

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

Expiration: April 1 AP: BLFood/BLRest or BLFoodMan MCO: 188 Adm Issuance: Yes

License Application: Restaurant

Definition: A food business preparing food and beverages for customers. A license is required for delicatessens, sit-down restaurants, fast food restaurants, and coffee shops. If you have 12 or fewer seats, you will receive a Food Manufacturer license. If you plan to serve liquor, wine, or beer, complete an <u>alcohol license application</u>. You will not need to fill out a restaurant application if you are serving alcohol.

If you have questions, send an email to <u>businesslicenses@minneapolismn.gov</u> 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 fee, plus a new license processing charge, 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.	Floor Plan (Form #1): Attach an 8.5" by 11", scaled diagram. Include the square footage as well as labels of the interior and outdoor areas.				
4.	Certified Food Protection Manager: The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening. Attach a copy of your Minnesota Department of Health certificate. I currently do not have a Certified Food Protection Manager.				
5.	Background Check: Attach a Data Privacy Advisory (Form #2): This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated within 30 days of receipt of this application and is available from the 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. No one can have a conviction in the last five (5) years related to operating a food business. This also can include food subsidy program or controlled substances violation.				
6.	Menu: Attach a copy of the menu and/or list of food items for sale.				
7.	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. 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 .				

8.	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 . Attach a copy of your SAC Determination Letter.
	2. Additional Licenses
Wd	ould you like to apply for another license?
	Check all that apply and attach the documents listed.
2.	You do not need to complete any additional applications.
3.	You will be charged a fee for each additional license. Fees may be discounted. If you have any questions, send
_	an email to businesslicenses@minneapolismn.gov or call 612-673-2080.
	Food Catering: A restaurant or business preparing and/or serving food at an event. The customer pays for all
	food and expenses. There is nothing available for individual sale. A license is not required for delivery of food
	such as box lunches or pizza. A vehicle inspection is required. There is a <u>fee</u> for this inspection.
Ш	Food Distributor: Selling or re-selling packaged foods to retail businesses.
	Food Truck: Preparing and/or serving foods from a self-contained vehicle.
	Complete and attach a Food Truck – Add a license application.
	Micro Wholesaler Food License Endorsement Attach a list of each retailer's name, address, and a description of the food for sale. If this list changes, contact your License Inspector.
	Sidewalk Café: An outdoor area of a restaurant where food and drinks are served to customers. A public hearing may be required. This will be scheduled by your <u>Inspector</u> . This will not delay opening your restaurant. Certificate of Liability Insurance
	\$50,000 per occurrence and \$300,000 aggregate for personal injury or death
	\$10,000 per occurrence for property damage.
	The City of Minneapolis shall be named as an additional insured.
	8 ½" x 11" scaled sidewalk café plan that conforms to all of the city's Sidewalk Café Standards. Your plan
	must meet these standards before we can approve your license.
	# Chairs # Tables Square Footage Maximum Capacity
	Hours You need to send a letter to your <u>City Council Member</u> , <u>Neighborhood Organization</u> , and <u>Business Association</u> . Tell them your business name, address and type of license, your name, email address and telephone number. Describe your sidewalk café. A <u>sample letter</u> is on our website. Attach a copy of your
	letter.
	Tobacco: The sale of tobacco and tobacco products in retail stores. (<u>Tobacco Dealer License Fee</u>) Attach a <u>Tobacco - Add a License Form</u> .
	Vending Machines: This license allows two (2) free vending machines at your business. Attach a list with the type of food/items in each machine.

3. Applicant Information				
egal Company Name Business Name/DBA				
Name (Last, First, MI)	Owner Partner [On Site Manager		
Business Address	City	State	Zip Code	
Mailing Address (if different than business address)	City	State	Zip Code	
E-mail Address	Cell Phone Number	Business Telephone Number		
Minnesota Sales Tax ID Number (Required)	Social Security or ITIN Number (Required)			
Type of Ownership: Corporation LLC Sole Proprietor Partnership Non-Profit	Date of Incorporation	State of Incorporation		
Is this business publicly traded?	Proposed Opening Date:			
4. Business I	4. Business Information			
License(s) Requested:				
 Starting a new business in a new building. (New Business) Starting a new business in an existing building. (New Business) Name of Previous Tenant: 	 Adding a new license to an existing business. (New License) Taking over an existing business. (New Owner) Name of existing business: 			
Changing Equipment. Remodeling Only.				
5. Ow	ners			
List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.			γ.	
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 %		
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	%
6. Company	Ор	erations		
Interior		Exterio	r	
Gross Square Footage for Business Use:	Gro	oss Square Footage for Bus	iness Use: _	
eating Capacity: Fire Occupancy: Seating Capacity: Max Capacity: ays and Hours of Operation: Days and Hours of Operation:				
Give us a brief description of your business.				
 A. Entertainment: Check all categories of entertainment you are planning to provide at your business. No Live Entertainment: Radio, television, electronically reproduced music and jukebox. Limited Entertainment: Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing. General Entertainment: All forms of entertainment described above and patron dancing. Describe: Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). B. Describe all of the entertainment you are planning to provide: 				
List any licenses you currently have or previously held in Minneapolis (business or individual).				
Have you ever had a business license denied or revoked by any government entity? Yes No If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.				
Are you planning or have you completed any construction or remodeling? Yes No	Naı	me of Contractor or Buildii	ng Manager	
Are you adding/changing equipment that requires \square a gas connection \square a plumbing connection \square ventless cooking equipment and/or \square use of a ventless hood?				
Explain the scope of the remodeling, construction and/or equipment changes.				

