

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: 362.100 Adm Issuance: No

License Application: New Corporate Officer/On Sale Liquor

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 (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 . 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
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
<u>businesslicenses@minneapolismn.gov</u> . 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					
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		ersonal 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. Verification					
	A signature	·			
		electronic signatures, records and payment.			
<u> </u>		aws of the State of Minnesota that the information on			
		and correct. All information given is subject to			
revocation by the State of N		alse information may result in the denial, suspension, o			
•	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 off Internal Transfer of Shares: List all sha New Shareholder: List all shareholders	reholders. Ownership must add up	to 100%.	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 com	pany.					
I have read and agree to the <u>Terms a</u>	nd Conditions for electronic signat	ures, records and paym	nent.			
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.

officer and dire New Corporate	es Purchase: Every new sha ctor Officer: Every new officer a er: Every new shareholder v	and director		ny shar	es and eve	ry new		
	l.	Background In	formation					
Legal Corporate N	ame of Business	Trade Name	e of Business (DB	A)				
Street Address of Licensed Premises		Zip Code	p Code Business Phone			Cell Phone		
Your Name (First,	Middle, Last)	Place of Bir	Place of Birth (City, State)			Date of Birth		
Residential Street	Address	City		State	Zip Code			
Social Security Number or Individual Tax ID Number-ITIN (Required)		First, middle known by:	First, middle, or last names you have ever used or been known by:					
Email Address		Title	Title			% of ownership		
List yo	ur residences for the past t	en (10) years. At	tach additional s	heets if	necessary	1.		
Street Address		City, State,	Zip		From	То		
List	name of employers, occup	pations, and addre	esses for the past	ten (10	0) years.			
	Attach ac	lditional sheets if	necessary.					
Employer	Occupation	Street Addr	ess, City, State, Z	ip	From	То		

II. Spouse's Information										
Spouse's Name Place of Birth (City, State) Date of Birth										
First, middle, or last name	First, middle, or last names your spouse has ever used or been known 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	d.				
I have read and understand th	ne above Data Practices Advisory	/.				
I have read and agree to the J	<u>Ferms and Conditions</u> for electro	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. I nsion, or revocation of my business license.				
By typing your name, you are electronically signing this application.						
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	red by law to complete and on sale intoxicating and Su ounty issued 3.2% on and of	inday liquor licenses	•	the following liquor
Name of City or Count	ty Issuing Liqu	or License	License Period I	From:	To:
Check One New Lic	ense License	e Transfer(former licensee	Suspensi	on Revocation	Cancel(Give dates)
License type: (check al	ll that apply)	On Sale Intoxicating	Sunday Liquor	3.2% On sale	3.2% Off Sale
		Sunday License fee: \$			
Licensee Name:	poration partnersh	nip, LLC, or Individual)	B Soc	ial Security #	
		Busines			
Zip Code Co	unty	Business Phone	Но	ome Phone	
_		City			
Partner/Officer Name (First		on, partnership, or LLC, co	Social Security #	for each partner/o	Home Address
(Partner/Officer Name (First		DOB	Social Security #		Home Address
Partner/Officer Name (First	t Middle Last)	DOB	Social Security #		Home Address
must contain all of the	following:	ch a certificate of Liquor L poration, partnership, LLC,	•		
2) Cover completely the	he license perio	od set by the local city or co	unty licensing author	rity as shown on th	ne license.
Circle One: (Yes	No) During th	e past year has a summons	been issued to the lic	ensee under the C	ivil Liquor Liability Law
Workers Compensation	n Insurance is a	also required by all licensees	s: Please complete th	ne following:	
Workers Compensation	n Insurance Co	mpany Name:		Policy #	
I Certify that this licentee City Clerk or County A	se(s) has been a Auditor Signatu	approved in an official meet re	ing by the governing	body of the city o	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.