

City of Minneapolis Licenses and Consumer Services

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

www.minneapolismn.gov/businesslicenses

For Office Use Only

AP: Amend/NewOff MCO: 366.100 Adm Issuance: No

License Application: New Corporate Officer/On Sale 3.2 Beer

Definition: The business continues regular operations but with 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, 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 (<u>businesslicenses@minneapolismn.gov</u>), 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 . 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 this form.				
5.	State of Minnesota On Sale Liquor/3.2 Beer License Application (Form #3)				
6.	Corporate Minutes: Attach a copy documenting the election of the new officer(s)				
	2. Additional Information				
Sto	ck Certificate(s) with Restriction on Stock: Minneapolis Code of Ordinances, Chapter 362.330(b) requires				
Cor	porate By Laws and, by extension LLC Member Control Agreements, contain a restriction stating to the effect				
that	i e e e e e e e e e e e e e e e e e e e				
	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				
<u>bus</u>	inesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call				
311	at 612-673-3000.				
Info	rmation in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad				
u ba	aahantahay 612-673-3500.				

1. Type of License Change					
Amending a Business Pla	n	☐ New Corporate Officer			
Corporate Name Change		New Manager			
Corporate Shares Purcha	se	☐ New Shareholder/Partner			
Downgrading Entertainm	nent Class	Special All Night Bowling /Pool/ Billiards			
Downgrading License Typ	oe .	Special Late Night Food			
Expansion of Premises		Upgrading Entertainment Class			
Internal Transfer of Share	es	Upgrading License Type			
	2. Background	l Information			
l,	, as 🗌 Owner 🗌	Partner, on behalf of			
request the following (deta	iled description):	(Legal Corporation Name of Business)			
0(111	,				
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: Ne	w Seating Capacity:	New Fire Occupancy: or N/A			
Exterior Expansion: Nev	w Seating Capacity:	New Total Customer Capacity: or N/A			
	3. Verificat	ion			
	A signature	·			
I have read and agree to the <u>Terms and Conditions</u> 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 by the State of N		alse information may result in the denial, suspension, of			
•	e electronically signing this ap	plication			
	Title	Dutc			

Alcohol License Change Form Officers, Owners and Shareholders

Attach additional sheets if necessary.

New Corporate Officer: List all officer	s.							
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,								
(print name) owners, and/or shareholders of this company.								
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.								
SignatureTitleDate								

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.

officer and dire	res Purchase: Every new shar ector e Officer: Every new officer a der: Every new shareholder w	nd director		y share	es and eve	ry new	
	l.	Background In	formation				
Legal Corporate N	lame of Business	Trade Name	e of Business (DBA)			
Street Address of	Licensed Premises	Zip Code	Zip Code Business Phone			Cell Phone	
Your Name (First,	Middle, Last)	Place of Bir	th (City, State)		Date of B	irth	
Residential Street	Address	City		State	Zip Code		
Social Security Nu Number-ITIN (Red	imber or Individual Tax ID quired)	First, middle known by:	e, or last names yo	ou have	e ever use	d or been	
Email Address		Title	Title % of o			ownership	
List yo	our residences for the past to	en (10) years. At	tach additional sh	eets if	necessary	1.	
Street Address		City, State,	Zip		From	То	
Lis	t name of employers, occupa Attach ad	ations, and addre	-	ten (10) years.		
Employer	Occupation		ess, City, State, Zip)	From	То	

II. Spouse's Information										
Spouse's Name Place of Birth (City, State) Date of Birth										
First, middle, or last name	s your spous	e has ever use	ed or	been kno	own by:					
Spouse's Home Address		(City				State	Zip	Code	
		III. L	Licer	nse Histo	ory					
Have you ever owned or b	een employ	ed by a restauı	rant,	bar, or o	ther busine	ess o	f a sim	ilar ı	nature î)
Name	Address			City		Stat	e Zip	Fro	om	То
Have you or your spouse h Type of License	neld a City of	Minneapolis E	Busin	iess Licen	se?	s <u> </u>	No	-	om	То
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 license? Yes No If y		erest in a liquondicate name(s			•	ry, w	holesa	aler,	or off s	ale retail
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:	<u></u>		:	dia da a da	. r : .		ا اد د	- 4l-'-	
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?										

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	1.
I have read and understand the	ne above Data Practices Advisory	'.
I have read and agree to the]	Terms and Conditions for electron	nic signatures, records and payment.
of perjury under the laws of the Sattached documents is true and c	correct. All information is subject	, certify or declare under penalty mation on this application, checklist, and to verification by the State of Minnesota. Insion, or revocation of my business license.
By typing your name, you are ele	ctronically signing this application	n.
Signature	Title	<u>Date</u>



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: license types:	1) City issued	ed by law to complete and si on sale intoxicating and Sur ounty issued 3.2% on and of	day liquor licenses	S	the following liquor
Name of City or Coun	aty Issuing Liquo	or License	License Period	From:	To:
Check One New Li	cense License	e Transfer(former licensee n	Suspens	sion Revocation	Cancel(Give dates)
License type: (check a	all that apply)	On Sale Intoxicating	Sunday Liquor	3.2% On sale	3.2% Off Sale
Fee(s): On Sale Licen	se fee:\$	_ Sunday License fee: \$	3.2% On Sa	le fee: \$3.2	2% Off Sale fee: \$
Licensee Name:(co	rporation, partnersh	ip, LLC, or Individual)	SoSo	cial Security #	
Business Trade Name		Business	Address	(City
Zip Code Co	ounty	Business Phone	H	ome Phone	
Home Address		City		Licensee's MN Ta	x ID #
If above named licens Partner/Officer Name (Fire		on, partnership, or LLC, com	Social Security #	g for each partner/o	Home Address
(Partner/Officer Name (Fi	rst Middle Last)	DOB	Social Security #		Home Address
Partner/Officer Name (Fir	st Middle Last)	DOB	Social Security #		Home Address
must contain all of the	following:	ch a certificate of Liquor Lia	•		
2) Cover completely	the license perio	d set by the local city or cou	nty licensing autho	ority as shown on th	e license.
Circle One: (Yes	No) During th	e past year has a summons b	een issued to the li	censee under the C	ivil Liquor Liability Law
Workers Compensation	on Insurance is a	lso required by all licensees:	Please complete t	he following:	
Workers Compensation	on Insurance Con	mpany Name:		Policy #	
I Certify that this licer City Clerk or County	nse(s) has been a Auditor Signatu	approved in an official meeting	ng by the governing (title)	g body of the city o Date	or county.

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at https://dps.mn.gov/divisions/age/Pages/default.aspx.