Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399
TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
License Code: 217-221; 240; 242-253
Rev Code: 311006
MCO: 363
Adm Issuance: No

License Application
Guidelines and Checklist

Application Type: On-Sale Wine

PART ONE

This application is divided into two parts. **PART ONE:** Complete the three forms listed below (pp. 1 – 8) and submit to the Minneapolis Development Review office. You will have an opportunity to discuss your application with Zoning and Environmental Health Inspectors. **PART TWO:** After staff review, your application will be sent to a License Inspector who will then contact you. At that time you may submit the remainder of your application (pp. 9 – 20) to the License Inspector. More information about applying for a license is available on our website at www.minneapolismn.gov/business-licensing.

Definition: The sale of wine or beer for consumption on the premises.

Staff Initials	PART ONE - COMPLETE AND SUBMIT FOR STAFF REVIEW Minneapolis Development Review 250 South 4th Street, Room 300 - Minneapolis, MN 55415 Free Parking.
	☐ **1. City of Minneapolis Beverage Alcohol License Application** (Form #1)
	☐ **2. Zoning Addendum for Beverage Alcohol** (Form #2) Site Plan may be required.
	☐ 3. **Health Addendum** (Form #3) Floor Plans may be required. ☐ **$_____ Food Plan Review Fee (**if applicable) Talk to a Development Review Coordinator.
	☐ 4. **Floor Plan** – Attach an 8 1/2" x 11" drawing of the premises including both the interior and outdoor areas. See Sample Form #4.
	☐ 5. **Menu** - Attach a copy of the menu and/or a list of food items available for sale.

This Section To Be Completed by a Minneapolis Development Review Coordinator

DC:_____ MDR Log # _____ Risk Category:_____

Check the following that are required at initial review. Additional inspections/permits may be required for this license.

☐Plumbing Permit ☐Mechanical Permit ☐Bldg Permit ☐Sidewalk Inspection ☐PDR Review

☐ _____ SAC Determination Letter Required: ☐ Yes ☐ No

Date Sent to EH_____ EH Staff Initials_____	Date Sent to EM _____ PCAB#_____	EM Initials _____ Date Returned to MDR_____

Additional Requirements

1. ☐ **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.
2. ☐ **State of Minnesota Buyer's Card:** Mail to Department of Public Safety, Alcohol and Gambling Enforcement Division, 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133. This should be submitted two weeks before your license is approved by the Minneapolis City Council.
3. Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
4. A Public Hearing may be required. This will be scheduled by the License Inspector.
5. No license will be issued for a period longer than one year.
6. Licenses are not transferable.
7. Make a duplicate copy of this packet for your personal records before submitting.
8. Minnesota Sales Tax ID Number or 651-296-6181.
9. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
10. Information in other languages: Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

PART TWO

Begin completing the forms listed in **PART TWO.** After a License Inspector contacts you, submit them for review. Attach all documentation. Incomplete applications will be returned.

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Beverage Alcohol License Application

For Office Use Only
License #:
Police File #:
Class:
CSR:
Fee: $
Date:

1. LICENSE(S) REQUESTED

Type of License:
☐ On Sale ☐ Off Sale ☐ Liquor ☐ Wine ☐ Charter Wine ☐ Strong Beer ☐ 3.2 Beer ☐ Cocktail Room ☐ Taproom ☐ Growler

Type of Establishment: ☐ Restaurant ☐ Hotel ☐ Night Club ☐ _____

Class of Entertainment Requested: ☐ A ☐ B ☐ C-1 ☐ C-2 ☐ D ☐ E

Sunday Sales license? ☐ Yes ☐ No If yes, check the food services available on Sundays.
☐ Full Food Menu ☐ Limited Menu with Short Order Service ☐ Grill and Sandwich Only ☐ _____

Are you planning to operate Amusement Devices? ☐ Yes ☐ No If Yes, How Many? _____
An additional Amusement Devices License may be required.

