

## 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: BLAmend/ BLAddLate MCO: 360.80 Adm Issuance: Yes

## **License Application: Special Late Night Food**

Definition: Any business with an on-sale liquor, wine, or beer license may apply to remain open to serve food later than your authorized hours. Your business must be licensed as a restaurant or banquet facility. During the special late night hours, your menu must include at least four entrees, sandwiches, or other principal food items. You may not serve alcohol during the special late night hours. Except for Sundays, your business must be open for eight continuous hours, plus the hours allowed by the special late night hours food license. A maximum of 50 special late night food licenses will be issued at any one time.

If you have questions, send an email to 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. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it				
	off at our office.				
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 <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . 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)				
4.	Amended Business Plan (Form #2)				
	Police Safety Plan Review Form				
	Sound Management Plan				
2. 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				
	<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.				
4.	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 Plan	New Corporate Officer					
Corporate Name Change	New Manager					
Corporate Shares Purchase	New Shareholder/Partner					
Downgrading Entertainment Class	Special All Night Bowling /Pool/ Billiards					
Downgrading License Type	Special Late Night Food					
Expansion of Premises	Upgrading Entertainment Class					
Internal Transfer of Shares	Upgrading License Type					
2. Background Information						
I,, as Owner Partner, request the following detailed description on behalf of:  (Legal Corporation Name of Business)						
Business Name (DBA)	Business Address					
Business E-mail Address	rsonal E-mail Address					
Business Telephone Number   Cell Phone Number	pe and Class of License(s) Currently Held					
Interior Expansion: New Seating Capacity:	New Fire Occupancy: or N/A					
Exterior Expansion: New Seating Capacity:	New Total Customer Capacity: or 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.						
verification by the State of Minnesota. I understand that revocation of my business license.	false information may result in the denial, suspension, or					

## **Amended Business Plans**

Attach a typed report describing in detail changes to your business operations. You may attach extra documents to your report.

your report.	
<ul> <li>Alcohol Server Training Plan. Describe staff training that includes:</li> <li>Name of trainer</li> <li>Topics covered</li> <li>Ongoing training program</li> <li>Policy for carding and the use of electronic ID Scanners</li> <li>Reward and discipline policy for serving alcohol to minors and</li> <li>Self-audits</li> <li>Our website has for more information about Alcohol Service Resources.</li> <li>No changes.</li> </ul>	
<ul> <li>Safety. Attach your Police Safety Plan Review Form to help prevent illegal behaviors and disorderly custor your business, parking area, and neighborhood.</li> <li>No changes.</li> </ul>	ners at
3. Noise. Attach your <u>Sound Management Plan</u> which details how you will manage sound from your busines Sound Plan is not required for Off Sale Liquor stores. No changes.	s. A
4. Litter Removal. You are required to clean litter within a 100 foot radius from your business. Describe you for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather mont. No changes.	•
<ul> <li>5. Entertainment. Describe the following:</li> <li>type of entertainment at your business</li> <li>days and hours of the entertainment and</li> <li>age group which the entertainment is directed</li> <li>No changes.</li> </ul>	
<ul><li>Team Sponsorships. Tell us the types of teams you may sponsor: softball, broomball, soccer, rugby, footb other competitive sports.</li><li>No changes.</li></ul>	all, or
<ul> <li>7. Hours of Operation.</li> <li>Specify the hours for every day of the week</li> <li>Include both inside and outside hours</li> <li>No changes.</li> </ul>	
<ul> <li>8. Food Service.</li> <li>List the hours of full food service and reduced food service</li> <li>Include the staffing model of your kitchen</li> <li>No changes.</li> </ul>	
9. Charitable Gambling Activities. Identify the types of games, hours, gambling manager and name of charity No changes.	
10. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales. Include a resume or sum of work experience. No changes.	mary

<ul><li>11. Advertising. Attach a copy of all the sites you tents, etc.</li><li>No changes.</li></ul>	will advertise, such as social m	edia, website, flyers, coupons, table				
<ul> <li>12. Promoters. If you plan to work with promoters, you must have a written signed contract that includes the following: <ul> <li>Statement of truth in advertising</li> <li>Cancellation rights if contract is not followed</li> <li>Promoter contact information</li> <li>Submit a sample contract. Signed contracts must be made available to licensing official upon request.</li> <li>No changes.</li> </ul> </li> </ul>						
Acknowledgement and Agreement						
I, (print name), an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:						
<ul> <li>☐ The attached business plan is a true and correct; and</li> <li>☐ Any material change in the business plan must be submitted to an approved by the Business Licenses</li> <li>☐ Division before implementation; and</li> <li>☐ Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.</li> <li>☐ I have read and agree to the Terms and Conditions for electronic signatures.</li> <li>By typing your name, you are electronically signing this application.</li> </ul>						
Signature of Applicant:	Title:	Date:				