7. Workers Compensation						
Workers' Compensation Company	Policy Number	Dates of Coverage				
)r					
I certify that I am not required to carry workers compe						
am the sole proprietor and I have no employees.	• •	-				
compensation law. Only employees who are specifica	• •	-				
workers compensation law. These include spouse, par	•	s of age. All other workers				
whose work is controllable by the employer must be o	overed.					
8. Verification						
The City of Minneapolis uses the information on this a	The City of Minneapolis uses the information on this application to determine qualifications for a license.					
You are not legally required to provide this informatio	n. If you refuse, we cannot	approve your application.				
MN Statute 270C.72 requires your Minnesota Tax ID N	lumber and either a Social Se	ecurity Number or				
Individual Tax ID Number. These may be given to the I	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 <u>Terms and Conditions</u> 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 pers	on or location.					

- 3. <u>Surveillance Cameras</u>: Confectionary Stores, Gasoline Filling Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.
- 4. 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.
- 5. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Minneapolis Community Planning and Economic Development

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Every application for a restaurant or alcohol license must include a floor plan. A sample is below. Attach an 8 ½" x 11" diagram of both your **Interior and Exterior** premises. Include dimensions. Hand drawn floor plans are fine if they are legible. Drawings for outdoor areas may be on a separate sheet. If your outdoor area is on the public sidewalk, a Sidewalk Café License is required. Include the following on your plan:

- 1. Business name (DBA), building name, address, contact person and telephone number
- 2. Dimensions and square footage of the food service areas. Label mezzanine levels, fixed seating, etc.
- 3. All doors, windows, other openings and emergency access
- 4. The occupant load calculated by the designer
- 5. The number and size of tables
- 6. The number of chairs and their location to the tables. Seating needs to equal number of patrons stated in your license application.
- 7. Bar Area: The space designed and utilized for drinking alcohol or providing entertainment. Your total indoor bar area cannot be larger the area for your type of license. Include square footage (no more than 20% or 30%). This space would include a dance floor, stage, or game room, with no seated food service. Outdoor bar areas may include sport courts such as bocce ball or volleyball, for example.

Outdoor Area Diagrams must also include the following:

- 1. All outdoor areas accessible to and building and non-building occupants. This includes yards, patios, cafes, courts, dog areas, rooftops, etc.
- 2. Umbrellas, planters, stanchions, fences, lights, signs, etc.
- 3. Planted, groomed or landscaped areas next to the outdoor area
- 4. Heating elements and location of storage area for gas cylinders
- 5. There must be 5% or at least one table which is ADA accessible.
- 6. Access and Egress: Your business plan should describe how you will control this.

DBA: Living the Dream Address: 1313 Mockingbird Building Name: Empire State Contact Applicant: Doe John Telephone: 612-555-5555

Interior

Sq Footage: 6000 sq ft Dining Sq Footage: 5000 sq ft

Seating Capacity: 53

6 Tables (4' x 4') all accessible 24 Chairs

9 Booths (2' x 4') w/ 18 seats Bar Area (800 sq ft)

Occupant Load: 60

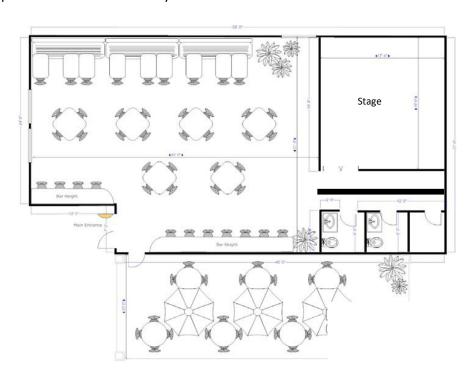
Exterior

Sq Footage: 2000 sq ft Dining Sq Footage: 1800 sq ft Seating Capacity: 24

6 Tables (4' x 4') all accessible

24 Chairs

Occupant Load: 40 Prepared by: M. I. Architects





Complete the information below and attach the following:

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Data Privacy Advisory

Background Report: Thi	<u>Vlinnesota</u> Bureau of Crim	rithin 30 days of receipt of this application and is ninal Apprehension at 1430 Maryland Ave E. St. Par	ul,	
The Minnesota Data Practices A	ct 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 this to check driving history, criminal history, arrest records, warrant information, and other relevant record				
You are not legally required to approve your application.	provide this information.	If you do not, we cannot complete our investigatio	n or	
• •	•	sed by the Minneapolis Police Department, Lice and Consumer Services, the Minneapolis City Cou		
	Authorization for Relection Release of Information will First Name	Ease of Information Il expire two years from the date you signed it. Middle Name		
Also Known As:		Date of Birth:		
Title:		<u>—</u>		
☐ I have read and understand☐ I have read and agree to the By typing your name, you are el	Terms and Conditions fo	or electronic signatures.		
Signature:		Date:		