



City of Minneapolis  
Licenses and Consumer Services  
505 Fourth Ave. S., Room 220  
Minneapolis, MN 55415  
Telephone: 612-673-2080

[www.minneapolismn.gov/businesslicenses](http://www.minneapolismn.gov/businesslicenses)

**For Office Use Only**

AP: Amend/NewOff

MCO: 362.100

Adm Issuance: No

## License Application: New Corporate Officer/Off Sale Liquor

**Definition:** The business continues regular operations but with new officer(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 [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov), contact your [License Inspector](#), or call 612-673-2080.

### 1. 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](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. There is a \$500 fee for this application. 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](mailto: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 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 and director must fill out both sides of this form.
5.  **State of Minnesota Off Sale Intoxicating Liquor License Application (Form #3)**
6.  **Corporate Minutes:** Attach a copy documenting the election of the new officer(s).

### 2. Additional Information

**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."

For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

## 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	

Interior Expansion: New Seating Capacity: \_\_\_\_\_ New Fire Occupancy: \_\_\_\_\_ or  N/A

Exterior Expansion: New Seating Capacity: \_\_\_\_\_ New Total Customer Capacity: \_\_\_\_\_ or  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 \_\_\_\_\_

## Alcohol License Change Form Officers, Owners and Shareholders

Attach additional sheets if necessary.

- New Corporate Officer: List all officers.
- Corporate Shares Purchase: List all officers, owners, and shareholders. Ownership must add up to 100%.
- Internal Transfer of Shares: List all shareholders. Ownership must add up to 100%.
- New Shareholder: List all 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

I, \_\_\_\_\_, declare under penalty of perjury that as of this date, the following is a true and complete list of all officers, owners, and/or shareholders of this company.  
(print name)

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.

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

## Personal Information Form Alcohol License Changes

This form must be completed by each of the following with a copy of your driver’s license or government issued photo ID attached. If your corporation is publicly traded, owners, partners, and shareholders do not need to complete this form.

- Corporate Shares Purchase: Every new shareholder with 10% or more company shares and every new officer and director
- New Corporate Officer: Every new officer and director
- New Shareholder: Every new shareholder with 10% or more company shares
- New Manager

I. Background Information			
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Legal Corporate Name of Business	Trade Name of Business (DBA)		
Street Address of Licensed Premises	Zip Code	Business Phone	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 or Individual Tax ID Number-ITIN <i>(Required)</i>	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.			
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Street Address	City, State, Zip	From	To

List name of employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if necessary.				
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Employer	Occupation	Street Address, City, State, Zip	From	To

**II. Spouse's Information**

Spouse's Name	Place of Birth (City, State)	Date of Birth
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First, middle, or last names your spouse has ever used or been known by:

Spouse's Home Address	City	State	Zip Code
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**III. License History**

Have you ever owned or been employed by a restaurant, bar, or other business of 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, suspended, or denied by any government entity?  Yes  No 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(s) and address(es):

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: \_\_\_\_\_

A representative of the City of Minneapolis will make inquiry of individuals or firms named in this application. Are those individuals or firms authorized to release information to such representative?  Yes  No

#### IV. 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.

#### V. 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, (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 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 \_\_\_\_\_



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**  
 No license will be approved or released until the \$20 Retailer ID Card fee is received

**PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.**

<b>Licensee's MN Sales and Use Tax ID #</b> _____	To apply for a MN sales and use tax ID #, call (651) 296-6181
<b>Licensee's Federal Tax ID #</b> _____	Licensees must register with the Federal Tax and Trade Bureau (TTB), for information call (513) 684-2979 or 1-800-937-8864

**Applicant:**

Licensee Name (Business, Partnership, Corporation)	Business Name (DBA)	Social Security #
Physical Business Address	License Period From _____ To _____	DOB (Individual Applicant)
City	County _____ State _____	Zip Code _____
E-mail Address	Business Phone Number	Applicant's Home Phone #

**If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.**

Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Home Address

1. If a corporation, date of incorporation \_\_\_\_\_, state incorporated in \_\_\_\_\_ If a subsidiary of any other corporation, so state \_\_\_\_\_.  
 If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  
 Yes  No
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. \_\_\_\_\_
3. Is establishment located near any state university, state hospital, training school, reformatory or prison?  
 Yes  No. If yes, state approximate distance. \_\_\_\_\_
4. Name and address of building owner \_\_\_\_\_  
 Has owner of building any connection, directly or indirectly, with applicant?  Yes  No

5. Is/are applicant(s), a member of the governing body of the municipality in which this license is to be issued?  
 Yes  No If Yes, in what capacity? \_\_\_\_\_
6. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
 Yes  No If yes, give name and address of establishment. \_\_\_\_\_
7. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes  No
8. State whether applicant has or will be granted, an On Sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises.  Yes  No  Will be granted
9. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes  No  Will be granted
10. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality.  
 \_\_\_\_\_
11. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)?
12. If this license is being issued by a County Board, is it located in an organized township?  
**If so, attach township approval.**

**Violations**

1. Has applicant(s) had a liquor license revoked in the last 5 years;  Yes  No If so, give dates and details.  
 \_\_\_\_\_
2. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? Yes  No   
 If yes, give dates, charges and final outcome \_\_\_\_\_  
 \_\_\_\_\_
3. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  Yes  No If yes, attach a copy of the summons.

**REPORT BY POLICE/SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any felonies or municipal ordinances relating to intoxicating liquor except as follows:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Police/Sheriff's Department                      Title                      Signature

\_\_\_\_\_  
 County Attorney's Signature



**Insurance (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)**

Licensee must obtain one of the following PER Minnesota Statute 340A.409:

Check one:

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.

**Please review Insurance Certificate before submitting:**

Must be Certificate of Insurance (Declarations or Binders not accepted)

Licensee name on this application and the Insurance Certificate must match EXACTLY.

Must provide physical address of licensed location (No PO Boxes accepted)

Dates of coverage must cover the entire license period.

or

- B. A surety bond from a surety company with minimum coverage as specified in A.

or

- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

**Workers compensation insurance company:** Name \_\_\_\_\_

Policy # \_\_\_\_\_ Number of employees: \_\_\_\_\_

**I certify that I have read the above questions and that the answers are true and correct of my own knowledge.**

Print name of applicant & title

Signature of Applicant

Date