Other Licenses: ☐ Sidewalk Café ☐ Tobacco Dealer ☐ Food Catering ☐ Liquor Catering ☐ _____

Adult Entertainment? ☐ Yes ☐ No - If yes, explain

Live Entertainment? ☐ Yes ☐ No - If yes, explain

2. BACKGROUND INFORMATION

Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number	
Business Address/Location	City	State	Zip Code
Mailing Address (if Different than Business Address)	City	State	Zip Code
Name of Person Filling out this Application	☐ Individual Owner ☐ Officer ☐ Partner ☐ _____	Telephone Number	
E-mail Address	Fax Number	Cell Phone Number	
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number:			
Name of Manager and Home Address		Date of Birth	
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? ☐ Yes ☐ No			

3. BUSINESS INFORMATION

INTERIOR	EXTERIOR
Square Footage for Business Use	Square Footage for Business Use
Seating Capacity _____ Fire Occupancy _____	Seating Capacity _____ Total Customer Capacity _____
Hours of Operation	Hours of Operation

Are you sharing the licensed premises with any other business? ☐ Yes ☐ No If yes, describe:

4. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.
☐ **N/A – Corporation is publicly traded.**

Name	Title	# shares or %
Name	Title	# shares or %
Name	Title	# shares or %
Name	Title	# shares or %
Name	Title	# shares or %

Does any person, other than those named as owner, manager, partner, officer, or shareholder share directly or indirectly in any profits or in any manner connected financially with the license or licensed business? ☐ **Yes** ☐ **No If yes, complete below.**

Name	Date of Birth	Address
Interest:		
Name	Date of Birth	Address
Interest:		

Individual or firm that provides bookkeeping or accounting services for the licensed business

Name	Address	Telephone
Services Provided:		

Do you agree to furnish the Minneapolis License Division the books of account that pertain to the operation of the licensed business? ☐ **Yes** ☐ **No**

Are there any delinquent taxes for this business? ☐ **Yes** ☐ **No**

Is any individual named in this application a member of a governing body of the City of Minneapolis? ☐ **Yes** ☐ **No – If yes, complete below.**

Name	Address	Governing Body
Name	Address	Governing Body
Name	Address	Governing Body

5. WORKERS COMPENSATION - Policy information must be verified two weeks before license approval.

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.

6. OFF DUTY POLICE OFFICERS

Will you hire off-duty police officers at any time during the license year? ☐Yes ☐No If yes, attach the following to be effective during the license period:

☐ Certificate of Liability Insurance (Sample Form #8 attached) 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. 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 Social Security number, Minnesota Tax ID 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. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, agree that my associates and I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor; the rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify or declare under penalty of perjury under the laws of the State of Minnesota that I have read and understand every question in this application and that the answer to every question and in all supplemental documents submitted on behalf of this application are true and correct to the best 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 constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT_____TITLE_____DATE_____

This application has been prepared by:

_____

Printed Name **Company Name** **Signature**

REPORT BY MINNEAPOLIS POLICE DEPARTMENT

This is to certify that the Minneapolis Police Department has made an investigation of the above application as required by ordinance. The applicant and individuals 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:

☐ Records of arrest and convictions so far as our investigation has disclosed are contained in the investigative report. See attached.

Police License Inspector: _____ Date: _____

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Community Planning & Economic Development
Development Services Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
612-673-3000 or 311 Fax 612-673-2526
Zoning Website

#2

Zoning Addendum for Beverage Alcohol Establishments

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required **before** the Business Licensing Division will accept your application.

