



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1C  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-3000 or 311  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

License Code: 021
Rev Code: 311006
<a href="#">MCO</a> : 363.41
Adm Issuance: Director Granted
LICENSE ID #
CSR:

## License Application Guidelines and Checklist

### License Type: Temporary On Sale Wine License

Minnesota Statute 340A.404 authorizes this license only to a charitable, religious, or non-profit corporation in existence for three years, a political committee registered under MN Statutes Sec. 10A.14, or a club as defined by MCO 360.10.

Minimum distance requirements from schools or churches (300 feet) do not apply to this license as defined in MCO 360.125(3).

Temporary licenses for the sale of alcoholic beverages shall not be granted for more than three 4-day events, four 3-day events, six 2-day events, twelve 1-day events, or any combination which exceeds twelve (12) days per twelve month period or more than once within any 30 day period to any one organization or location.

Wine Tasting Events, as defined by Minnesota Statute 340A.418, are limited to four (4) hours or less.

If an application is submitted less than thirty (30) days prior to an event or without sufficient time for staff to review and verify required approvals, the application may not be accepted. An additional fee may apply.

Additional fees may also apply for live and/or outdoor entertainment. A License Inspector will determine this.

Staff Initials	<b>Application Checklist</b> <b>Applications will not be accepted until all requirements have been satisfied.</b>
	<input type="checkbox"/> 1. <b>City of Minneapolis Temporary On Sale Wine Application</b> (Form #1)
	<input type="checkbox"/> 2. <b>State of MN Application and Permit for a 1 to 4 Day Temporary On Sale Wine License</b> – (Form #2) Upon approval, you will be issued an electronic Buyers Card Number which authorizes you to purchase beverage alcohol from a distributor. The On-Sale Liquor Licensee cannot purchase beverage alcohol for temporary events. <a href="http://www.dps.state.mn.us/alcgamb/alcgamb.aspx">www.dps.state.mn.us/alcgamb/alcgamb.aspx</a>
	<input type="checkbox"/> 3. <b>Attach proof of the Licensed On-Sale Liquor Establishment’s liquor liability insurance covering the event.</b> See Sample Form #3 attached.
	<input type="checkbox"/> 4. <b>Will off-duty police officers provide security for this event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a Certificate of Liability Insurance (Sample Form #3). This must be furnished by your Insurance Agent with the mandatory changes and the following coverages: <input type="checkbox"/> \$300,000.00 for each accident or occurrence for injury or death and \$5,000.00 property damage <input type="checkbox"/> Or a combined single limit of liability of \$300,000.00 for injury, death or property damage
	<input type="checkbox"/> 5. <b>Additional Permits</b> – Complete and attach Form #4 with your application.
	<input type="checkbox"/> 6. <b>Is this organization a</b> <input type="checkbox"/> <b>charitable, religious, or non-profit organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of the non-profit certificate of incorporation or IRS 501(c)(3) letter. <input type="checkbox"/> <b>political committee registered under Minnesota Statute 10A.14?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>club as defined by MCO 360.10?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach documentation verifying status.
	<input type="checkbox"/> 7. <b>Attach a copy of the consent of the owner or manager of the premises authorizing use of the area.</b>
	<input type="checkbox"/> 8. <b>Attach a drawing showing the area with scaled dimensions.</b> Indicate how the area will be enclosed, the location of tables and chairs, alcohol serving area, and other important features.
	<input type="checkbox"/> 9. \$ _____ <b>Fee</b> \$ _____ An additional <b>fee</b> is required for live entertainment. \$ _____ 50% Director Granted <b>fee</b> if application has been filed too late for the City Council to approve before event.
<b>Additional Information</b>	
<b>Your License Application</b> a. Incomplete applications will be returned. b. All applications must be signed by an officer. c. Make a duplicate copy of this packet for your personal records before submitting.	
<b>Information in Other Languages</b> - 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.	



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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

City of Minneapolis
Temporary Wine Application

1. BACKGROUND INFORMATION

Type of License: [ ] Liquor [ ] Wine
Venue: [ ] Indoor Entertainment [ ] Outdoor Entertainment [ ] No Entertainment
Organization Name
Purpose of the Organization
Contact Person
Cell Phone Number
E-mail Address
Event Dates
Times
Purpose of the Event
Estimated TOTAL attendance
Have you discussed this pending application with the Ward Council Member?
[ ] Yes [ ] No If Yes, did s/he indicate approval? [ ] Yes [ ] No
Name of Location for Event
Address of Event
Has this organization had any temporary liquor, wine, or beer licenses in Minnesota in the past 12 months? [ ] Yes [ ] No
If Yes, complete the following. (Attach additional sheets if necessary.)
Event / Dates
Event / Dates
1. 2.
3. 4.
5. 6.
7. 8.
9. 10.
11. 12.

2. ALCOHOL SERVICE

What will be served at the event? [ ] Beer [ ] Liquor [ ] Wine [ ] Food
Name of on-sale liquor establishment responsible for alcohol service at the event
Address
License Number
Contact Person
Telephone Number
Date of Alcohol Server Awareness Training
Will this event be a wine tasting as defined by MN Statute 340A.418? [ ] Yes [ ] No
Will any other individual or organization organize, promote, assist with or receive remuneration from this event? [ ] Yes [ ] No
If Yes, name of individual or organization
Contact Person
Address
Telephone Number
Will your organization receive the majority of the proceeds from the event? [ ] Yes [ ] No If no, explain.
Will the alcoholic beverages be donated for this event? [ ] Yes [ ] No
If Yes, state the type and value/amount
If Yes, name of individual or organization
Contact Person
Address
Telephone Number
Do you agree to present all of the accounting books pertaining to this event? [ ] Yes [ ] No

**3. ENTERTAINMENT**

Describe all types of entertainment to be provided at the event.

