

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 plan to serve liquor, wine or beer, complete an *alcohol license application*. You will not need to fill out a restaurant application if you are serving alcohol.

Note: We are upgrading our website. Any item in *blue italics* can be found on the Minneapolis Business Licenses website. We are sorry for this temporary inconvenience. Underlined words in dark blue are active hyperlinks.

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.
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:** The following is required for the applicant and each owner and/or partner. No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food a subsidy program or controlled substances violation.
 - Attach a copy of a driver's license or state identification card
 - Attach a **Data Privacy Advisory** (Form #2)
 - Attach a five year background report. This must be dated **within 30 days** of receipt of this application. This 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. A list of all state telephone numbers is on the **Background Reports**.
6. **Menu:** Attach a copy of the menu and/or list of food items for sale.
7. **Equipment:** Are you replacing or adding new kitchen or bar equipment? Yes No
 - If yes, attach a list of equipment and specifications. Permits are required for equipment with gas, plumbing or mechanical connections. Email a **Food Plan Review Form** (Form #3) to development@minneapolismn.gov. There is a fee for this review.
 - No. 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.

2. Additional Licenses

Would you like to apply for another license?

1. 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 [fee](#) for this inspection.
- Food Truck:** Preparing and/or serving foods from a self-contained vehicle.
 Complete and attach a **Food Truck Supplemental Information Form**.
- 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 Inspector. 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**.
 Notification with your name, business name, business address and telephone number; Attach copies of **letters** or emails that have been sent to your **City Council Member**; **Business Association(s)**; and **Neighborhood Organization(s)**
- Tobacco:** The sale of tobacco and tobacco products in retail stores. ([Tobacco Dealer License Fee](#))
 Attach a **Tobacco Supplemental Information Form**.
- 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

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> 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	Social Security Number or ITIN		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

4. Business Information

License(s) Requested:

<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.

5. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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 Operations

Interior	Exterior
Gross Square Footage for Business Use: _____	Gross Square Footage for Business Use: _____
Seating Capacity: _____ Fire Occupancy: _____	Seating Capacity: _____ Fire Occupancy: _____
Days and Hours of Operation:	Days and Hours of Operation:

Give us a brief description of your business.

Entertainment: Check all categories of entertainment you are planning to provide at your business.

No Live Entertainment: Radio, television, electronically reproduced music and jukebox. Describe:

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. Describe:

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). Describe:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

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 data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment. ([Electronic Signature Terms and Conditions](#) is also available on the Business Licenses' website.)

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. **Surveillance Camera:** 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@minneapolis.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.

Floor Plan Standards

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.

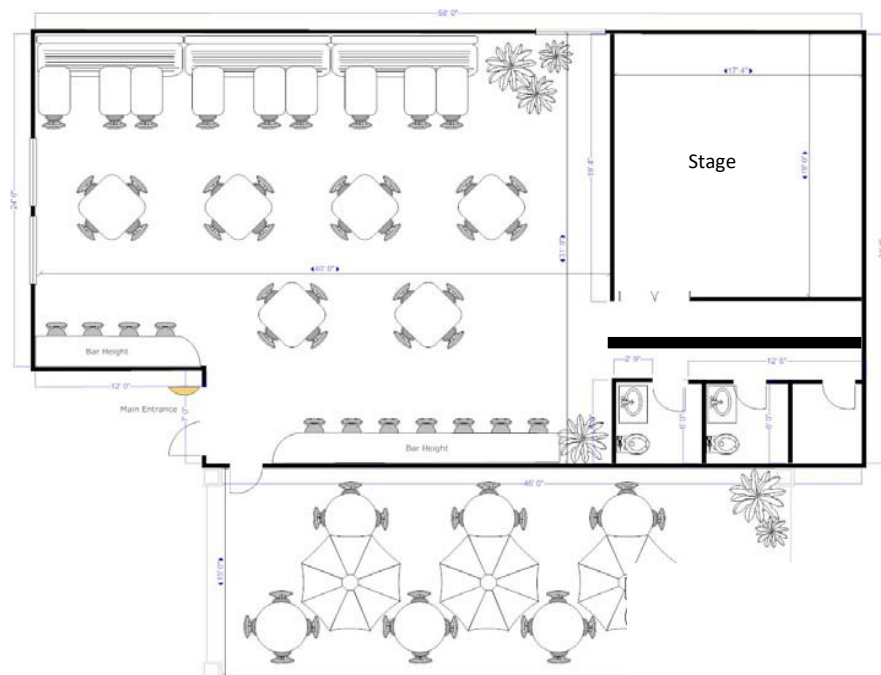
Outdoor Area Diagrams must also include the following:

