol (Form #2) Floor Plans and Site Plan may be required.
	<input type="checkbox"/> 3. Health Addendum (Form #3) Floor Plans may be required.
	<input type="checkbox"/> 4. State of Minnesota On Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License Application (Form #4)
	<input type="checkbox"/> 5. Data Privacy Form (Form #5)
	<input type="checkbox"/> 6. State Identification Attach a copy of your Minnesota Driver's License or Minnesota State Identification Card
	<input type="checkbox"/> 7. Attach a Criminal History Report for applicant, on-site manager, and all owners, partners, officers, and shareholders. Copies may be obtained from https://ceh.state.mn.us/ /New Criminal History or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN 651-793-2400. This report must be dated within 30 days of receipt of this application.
	<input type="checkbox"/> 8. Corporate Minutes – If applicant is a corporation, attach a copy of each of the following: <input type="checkbox"/> Bylaws <input type="checkbox"/> Articles of incorporation <input type="checkbox"/> Minutes of the meeting setting forth the officers of the corporation <input type="checkbox"/> Minutes of the meeting authorizing the issuance of stock; a list of all people holding stocks; and the number of shares held by each person. <input type="checkbox"/> N/A – Applicant is not a corporation.
	<input type="checkbox"/> 9. A copy of the real estate and personal property tax payments for the premises available at www.co.hennepin.mn.us/ / Property Information Search
	<input type="checkbox"/> 10. A copy of the exact legal description of the premises to be licensed. www.co.hennepin.mn.us/ / Property Information Search
	<input type="checkbox"/> 11. Fee: _____ plus new license surcharge

Other Requirements

You are required to complete the **Department of the Treasury Alcohol Dealer Registration** . *Do Not Attach*. Mail to: Alcohol and Tobacco Tax and Trade Bureau, 550 Main Street, Suite 8002, Cincinnati, OH 45202

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sale Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

2. [Surveillance Camera](#) - Off Sale Liquor Establishments are required to have a surveillance camera operating in their stores during all business hours.

3. **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 3.2 Off Sale Beer License Application

BACKGROUND INFORMATION			
Legal Corporate Name of Business		Trade Name (DBA)	
Street Address of Licensed Premises	Zip Code	Telephone Number	Cell Phone Number
Applicant Name (First, Middle, Last)		E-mail Address	Place of Birth
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 Street Address	City	State	Zip Code
AFFIDAVIT OF LIQUOR LIABILITY INSURANCE EXEMPTION			
<p>Minnesota state statute 340.11 subd 21 requires a minimum Liquor Liability coverage of \$50,000/\$100,000 injury; \$10,000 property damage; and \$50,000/\$100,000 for loss of support.</p> <p><input type="checkbox"/> I am exempt because I have one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> On-Sale Wine License with sales of less than \$25,000 last year <input type="checkbox"/> On-Sale 3.2 Beer License with sales of less than \$25,000 last year <input type="checkbox"/> Off-Sale 3.2 Beer License with sales of less than \$50,000 last year <p>And I realize that I must provide the required insurance if sales exceed that amount during any given year. The total sales of wine and beer for the upcoming year are estimated below. The total amount of sales must be provided to qualify for this exemption.</p> <p style="text-align: center;"> \$ _____ \$ _____ \$ _____ Wine Only Wine and 3.2 Beer 3.2 Beer Only </p> <p><input type="checkbox"/> I am not exempt.</p>			
WORKERS COMPENSATION			
Workers' Compensation Company		Policy Number	Dates of Coverage
-----Or-----			
<p>I certify that I am not required to carry workers compensation insurance because: <input type="checkbox"/> I am self insured. <input type="checkbox"/> I am the sole proprietor and I have no employees. <input type="checkbox"/> 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.</p>			
VERIFICATION			
<p>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.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>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.</p> <p>SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____</p>			



Zoning Addendum for Beverage Alcohol Establishments

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **SECTION 1: COMPLETED BY APPLICANT** =====

Legal Corporate Name of Business _____ Trade Name (DBA) _____

Proposed Business Address _____

Contact Person _____ Telephone _____

License Status: New Upgrade Downgrade | Current License Type and Number (if applicable): _____

Type of Establishment: Restaurant Hotel Night Club Other: _____

Type of License Requested: Liquor Wine Strong Beer 3.2 Beer On-Sale Off-Sale Growler Taproom

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

Entertainment: 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.

