

License Application: License Upgrade

Definition: A change in your license type such as On-Sale Wine to On-Sale Liquor. You must have a license in good standing. A public hearing may be required. This will be scheduled by your [Inspector](#). If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

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 (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. The [fee](#) for this change is the difference between the fees of your current license and your requested license. You can pay by
 - ☐ **Cash:** Drop off your application at our office.
 - ☐ **Check:** Mail or drop off your application at our office.
 - ☐ **Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. ☐ **Alcohol Application for Business Change** (Form #1)
4. ☐ **Upgrade/Downgrade/Name Change - Alcohol License Application** (Form #2)
5. ☐ **State of Minnesota On Sale Liquor, 3.2 Liquor, or Sunday Liquor License Application** (Form #3)
6. ☐ [Certificate of Liability Insurance](#) (Sample Form #4)
7. ☐ **Notification:** You need to send a letter to your [City Council Member](#), [Neighborhood Organization](#), and [Business Association\(s\)](#). Tell them your business name, address and type of license; your name, email address and telephone number; and include your Business Plan. ☐ Attach a copy of your [letters or emails](#).
8. **Are you adding square footage to your physical space?** ☐ Yes ☐ No
 - ☐ If yes, complete and attach an [Expansion of Premises](#) application. A public hearing may be required. This will be scheduled by your [License Inspector](#).
 - ☐ There is a \$500 fee.
9. **Are you changing your layout?** ☐ Yes ☐ No If yes,
 - ☐ Attach an 8 1/2" x 11" scaled drawing. Include the square footage of both the interior and outdoor areas with changes highlighted.
10. **Food Plan Requirement:** Are you doing any of the following:
 - ☐ Starting a food business at a location that NEVER had a license for food business
 - ☐ Adding or replacing equipment that requires gas, plumbing or mechanical connections
 - ☐ Adding or replacing ventless cooking equipment or a ventless hood
 If you checked any of the boxes above, you MUST complete and email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review. **This is a separate review and we cannot approve your license until it is completed.**
 Permits are required for any equipment changes or work requiring gas, plumbing or mechanical connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
11. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. You can also [fill out your form online](#). If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
 - ☐ Attach a copy of your SAC Determination Letter.

Alcohol License Change Form

#1

1. Type of License Change

<input type="checkbox"/> Amending a Business Plan	<input type="checkbox"/> New Corporate Officer
<input type="checkbox"/> Corporate Name Change	<input type="checkbox"/> New Manager
<input type="checkbox"/> Corporate Shares Purchase	<input type="checkbox"/> New Shareholder/Partner
<input type="checkbox"/> Downgrading Entertainment Class	<input type="checkbox"/> Special All Night Bowling /Pool/ Billiards
<input type="checkbox"/> Downgrading License Type	<input type="checkbox"/> Special Late Night Food
<input type="checkbox"/> Expansion of Premises	<input type="checkbox"/> Upgrading Entertainment Class
<input type="checkbox"/> Internal Transfer of Shares	<input type="checkbox"/> Upgrading License Type

2. Background Information

I, _____, as ☐ Owner ☐ Partner, on behalf of _____
(Legal Corporation Name of Business)
request the following (detailed description):

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

<input type="checkbox"/> Interior Expansion: New Seating Capacity: _____ New Fire Occupancy: _____ or <input type="checkbox"/> N/A
<input type="checkbox"/> Exterior Expansion: New Seating Capacity: _____ New Total Customer Capacity: _____ or <input type="checkbox"/> N/A

3. Verification

A signature is required.

- ☐ 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 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 electronically signing this application.

Signature _____ Title _____ Date _____

Upgrade/Downgrade - Alcohol License Application

#2

1. License Type(s) Requested

☐ On Sale

☐ Liquor ☐ Wine ☐ Strong Beer ☐ 3.2 Beer

Type of Business: ☐ Restaurant/Bar ☐ Hotel ☐ Night Club ☐ _____

Sunday Sales license? ☐ Yes ☐ No

If yes, check the food services available on Sundays:

☐ Full Food Menu ☐ Limited Menu with Short Order Service ☐ Grill and Sandwiches Only

☐ _____

2 am license? ☐ Yes ☐ No

2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> _____		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Business Telephone Number		Cell Phone Number
<u>Minnesota Sales Tax ID Number</u> (Required)	Social Security Number or Individual Tax ID (Required)		

Type of Ownership: ☐ Corporation ☐ LLC ☐ Non-Profit ☐ Partnership ☐ Sole Proprietor

3. Business Information

☐ Adding a new license to an existing business. (New License) ☐ Changing Equipment ☐ Remodeling

4. Entertainment

A. Check all categories of entertainment you are planning to provide at your business.

- ☐ No Live Entertainment: Radio, television, electronically reproduced music, and jukebox.
- ☐ Limited Entertainment: 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. No patron dancing.
- ☐ General Entertainment: All forms of entertainment described above and patron dancing.
- ☐ Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude).

B. Describe all of the entertainment you are planning to provide:

5. Company Operations

Give us a brief description of your business.

Gross Square Footage for Business Use: _____

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No

Name of Contractor or Building Manager

Does this include adding/changing equipment that requires a gas or plumbing connection? ☐ Yes ☐ No

Explain the scope of the remodeling or construction.

6. 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. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, 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 electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

7. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

City of Minneapolis Requirements for Liquor Liability Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

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

Minnesota Statute 340A.409:

Liquor liability insurance
policy number must be
included on certificate with
coverage dates identical to
license period or must state:
"Liquor liability coverage is
continuous until cancelled."

Personal Injury or Death:
\$50,000/\$100,000

Property Damage:
\$10,000

Other Pecuniary Loss:
\$50,000/\$100,000

Loss of Means of Support:
\$50,000/\$100,000

<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>									
<p>PRODUCER</p> <p>Agency</p> <p>Address</p> <p>City, State, Zip</p>					<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext):</p> <p>FAX (A/C, No):</p> <p>E-MAIL ADDRESS:</p>				
INSURED					<p>INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A:</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>				
COVERAGES					CERTIFICATE NUMBER:				
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					REVISION NUMBER:				
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY						PERSONAL & ADV INJURY	\$	
	CLAIMS-MADE						GENERAL AGGREGATE	\$	
	OCUR						PRODUCTS - COMPROP AGG	\$	
	GENL AGGREGATE LIMIT APPLIES PER:						COMBINED SINGLE LIMIT (Ea accident)	\$	
	POLICY						BODILY INJURY (Per person)	\$	
	PROJ						BODILY INJURY (Per accident)	\$	
	LOC						PROPERTY DAMAGE (Per accident)	\$	
	AUTOMOBILE LIABILITY						EACH OCCURRENCE	\$	
	ANY AUTO						AGGREGATE	\$	
	ALL OWNED AUTOS						WC STATUTORY LIMITS	\$	
	HIRED AUTOS						E.L. EACH ACCIDENT	\$	
	UMBRELLA LIAB						E.L. DISEASE - EA EMPLOYEE	\$	
	EXCESS LIAB						E.L. DISEASE - POLICY LIMIT	\$	
	CLAIMS-MADE								
	DED								
	RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)								
	If yes, describe under DESCRIPTION OF OPERATIONS below								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
CERTIFICATE HOLDER					CANCELLATION				
<p>ADDITIONAL INSURED:</p> <p>City of Minneapolis – Licenses and Consumer Services</p> <p>505 Fourth Ave. S., Room 220</p> <p>Minneapolis, MN 55415</p>					<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>				

Original signature or
stamp of agent.

Applications will be returned if requirements are not complete.