========== SECTION 1: COMPLETED BY APPLICANT ==========

Legal Corporate Name of Business _____ Trade Name (DBA) _____

Proposed Business Address _____

Contact Person _____ Telephone _____

License Status: ☐ New ☐ Upgrade ☐ Downgrade | Current License Type and Number (if applicable):_____

Type of Establishment: ☐ Restaurant ☐ Hotel ☐ Night Club ☐ Other: _____

Type of License Requested: ☐ Liquor ☐ Wine ☐ Strong Beer ☐ 3.2 Beer ☐ On-Sale ☐ Off-Sale ☐ Growler ☐ Taproom

Class of Entertainment Requested: ☐ A ☐ B ☐ C-1 ☐ C-2 ☐ D ☐ E

Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.

☐ **No Entertainment.**

☐ **Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV, radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

☐ **General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patron dancing, plays, shows, contests, etc. Describe below.

☐ **Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

The following are required by the City Planner for review of your application.

1. Scaled and dimensioned floor plan and
2. Site plan detailing parking and other improvements

========== SECTION 2: COMPLETED BY CITY PLANNER ==========

Zoning district _____ Proposed land use(s) _____

Are there any land use approvals for this address which affect this license application? ☐ Yes ☐ No

If yes, provide a brief description of any land use history relevant to the proposed licensure.

_____

_____

_____

_____

The proposed property has the following contiguous acreage: ☐ Seven Acres (On Sale) ☐ Five Acres (Off Sale) ☐ Less than Seven Acres (Charter Wine)

========== SECTION 2: CONTINUED ==========

Based upon the attached floor plan, list the Gross Square Footage _____ Net Square Footage _____

Off Street Parking Requirements

Is parking required by the Zoning Code? ☐Yes ☐No If, yes, complete the following questions. If no, skip to comments.

Number of Parking spaces required by the Zoning Code: _____

Does applicant have non-conforming rights to off-street parking? ☐Yes ☐No If yes, number of stalls: - _____

Has applicant applied for a parking variance? ☐Yes ☐No If yes, for how many spaces: - _____

NET number of parking spaces applicant is required to provide on site: _____

Total _____

Does the applicant intend to supply any of the required off-street parking at a nearby location? ☐Yes ☐No

If yes, a Shared Parking Agreement must be completed. See land use approvals above.

Address of off-site parking: _____ ☐ Owned ☐ Leased

Note to Applicants: You may be subject to a greater number of off-street parking spaces than required by the Zoning Office. This will be verified by your License Inspector.

Comments _____

_____

_____

_____

_____

_____

Are there any outstanding Zoning Enforcement Requests for Service on the property? ☐Yes ☐No

If yes, provide a brief description of any Zoning Enforcement issues relevant to the proposed licensure. _____

_____

_____

_____

_____

_____

Name of CPED Planning Staff _____ Date _____

Signature _____ Extension _____

========== SECTION 3: COMPLETED BY LICENSE INSPECTOR ==========

Is the main entrance within five hundred (500) feet from residentially zoned property? ☐Yes ☐No

Is the main entrance of the off-sale liquor establishment within three hundred (300) feet from the main entrance of any building space that is used primarily and regularly for any public or parochial school or church? ☐Yes ☐No ☐N/A

Is the off-sale liquor establishment outside of the B4 Zoning District? ☐Yes ☐No ☐N/A If yes, is the main entrance over 2000 feet away from the nearest existing off-sale liquor establishment's main entrance? ☐Yes ☐No

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#3

HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats ☐ N/A
Gross Square Footage	Net Square Footage of the Retail Area ☐ N/A

License(s) Requested:

As the Licensee, I am:
- ☐ Starting a new business in a new building. (New business)
- ☐ Starting a new business in an existing building. Name of previous tenant _____
- ☐ Taking over an existing business. (New owner) Name of existing business _____
- ☐ Remodeling.
- ☐ Equipment changes. Provide equipment information and photos.
- ☐ Adding new license to an existing business.

2. FOOD PROCESSES – CHECK ALL THAT APPLY

- ☐ Canning and pickling
- ☐ Curing and smoking using nitrates or nitrites (pink salt)
- ☐ Juice pressing or bottling
- ☐ Raw and undercooked proteins (eggs, meats, poultry, fish, seafood)
- ☐ Vacuum packaging

Provide additional documentation and/or descriptions for any box checked.