The following are required by the City Planner for review of your application.

1. Scaled and dimensioned floor plan and
2. Site plan detailing parking and other improvements

===== **SECTION 2: COMPLETED BY CITY PLANNER** =====

Zoning district _____ Proposed land use(s) _____

Are there any land use approvals for this address which affect this license application? Yes No
 If yes, provide a brief description of any land use history relevant to the proposed licensure.

The proposed property has the following contiguous acreage: Seven Acres Five Acres Less than Five Acres

SECTION 2: CONTINUED

Based upon the attached floor plan, list the Gross Square Footage _____ Net Square Footage _____

Off Street Parking Requirements

Is parking required by the Zoning Code? Yes No If, yes, complete the following questions. If no, skip to comments.

Number of Parking spaces required by the Zoning Code: _____

Does applicant have non-conforming rights to off-street parking? Yes No If yes, number of stalls: - _____

Has applicant applied for a parking variance? Yes No If yes, for how many spaces: - _____

NET number of parking spaces applicant is required to provide on site: _____

Total _____

Does the applicant intend to supply any of the required off-street parking at a nearby location? Yes No
If yes, a Shared Parking Agreement must be completed. See land use approvals above.

Address of off-site parking: _____ Owned Leased

Note to Applicants: You may be subject to a greater number of off-street parking spaces than required by the Zoning Office. This will be verified by your License Inspector.

Comments _____

Are there any outstanding Zoning Enforcement Requests for Service on the property? Yes No

If yes, provide a brief description of any Zoning Enforcement issues relevant to the proposed licensure. _____

Name of CPED Planning Staff _____ Date _____

Signature _____ Extension _____

SECTION 3: COMPLETED BY LICENSE INSPECTOR

Is the main entrance within five hundred (500) feet from residentially zoned property? Yes No

Is the main entrance within three hundred (300) feet from the main entrance of any building space that is used primarily and regularly for any public or parochial school or church? Yes No

Is the off-sale liquor establishment outside of the B4 Zoning District? Yes No If yes, is the main entrance over 2000 feet away from the nearest existing off-sale liquor establishment's main entrance? Yes No



HEALTH ADDENDUM

PART I – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats <input type="checkbox"/> N/A
Gross Square Footage	Net Square Footage of the Retail Area <input type="checkbox"/> N/A
License(s) Requested:	
As the 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. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	

2. FOOD PROCESSES – CHECK ALL THAT APPLY

<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, and seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	

Provide additional documentation and/or descriptions for any box checked.

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ Attach a copy of current [MN Dept of Health certificate](#).

4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION

If your business caters, distributes, or transports food from one location to another, please provide the following information in writing:

<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	

5. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No

What type of work will you be doing? General Building Plumbing Mechanical Electrical Other(Explain)

Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No

Have you obtained the necessary permits? Yes No

Signature of Applicant _____ Date _____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No

Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.

Final Inspection Required: Yes No

Yes. I recommend to License Department to proceed.

No. This application is not recommended to License Department to proceed. Reason for Hold:

RISK LEVEL: 1 2 3

Signature of EH Official _____ Printed Name: _____ Date: _____



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 (former licensee name) Suspension Revocation Cancel (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: (corporation, partnership, LLC, or Individual) DOB Social Security #

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:

Table with 4 columns: Partner/Officer Name (First Middle Last), DOB, Social Security #, Home Address. Three rows for data entry.

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 (title) Date

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.



Minneapolis Police Department

#5

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, 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.**

AUTHORIZATION FOR RELEASE OF INFORMATION (ONLY PRINT OR TYPE LEGIBLY)

This authorization for release of information will expire two years from the date you signed it.

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth _____

Driver's License Number _____ Expiration Date _____

I have read and understand the above data practices advisory.

Signature _____ Date _____