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



Minneapolis Police Department

Data Privacy Advisory

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

**Authorization for Release of Information
(Only print or type legibly)**

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

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth: _____

Driver's License Number _____ Expiration Date _____

I have read and understand the above data practices advisory.

By typing your name, you are electronically signing this document.

Signature _____ Date _____



Food Business Plan Review Application

#3
 Environmental Health
 250 South 4th Street, Room 300
 Minneapolis, MN 55415-1316
 Phone: 612-673-3000

This application must be completed and emailed to development@minneapolismn.gov. This application is required if you are:

- Building a new food establishment or converting existing space into a food establishment
- Expanding or remodeling an existing food establishment
- Adding any equipment that requires gas, mechanical, or plumbing permits

Applicant information			
Legal/Corporate Name of Business	Business Name/DBA		
Mailing Address	City	State	Zip Code
Name of Applicant	Email Address	Cell Phone Number	
Business Address	City	State	Zip Code
Construction category – Check one			
<input type="checkbox"/> New construction; New Food Truck	<input type="checkbox"/> Change of equipment requiring gas, mechanical or plumbing permit		
<input type="checkbox"/> Remodel (New Owner, Same Business)	<input type="checkbox"/> Remodel (New Owner, Different Business)		
<input type="checkbox"/> Remodel (Same Owner, Same Business)	<input type="checkbox"/> Remodel (Same Owner, Different Business)		
License type - Check all that apply			
<input type="checkbox"/> Commissary or Community Kitchen	<input type="checkbox"/> Food Manufacturer (Bakery, Deli, Café, etc.)	<input type="checkbox"/> Meat Market	
<input type="checkbox"/> Farmers Markets	<input type="checkbox"/> Grocery or Confectionery Store	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Food Carts (Indoor, Kiosk, Sidewalk, etc.)	<input type="checkbox"/> Institutional Facility (Daycares, Schools, etc.)	<input type="checkbox"/> Vending Machine(s)	
<input type="checkbox"/> Food Shelf	<input type="checkbox"/> Mobile Food Unit (Trailers, Trucks, etc.)	<input type="checkbox"/> Other: _____	
Description of project			
Describe your project here.			
Other Information			
<input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 Use the risk level definitions to determine your risk level.		Total square footage of new construction/remodel area _____ Number of floors where food operations take place _____	
Project start date: _____		Projected completion date: _____	

I. Required documents

After we receive your application, we will send you a link to the [ProjectDox website](#) and a temporary password. You will need to upload the following required documents.

1. **Floor plan:** Detailed and scaled floor plan of your kitchen and facility or vehicle. Include the location of all equipment and finishes for walls, ceilings, floors and base coves.
2. **Equipment list** and specification sheets for all equipment which must be ANSI/NSF certified or equivalent.
3. **Menu** and/or list of food items you plan to serve or sell. You may need a [HACCP](#) food safety plan, based on your menu.

II. Application Fee

There is a [fee](#) associated with this plan review application. We will call you with the amount of your fee, and to securely collect your payment over the phone. Please do not add your credit card information to this application. The fee is based on:

- Square footage of your new or remodeled space, and
- The risk category defined in the fee link.

If you have any questions about this application or the required documents, please call us at 612-673-3000. You can also email us at development@minneapolismn.gov or healthreview@minneapolismn.gov. Please refer to our [Food Establishment Construction Guide](#) for more details of our requirements for food establishments.