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ ☐ Attach a copy of current MN Dept of Health certificate.

4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION

If your business caters, distributes, or transports food from one location to another, please provide the following information in

- ☐ Name and location of commissary kitchen
- ☐ Who and where food is distributed
- ☐ Description and method of distribution (hot vs cold)
- ☐ Description and method of transportation
- ☐ How food will be protected during transport
- ☐ Who and where food is distributed/transported to
- ☐ List and spec sheets of equipment for storing and transporting foods (must be **NSF** or equivalent)

5. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? ☐ Yes ☐ No

What type of work will you be doing? ☐ General Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Other(Explain)

Have plans been submitted to: Minneapolis Development Review ☐ Yes ☐ No Environmental Health Plan Review ☐ Yes ☐ No

Have you obtained the necessary permits? ☐ Yes ☐ No

Signature of Applicant_____Date_____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? ☐ Yes ☐ No

Are there outstanding upgrades or compliance issues? ☐ Yes (Explain) ☐ No ☐ See attached report.

Final Inspection Required: ☐ Yes ☐ No

- ☐ Yes. I recommend to License Department to proceed.
- ☐ No. This application is not recommended to License Department to proceed. Reason for Hold:

RISK LEVEL: ☐ 1 ☐ 2 ☐ 3

Signature of EH Official _____**Printed Name:** _____**Date:**_____

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Floor Plan Standards

Every application for a restaurant or beverage alcohol license must include a floor plan. A sample is provided below. Attach an 8 ½" x 11" diagram of both your **INTERIOR** and **EXTERIOR** premises. Include dimensions. Hand drawn floor plans will be accepted if they are legible. Drawings for outdoor areas may be on a separate sheet. If the outdoor area is located on the public sidewalk, drawings must include additional features and 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. The function of the space including the dimensions and square footage of the area in which food will be served; Label mezzanine levels, fixed seating and egress convergence.
3. All doors, windows and other openings as well as any building feature requiring 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 capacity needs to consistent with the number of patrons stated in your license application.
7. Ensure that your total bar area does not exceed the area that is allowed for your type of license. Include square footage (no more than 30% or 20%) Bar Area: One or more spaces in an establishment that is designed and utilized primarily for the consumption of alcohol or providing entertainment. This space would include: a dance floor area, stage, game room or any space that is undefined or does not provide for seated food service. Outdoor bar areas may be calculated separately from indoor bar areas and considerations may be made for outdoor sporting courts such as bocce, volleyball or similar features.

Outdoor Area Diagrams shall also include the following, in addition to the information above:

