

### City of Minneapolis Licenses and Consumer Services

505 Fourth Ave. S., Room 220 Minneapolis, MN 55415 Telephone: 612-673-2080 For Office Use Only

AP: Amend/CStckPur MCO: 362.100 Adm Issuance: No

# **License Application: Corporate Shares Purchase- Alcohol Licenses**

**Definition:** All company shares are purchased. The company retains original license and all assets and debts. The business continues regular operations with current officer(s) and shareholder(s). The business must have a current license in good standing. Publicly traded corporations are not required to complete the information below. If you have questions, send an email to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a>, contact your <a href="mailto:License Inspector">License Inspector</a>, or call 612-673-2080.

Failure to notify the City of Minneapolis prior to the sale of Corporate Shares, may be grounds for license suspension, revocation, non-renewal and/or a fine.

	Application requirements
1.	Complete the application and include all the requirements listed below. Incomplete applications may be
	returned. You may send your application by email ( <u>businesslicenses@minneapolismn.gov</u> ), US mail, or drop it
	off at our office.
2.	There is a <u>fee</u> for this application. You can pay by-
	Cash: Do not mail cash, must pay in person
	Check: Make check payable to: Minneapolis Finance Department
	Credit Card: Do not add your credit card information on this application. We will call you to securely
	charge your credit card.
3.	Alcohol License Change Form (Form #1)
	This must be filled out by a current owner, partner, or principle.
4.	Personal Information Form/License Changes (Form #2)
	Every new Officer, Director and Shareholder with 10% or more shares must complete this form.
	New Mangers must complete this form
5.	Source of Funds (Form #3) complete and submit the form
	Submit required financial documents of funding source
6.	State of Minnesota AGE form- ask your Inspector for the correct form for your license type
7.	Corporate Minutes: Attach a copy of the minutes that includes the following information:
	Sale of Shares Approval
	Shares Purchased
	All new Shareholders with percentage % of shares
8.	New Member Control Agreement- All stock certificates must contain the following words, "The transfer of
	this stock certificate is invalid unless approved by the City Council of Minneapolis, MN. No transfer of stock is
	valid or effective unless approved by City Council of Minneapolis."
9.	Shares Purchase Agreement- attach a signed copy
10.	Business Plan- submit an updated Business Plan
11.	Security Plan- submit an updated Security Plan
12.	Submit Affidavit Regarding Employee Benefits (Form #4)

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	1. Type of license change				
Amending a Business Plan				New Corpora	ate Officer
Corporate Name Change				New Manage	er
Corporate Shares Purchase				New Shareho	older/Partner
Downgrading Entertainmer	nt Class			] New Busines	s Name, DBA
Downgrading License Type	Downgrading License Type			Special Late I	Night Food
Expansion of Premises				Upgrading Er	ntertainment Class
☐ Internal Transfer of Shares				Upgrading Li	cense Type
	2. 1	Background			
l,	, as [	Owner 🗌	Par	tner, on beha	If of(Legal Corporation Name of Business)
Business Name (DBA)			Tax ID		
Business E-mail Address			Business Address		
Business Telephone Number	Cell Phone Nu	mber	Current license number		
Manager's Name		Phone	I		Email
Person responsible with 75 m	iles, Name	Phone			Email
Describe any entertainment p	rovided at the	business			
	3	3. Verification	on		
☐ I have read and agree to th		A signature is nditions for e			es, records and payment.
I 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 given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.					
By typing your name, you are e	electronically sig	gning this appl	licat	ion.	
Signature		_Title			Date
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. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.					

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# License Change Form Officers, Owners, and Shareholders

Attach additional sheets if necessary.

List all officers, owners and shareholders. Ownership must add up to 100%.					
N/A – If company is publicly traded, you do not need to list owners and shareholders.					
Name		Address	Telephone	Title	# Shares or % Ownership
l,(print name)	, declare under pena	alty of perjury that as of this dat	e, the following is a t	true and complete list of	all officers,
owners, and/or shareholde	rs of this company.				
☐ I have read and agree to	the <u>Terms and Conditions</u> for electro	onic signatures, records and pay	ment.		
By typing your name, you a	re electronically signing this application	on.			
Signature	Title	Date			

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# Personal Information Form New Alcohol License Applications

Th	s form must be completed by each of the following with a copy of your driver's license or government
iss	ued photo ID attached.
	Applicant
	Manager(s)
	Directors
	Officers
	Owners, Partners and Shareholders who own 10% or more of company shares. If your
	Corporation is publicly traded, owners, partners, and shareholders do not need to complete
	this form.

this form.	, , , , ,	,			•	
	1. Ba	ckground info	ormation			
Legal Corporate Name of	f Business	Trade Name	e of Business (DB	A)		
Street Address of License	Zip Code Business Phone		Cell Phone			
Your Name (First, Middle	e, Last)	Place of Birt	th (City, State)		Date of B	irth
Residential Street Addre	SS	City		State	Zip Code	
Social Security Number of Number (ITIN) Required:		First, middle known by:	e, or last names y	ou hav	e ever used	l or been
Email Address		Title			% of ownership	
List your resi	dences for the past ten	(10) years. Att	ach additional s	heets if	necessary	
Street Address		City, State, 2	Zip		From	То
List name	of employers, occupati Attach addi	ions, and addre tional sheets if	•	t ten (10	0) years.	
Employer	Occupation	Street Addre	ess, City, State, Z	ip.	From	То

