

## License Application: Off Sale 3.2 Beer

**Definition:** The sale of 3.2 beer in original packages in drugstores, grocery stores, gas stations, etc. for drinking away from the business. 3.2 beer is malt liquor containing 3.2% alcohol by weight. The applicant, managing partner, or corporate manager must be a resident of the State of Minnesota.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

### 1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a <a href="#">fee</a> , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> <b>Cash:</b> Drop off your application at our office. <input type="checkbox"/> <b>Check:</b> Mail or drop off your application at our office. <input type="checkbox"/> <b>Credit Card:</b> Mail, drop off or email your application to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . <b>Do not add your credit card information on this application.</b> We will call you to securely charge your credit card.
3. <input type="checkbox"/> <b>Floor Plan:</b> Attach an 8.5" by 11", scaled diagram. Include the square footage and labels. Mark the locations of your security cameras.
4. <input type="checkbox"/> <b>Items for Sale:</b> Attach a copy of the list of all items for sale.
5. <b>State of Minnesota On Sale Liquor, 3.2% Liquor, or Sunday Liquor License Application (Form #1)</b>
6. <b>Background Check:</b> <input type="checkbox"/> Attach a <a href="#">Data Privacy Advisory</a> (Form #2): This is required for the applicant; each owner, partner, and shareholder; and the corporate manager. Include a copy of your driver's license and background report. This report must be dated <b>within 30 days</b> of receipt of this application and is available from the <a href="#">State of Minnesota Bureau of Criminal Apprehension</a> at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all <a href="#">state telephone numbers</a> . No one can have a felony conviction, or two other convictions, in the last five (5) years related to the sale, possession, manufacture, or transportation of liquor or beer.
7. <b>Corporate Minutes</b> – If applicant is a corporation, attach a copy of each of the following: <input type="checkbox"/> Bylaws <input type="checkbox"/> Articles of incorporation <input type="checkbox"/> Minutes of the meeting approving the officers of the corporation <input type="checkbox"/> Minutes of the meeting authorizing the issuance of stock; a list of all people holding stocks; and the number of stocks held by each person. <input type="checkbox"/> N/A – Applicant is not a corporation.
8. <input type="checkbox"/> <b>Attach the Exact Legal Description</b> of the premises to be licensed and documentation that real estate and personal property taxes are paid: <a href="http://www.co.hennepin.mn.us">www.co.hennepin.mn.us</a> /Property Information Search <input type="checkbox"/> If not paid, include the amount and years the taxes are due.
9. <b>Notification:</b> You need to send a letter to your <a href="#">City Council Member</a> , <a href="#">Neighborhood Organization</a> , and <a href="#">Business Association</a> . Tell them your business name, address, and type of license; your name, email address and telephone number; and describe your business. A <a href="#">sample letter</a> is on our website. <input type="checkbox"/> Attach a copy of your letter or emails.

10. **Certificate of Liability Insurance** (Sample Form #3) - This must be furnished by your insurance agent. Minnesota state statute [340A.409](#) requires a minimum Liquor Liability coverage of \$50,000/\$100,000 injury; \$10,000 property damage; and \$50,000/\$100,000 for loss of support.
- ☐ Attach a copy or
- ☐ I am exempt because I have one of the following:
- ☐ On Sale 3.2 Beer License with sale of less than \$25,000 last year
- ☐ Off Sale 3.2 Beer License with sales of less than \$50,000 last year
- ☐ I understand I must provide the required insurance if sales exceed that amount during any given year. The total sales of 3.2 beer for the upcoming year are estimated to be \$ \_\_\_\_\_. The total amount of sales must be provided to qualify for the exemption.
11. **Equipment:** Are you replacing or adding
- ☐ New kitchen or bar equipment that requires gas, plumbing or mechanical connections
- ☐ Ventless cooking equipment or a ventless hood
- If you checked either box above,
- ☐ You must complete and email a [Food Plan Review Form](#) to [development@minneapolismn.gov](mailto: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 equipment with gas, plumbing or mechanical connections.
- ☐ I do not need any permits for my kitchen equipment.
- If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).
12. **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. If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).
- ☐ Attach a copy of your SAC Determination Letter.
13. **State of Minnesota Buyer's Card:** This should be mailed to Department of Public Safety, Alcohol and Gambling Enforcement Division, 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133 two weeks before your license is approved by the Minneapolis City Council.
14. **Federal Tax Stamp:** You are required to complete the Department of Treasury Alcohol Dealer Registration and mail to: Alcohol and Tobacco Tax and Trade Bureau, 550 Main Street, Suite 8002, Cincinnati, OH 45202.
15. **Surveillance Cameras:** Off sale liquor businesses are required to have a surveillance camera operating in your store during all business hours.