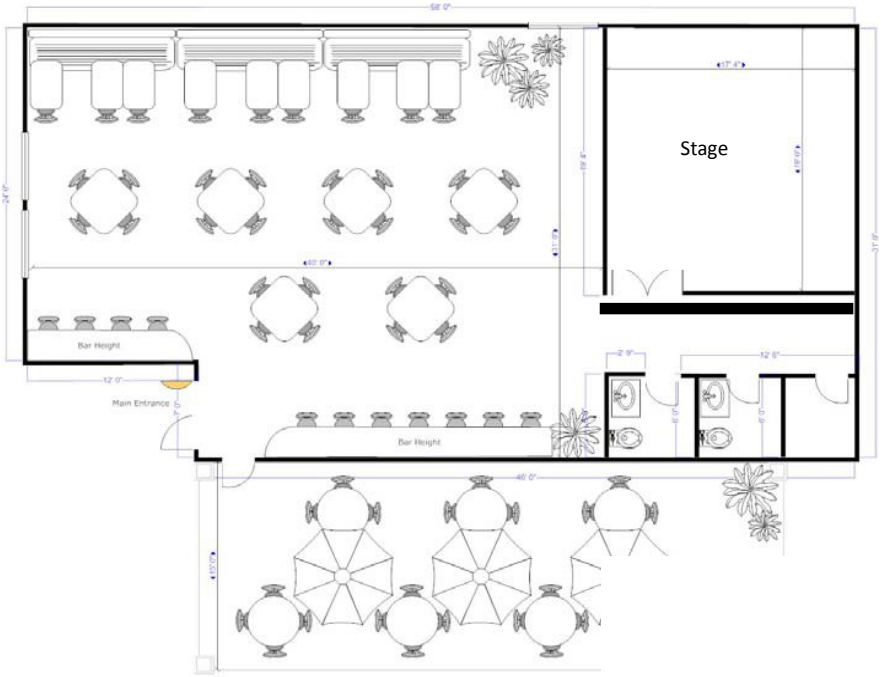
1. All outdoor areas accessible to and usable by building and non-building occupants including yards, patios, cafes, courts, dog areas, rooftops and other similar outdoor areas
2. Umbrellas, planters, stanchions, fences, lights, signs, etc.
3. Planted, groomed or landscaped areas adjacent to the outdoor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

DBA: Living the Dream
Address: 1313 Mockingbird Lane
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/ seating for 18
- Bar Area (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. Tech
The Architects, LLC



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Adm Issuance: No

License Application

Guidelines and Checklist

Application Type: On-Sale Wine	
	License Inspector Checklist: Part One Application Forms Completed and Signed ☐ **1. Minneapolis Beverage Alcohol Application (#1)** ☐ **2. Zoning Addendum (#2)** ☐ **3. Health Addendum (# 3)**
Staff Initials	**PART TWO** **APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW** **Licenses and Consumer Services 350 South 5th Street – Room 1, Minneapolis, MN 55415–1391** **Attach all documentation. Incomplete applications will be returned.**
	☐ **4. State of Minnesota City/County On-Sale Wine License Application** (Form #5)
	☐ **5. Personal Supplemental Affidavit** (Form #6) – This is required for the applicant; manager(s); and each owner, partner, officer and shareholder who owns 10% or more corporate stock unless the company is publicly traded.
	☐ **6. Source of Funds for Beverage Alcohol –** Complete Form #7 and attach supporting documents.
	☐ **7. Business Plan for Beverage Alcohol** (Form #8)
	☐ **8. Police Security Plan Review** (Form #9)
	☐ **9. Noise Management Plan** (Form #10)
	☐ **10. Certificate of Liquor Liability Insurance** (Sample Form #11) This must be furnished by your Insurance Agent approximately two weeks before your Minneapolis license is approved.
	☐ **11. Manager(s) must attach a Criminal History Report.** A copy may be obtained from https://www.cch.state.mn.us/ /New Criminal History or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN 651-793-2400. **This report must be dated within 30 days of receipt of this application**.
	☐ **12. Attach a copy of the Lease Agreement,** Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes for the business and/or building.
	☐ **13.** Attach a Certificate of Assumed Name from the Minnesota Secretary of State's Office (651-297-7067) if the legal name of the company is different than the DBA (Doing Business As).
	☐ **14. Attach Exact Legal Description** of the premises to be licensed and documentation that **Property Taxes** are paid. www.co.hennepin.mn.us /Property Information Search
	☐ **15. Corporate Documentation – Attach the following:** **Corporations** **OR** **Limited Liability Companies** ☐ Certificate of Incorporation ☐ Articles of Incorporation ☐ Meeting Minutes naming the current Directors and Officers ☐ Meeting minutes authorizing the purchase of stock ☐ Corporation By-laws with restriction on transfer of stock ☐ Copy of stock certificates with restriction on stock* ☐ MN Secretary of State Certificate of Organization ☐ Minutes of organizational meeting ☐ Member Control Agreement with restriction on transfer of membership interest* ***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."
	☐ **16. Notification of the type of license; address of premises; applicant's name, address and telephone number; and Business Plan.** Attach copies of letters or emails that have been sent to: ☐City Council Member ☐Neighborhood Organization(s) and ☐Business Association(s). See sample letter.
	☐ **17.** ☐ **SAC Determination Letter** – Attach a copy.
	☐ **18. 2 am License** (optional) - Attach a copy of your 2 am license application which you will submit to the State of Minnesota about two weeks before your Minneapolis license is approved. ☐**N/A** I am not applying for a 2am license.
	☐ **19.** _____**Total License** Fee which will be verified by License Staff: $_____ Investigation Fee $_____ License Fee $_____ Sunday Sales $_____ Other:_____$_____ Other: _____ $_____