Will there be a band?  Yes  No If yes, how many musicians?

Will the entertainment be amplified?  Yes  No

Days/Times of Entertainment

What type of enclosure will be used for the outdoor area?

N/A Indoor Only

**4. SECURITY**

Will you have security personnel?  Yes  No

If Yes, How Many?

Employees  Contract Security Personnel

Name of Security Company

Contact Person

Address

Telephone Number

**5. VERIFICATON**

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.

**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 OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar Street Suite 133, St. Paul MN 55101-5133  
 (651) 201-7507 Fax (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US



#2

**APPLICATION AND PERMIT  
 FOR A 1 TO 4 DAY TEMPORARY ON-SALE WINE LICENSE**

TYPE OR PRINT INFORMATION

NAME OF ORGANIZATION	DATE ORGANIZED	TAX EXEMPT NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF PERSON MAKING APPLICATION	BUSINESS PHONE ( )	HOME PHONE ( )	
DATES LIQUOR WILL BE SOLD	TYPE OF ORGANIZATION CLUB CHARITABLE RELIGIOUS OTHER NONPROFIT		
ORGANIZATION OFFICER'S NAME	ADDRESS		
ORGANIZATION OFFICER'S NAME	ADDRESS		
ORGANIZATION OFFICER'S NAME	ADDRESS		

Location license will be used. If an outdoor area, describe

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Will the applicant contract for intoxicating liquor service? If so, give the name and address of the liquor licensee providing the service.

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Will the applicant carry liquor liability insurance? If so, please provide the carrier's name and amount of coverage.

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**APPROVAL**

**APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL & GAMBLING ENFORCEMENT**

CITY/COUNTY \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

CITY FEE AMOUNT \_\_\_\_\_ LICENSE DATES \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_

SIGNATURE CITY CLERK OR COUNTY OFFICIAL

APPROVED DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT

**NOTE: Submit this form to the city or county 30 days prior to event. Forward application signed by city and/or county to the address above. If the application is approved the Alcohol and Gambling Enforcement Division will return this application to be used as the License for the event**

# City of Minneapolis Requirements for Liquor Liability Insurance Certificates

**#3**

## CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

<b>PRODUCER</b> Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b>	INSURERS AFFORDING COVERAGE  INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

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ADDITIONAL INSURED; INSURER LETTER  CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE  _____
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Original signature or stamp of Agent.

Applications will be returned if requirements are not complete.



## Additional Permits and Licenses

### Frequently Used Permits and Licenses

- Alcohol:** The applicant agrees to not permit the sale or consumption of intoxicating liquors without first obtaining the appropriate liquor license. Contact the Licenses Division at 612-673-2080. Applications: [Temporary Liquor](#), [Temporary Wine](#), [Temporary Beer](#).
- Amplified Music:** Noise permit required. Contact the Environmental Services Division, 612-673-3867.
- Animal Permits:** Contact Minneapolis Animal Care and Control, 612-370-3892.
- Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354 or email [www.electricity.state.mn.us](http://www.electricity.state.mn.us).
- Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-335-3413.
- Heating Permit** for temporary heat or air conditioning. Contact the Inspections Division, 612-673-3000 or 311.
- MN DOT:** 651-234-7911.
- MTC Transit Detours:** 612-349-7400.
- Parades:** Must submit a map of the route. Contact the Transportation Division 612-673-2222.
- Park Board Permits:** 612-230-6441.
- Plaza Permit:** Required for Peavey Plaza, Loring Greenway, or Chicago Mall.
- Plumbing and Gas:** Inspections for potable water, gas burners and discharges to sewers. Contact the Inspections Division at 612-673-3000 or 311.
- Recycling Containers:** May be rented for a fee from Minneapolis Solid Waste and Recycling. Must be requested ten days in advance.
- Security and Off Duty Police:** Security plan must be approved before your event. Contact the Police Special Event Coordinator at 612-673-3942.
- Short Term Food Permits** and **Event Sponsor Permits** are required for the sale of food and/or beverages at community based events. Contact the Food, Pools, and Lodging Division, 612-673-2301.
- Street Closures** for block events, parade routes, detours, etc. Contact Transportation and Parking Services Division at 612-673-5750.
- Temporary Expansion of License:** On-Sale Liquor, Wine or Beer establishments may use unlicensed portions of their premises (indoor or outdoor) and/or provide additional entertainment.
- Temporary Extended Hours License:** Establishments that do not sell or serve alcohol may operate later than authorized hours.
- Temporary Toilets:** Must use a state of Minnesota licensed Service Company and provide an adequate number of units per industry guidelines. Contact vendors in the yellow pages.
- Tents:** A detailed plan must be approved by Building and Fire Inspectors. 612-673-5880.
- Traffic Control:** 612-335-5926. The Traffic Control hourly rate is \$50. If a service request is received less than 30 days before the event, the hourly rate is \$75 which is also charged for same day requests/changes.

### Miscellaneous Licenses

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> <a href="#">Amusement Mechanical Device</a> | <input type="checkbox"/> <a href="#">Amusement, Place of</a> | <input type="checkbox"/> <a href="#">Amusement Rides</a> | <input type="checkbox"/> <a href="#">Circus</a>           |
| <input type="checkbox"/> <a href="#">Children's Rides</a>            | <input type="checkbox"/> <a href="#">Games of Skill</a>      | <input type="checkbox"/> <a href="#">Jukebox</a>         | <input type="checkbox"/> <a href="#">Shooting Gallery</a> |