## 3.2 Off Sale Beer License Application

### 2. Applicant Information

Legal Company Name		Business Name/DBA	
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager	
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	

**Social Security Number or Individual Tax ID (Required):**

**Minnesota Sales Tax ID Number (Required):**

Type of Ownership:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	Date of Incorporation	State of Incorporation
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			Proposed Opening Date:	

### Spouse

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 Residential Street Address	City	State Zip Code

### 3. Business Information

<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant:	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business:
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

### 4. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
Give us a brief description of your business.	
Are you sharing the license premises with any other business? If yes, describe:	
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
Does this include adding/changing equipment that requires a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain the scope of the remodeling or construction.	

## 5. Owners - Attach additional sheets if necessary.

A. List all officers.

B. List all owners, shareholders, and partners unless your company is publicly traded. Ownership must add up to 100%.

☐ N/A – Corporation is publicly traded.

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

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Name of Manager(s)		Date(s) of Birth	

Has the applicant or any owner, partner, or manager been convicted of a crime? ☐ Yes ☐ No  
 If yes, attach specific information about the dates and conviction.

Does the applicant or any owner, partner, or manager have or previously held a license in Minneapolis? (business or individual) ☐ Yes ☐ No If yes, describe.

Has the applicant or any owner, partner, or manager ever had a license denied or revoked by any government agency? ☐ Yes ☐ No If yes, list the date of denial/revocation, government agency, and reason for denial/revocation.

Name and address of responsible person w/in 75 miles	Telephone Number
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## 6. Off Duty Police

Will you hire off-duty police officers at any time during the license year? ☐ Yes ☐ No If yes, send us a copy of your insurance approximately two weeks before your Minneapolis license is approved.

☐ Certificate of Liability Insurance: This must be furnished by your Insurance Agent. You are required to have public liability or damages covering during all periods of employment of an off-duty city employee in the sum of \$100,000 per occurrence and \$300,000 aggregate for personal injury or death and \$5,000 per occurrence for property damage.

☐ Certificate of the Workers Compensation Policy for off-duty police officer(s) during employment with the licensee.

☐ I agree that the city will be held harmless and the licensee will assume the defense of the city against any claim or lawsuit against it by reason of the licensee's employee also being an off-duty city police officer.

## 7. Workers Compensation

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers compensation insurance because ☐ I am self-insured. ☐ I am the sole proprietor and I have no employees. ☐ I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

## 8. 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 \_\_\_\_\_

## 9. 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](mailto: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. Hadio aad Caawimaad u baahantahay 612-673-3500.





**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)

## Data Privacy Advisory

Complete the information below and attach the following:

- ☐ A copy of your driver's license or state identification card
- ☐ Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](http://State of Minnesota) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

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.

## Authorization for Release of Information

**This Authorization for Release of Information will expire two years from the date you signed it.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_

- ☐ I have read and understand the above Data Privacy Advisory.
  - ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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

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.																																																													
<b>IMPORTANT:</b> 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).																																																													
<b>PRODUCER</b> Agency _____ Address _____ City, State, Zip _____					<b>CONTACT</b> NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																																																								
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<b>CERTIFICATE HOLDER</b> ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave. S., Room 220 Minneapolis, MN 55415					<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____																																																								

Original signature or  
stamp of agent.

**Applications will be returned if requirements are not complete.**