Print Form

Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar St., Suite 222, St. Paul, MN 55101-5133
(651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555
WWW.DPS.STATE.MN.US

#4

APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
(Not to exceed 14% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.
Workers compensation insurance company. Name _____ Policy # _____
LICENSEE'S MN SALES & USE TAX ID #_____To apply for MN Sales Tax # call (651) 296-6181
LICENSEE'S FEDERAL TAX ID #

Applicants Name (Business, Partnership, Corporation)	Trade Name or DBA		
Business Address	Business Phone	Applicant's Home Phone	
City	County	State	Zip Code
Is this application ☐ **New** or a ☐ **Transfer**	If a transfer, give name of former owner	License period **From**	**To**

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	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? ☐ Yes ☐ No

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? ☐ Yes ☐ No	Has the building owner any connection, direct or indirect, with the applicant? ☐ Yes ☐ No	Restaurant seating capacity	
Hour's food will be available	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business? ☐ Yes ☐ 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

OTHER INFORMATION

☐ Yes ☐ No 1. Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?

☐ Yes ☐ No 2. 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 3. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.

☐ Yes ☐ No 4. Has applicant, partners, officers or em ployees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome. _____

_____

☐ Yes ☐ No 5. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipm ent in the licensed premises? If yes, give names and details. _____

_____

☐ Yes ☐ No 6. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. _____

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS A ND THAT THE ANSW ERS ARE TRUE AND CORRECT TO THE BEST OF MY OWN KNOWLEDGE

Signature of Applicant

The licensee must have one of the following: (Check one)

☐ A. 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.

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

☐ C. 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

NOTICE

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.

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#6

Personal Supplemental Affidavit – New Alcohol License Applications

This form must be completed by each of the following with a copy of driver's license or government issued photo ID attached.

- ☐ Applicant
- ☐ Manager(s)
- ☐ Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

BACKGROUND INFORMATION			
Legal Corporate Name of Establishment	Trade Name of Business (DBA)		
Street Address of Licensed Premises	Zip Code	Business Phone	Individual's 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 (SSN) or Individual Tax Identification Number (ITIN)	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 and Address or Employer and Occupations for the past Ten (10) Years – Attach additional sheets if necessary					
Employer and Occupation	Street Address and City	State	Zip	From	To

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 Residential Street Address	City	State	Zip Code

LICENSE HISTORY

Have you ever been employed by a restaurant, bar, or other business or a similar nature? ☐ Yes ☐ No If yes,

Name Address City State Zip From To

Have you or your spouse held a City of Minneapolis Business License? ☐ Yes ☐ No If yes,

Type of License From To

Have you or your spouse ever had a liquor, wine, or beer license:

Revoked or suspended? ☐Yes ☐No New or renewal license denied? ☐Yes ☐No (By any government entity?) If yes, explain.