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2. Spouse's information							
Spouse's Name			Place of Birth (City	, State)	Date	of Birth	
First, middle, or last nam	nes your spou	se has ever u	sed or been known	by:			
Spouse's Home Address			City		State	Zip Code	
		3. L	icense history				
Have you ever owned or Yes No If yes,	been employ		<b>-</b>	r business	of a sim	nilar nature	:?
Name	Address		City	Stat	e Zip	From	To
						1	
Have you or your spouse	held a City o	f Minneapoli	s Business License?	Yes	No	If yes,	
Type of License						From	То
Have you or your spouse		=		ked, suspe	ended, d	or denied b	y any
government entity?	YesNo	lf yes, explain	1.				
Do you have a business of	or financial in	toract in a lia	wor manufacturing	browery	wholos	alor or off	calo rotail
' <del>-</del> -		•	· —	brewery,	wiloles	aler, or on	Sale retail
ilicerise:iresivo i	license? Yes No If yes, please indicate name and address:						
Have you or your spouse	e ever been co	onvicted of a	ny ordinance violati	on. liguor	law viol	lation, pett	V
misdemeanor, misdeme				· ·		=	=
including Liquor Control	_						
violations. Yes	No If yes,						
Offense		Fine/Pena	alty	City, Sta	te		Date
				<u> </u>			
Do you or your spouse h						o If yes,	
Date filed:	Date filed: Address:  County: State:						
A representative of the (	-	-					<del></del>
Are those individuals or firms authorized to release information to such representative? U Yes D No							

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#### 4. Data privacy advisory

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. This Authorization for Release of Information will expire two years from the date you signed it.

#### 5. 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. After we approve your license, all information is public (MN 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 enforced by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I 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 is 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.

I have read and understand the above Data Practices Advisory.

I have read and agree to the Terms and Conditions for electronic signatures, records and payment.

I, \_\_\_\_\_\_ 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 the State of Minnesota. I understand that false information may

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

result in the denial, suspension, or revocation of my business license.

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 Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses and 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 Acknowledgement 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. I have read and agree to the Terms and Conditions for electronic signatures, records and payment. By typing your name, you are electronically signing this application. Title Signature Date

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## **Source of Funds Costs Reporting Form**

An applicant must report all costs and fund sources associated with pursuing this license 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** your specific costs and sources of funds. Attach additional sheets if necessary.

Applicant's Name:	Business Name:			
Building Expenses (leas	se, equipment purchases, down payments, ass	set agreement, etc.)		
\$	_for	_		
\$	_for	_ Subtotal \$		
Construction Expenses	(upgrading cooking equipment, installation, r	remodeling, etc.)		
\$	_for	_		
\$	_ for	_ Subtotal \$		
<b>Professional Expenses</b>	Professional Expenses (attorney fees, architect fees, consultant fees, etc.)			
\$	_for	_		
\$	_ for	Subtotal \$		
Start Up Costs (insurar	nce, license fees, inventory, etc.)			
\$	_ for	_		
\$	_ for	_ Subtotal \$		
Other Expenses (payro	ll, insurance, SAC charges, other)			
\$	_ for	_		
\$	_ for	Subtotal \$		
Total Costs for pursuin		\$		

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. A sample is listed below.

Applicant's Name:		Business Name (DBA):	
Total Cost to Start the Business (from items listed above.):			
Fund Source	Amount	Documentation Attached	
TOTAL:			

#### Here is a sample of your documentation:

Applicant's Name: A. A. S	Smith	Business Name (DBA): The Company Business
Total Cost to Start the Bu	siness (from i	tems 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	

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#### Per ordinance 362.310: Submit an affidavit regarding employee benefits

Each item on the list below must be completed before this application will be considered complete. By checking the boxes, you are stating that it has been completed, but the City may ask for additional documentation.

No application to record change in the owners, officers, directors or shareholders of a licensed business shall be granted unless there has been submitted in support of the

application an affidavit of the original licensee that the following acts, verifiable by the licensing official, have been performed: 1. That original licensee has posted notice in a conspicuous place or places on the licensed premises notifying all employees of the time, place and date of hearing on the application; 2. That said notice was so posted continuously for a period of at least fourteen (14) days prior to the date of said hearing; 3. The business owners has paid all wages due and owing to all employees or that a valid agreement adequately described therein has been reached with regard to payment of such wages; 4. The business owners has made payment to all employees in satisfaction and in lieu of vacation or holiday time earned by all employees or that a valid agreement adequately described therein has been reached with regard to such vacation or holiday time earned; 5. The business has satisfactorily and completely complied with all obligations pertaining to employer contributions to employee benefit programs, including but not limited to pension plans, hospital, medical life insurance and profit-sharing programs \_\_\_, declare under penalty of perjury that as of this date, the above is a true and complete for each item checked. I have read and agree to the Terms and Conditions for electronic signatures, records and payment. By typing your name, you are electronically signing this application.

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Signature \_\_\_\_\_ Title \_\_\_\_ Date \_\_\_\_