



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: 363.100

Adm Issuance: No

License Application: New Corporate Officer: On Sale Wine

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, 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 City/County On Sale Wine 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. 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.

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 _____

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

#2

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				
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.				
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.				
Employer	Occupation	Street Address, City, State, Zip	From	To

II. Spouse's Information					
Spouse's Name		Place of Birth (City, State)		Date of Birth	
First, middle, or last names your spouse has ever used or been known by:					
Spouse's Home Address		City		State	Zip Code
III. License History					
Have you ever owned or been employed by a restaurant, bar, or other business of a similar nature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,					
Name	Address	City	State	Zip	From To
Have you or your spouse held a City of Minneapolis Business License? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.					
Do you have a business or financial interest in a liquor manufacturing, brewery, wholesaler, or off sale retail license? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,					
Offense	Fine/Penalty	City	State	Date	
Do you or your spouse have any delinquent personal or business taxes? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7510 Fax 651-297-5259 TTY 651-282-6555
APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
(Not to exceed 24% of alcohol by volume)

#3

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name _____ Policy Number _____

Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Business Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code

Is this application <input type="checkbox"/> New	License Period From _____ To _____
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If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If a subsidiary of another corporation, give name and address of parent corporation

BUILDING AND RESTAURANT

Name of building owner		Owner's address	
Are property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort etc.), describe business

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED

- ☐ Yes ☐ No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- ☐ Yes ☐ No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- ☐ Yes ☐ No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- ☐ Yes ☐ No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

☐ Yes ☐ No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

☐ Yes ☐ No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

The licensee must have one of the following:

☐ 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. Attach "**CERTIFICATE OF INSURANCE**" to this form.

☐ A surety bond from a surety company with minimum coverage as specified above in.

☐ A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

☐ Yes ☐ No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney

County

Date

REPORT BY POLICE OR 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 violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature

Department and Title

Date

IMPORTANT NOTICE

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.