Do you have a business or financial interest in a liquor manufacturing, brewery, wholesaler or off sale retail license? ☐Yes ☐No

If yes, please indicate name and address :

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. ☐ Yes ☐ No If yes,

Offense Fine/Penalty City State Date

Do you or your spouse have any delinquent personal or business taxes? ☐ Yes ☐ No If yes,

Date filed: _____Address: _____ County: _____ State: ____

Representative of the City of Minneapolis will make inquiry of person or firms named in this application. Are those individuals or firms authorized to release information to such representative? ☐ Yes ☐ No

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, 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.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual _____

Last Name First Name Middle Name

Also Known As _____Date of Birth:_____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature_____Date_____

VERIFICATION

The data which 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 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 submitting this application, all information except your Social Security Number will be public information pursuant to Minnesota 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 promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I have read and understand every question in this application and 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 constitutes 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 IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE_____ TITLE_____ DATE_____

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
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Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#7

SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business.

ATTACH DOCUMENTATION FOR ALL SOURCES OF YOUR FINANCING.

1. Tax Records - REQUIRED

☐ Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture OR Corporate tax records, if applicable.

2. Costs Reporting Form – REQUIRED

☐ **A**ttach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses/revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings – REQUIRED

☐ Attach copies of three months of full official bank statements that show the money being used is available in the first month's statement that is provided.

☐ Alcohol Establishments: Must additionally attach copies of three months of full official bank statements from twelve months prior to the first month's bank statement that is provided.

4. Loans from the Lending Institution

☐ Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; OR

☐ Individuals may be eligible for a loan but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.

☐ N/A

5. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a $10,000 loan from their parents, the applicant must attach the source of the parent's $10,000 as well as tax records.

☐ Attach a copy of each lender's source of funds and tax records; AND

☐ Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); AND

☐ If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.

☐ N/A

6. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

☐ Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); AND

☐ Attach a statement about payment terms.

☐ N/A

I (printed name) _____understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

_____

Signature Title Date

Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1
Minneapolis, MN 55415–1391
Phone: 612-673-3001
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

An applicant must report all costs and fund sources associated with pursuing this license in order to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** of your specific costs and sources of funds. Attach additional sheets if necessary.

APPLICANT'S NAME:_____**BUSINESS NAME:**_____

Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.)

$_____ for _____

$_____ for _____ Subtotal $_____

Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.)

$_____ for _____

$_____ for _____ Subtotal $_____

Professional Expenses (attorney fees, architect fees, consultant fees, etc.)

$_____ for _____

$_____ for _____ Subtotal $_____

Start Up Costs (insurance, license fees, inventory, etc.)

$_____ for _____

$_____ for _____ Subtotal $_____

Other Expenses (payroll, insurance, SAC charges, other)

$_____ for _____

$_____ for _____ Subtotal $_____

TOTAL COSTS for pursuing this License: **$**_____

☐ Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

Complete and submit with your license application. Sample listed below.

	APPLICANT'S NAME: _____		**BUSINESS NAME (DBA):**_____
	Total Cost to Start the Business (As listed above.)		
	Fund Source	**Amount**	**Documentation Attached**
☐			
☐			
	TOTAL:		

	APPLICANT'S NAME: A. A. Smith		**BUSINESS NAME (DBA): The Company Business**
	Total Cost to Start the Business (As listed above.) $ 30,000		
	Fund Source	**Amount**	**Documentation Attached**
☐	**Savings Account Money**	**$10,000**	**Bank Statements from Jan, Feb, Mar 2013 and 2014**
☐	**Bank Loan**	**$10,000**	**Loan Closing Documents from First Bank and Trust**
☐	**Loan from Parents**	**$10,000**	**Stock Dividend Statement 2013 and 2014; Tax Records 2013 and 2014; Promissory Note; Notarized Statement of Loan Terms.**
☐	TOTAL:	**$30,000**	

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#8

Business Plan - Establishments with Beverage Alcohol

The Minneapolis Code of Ordinances (MCO), Chapters 259.30 and 362.120, requires applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Attach a typed report that includes all the following items. Additional and/or separate documents may be attached to this report.

A. Alcohol Server Training Plan

- ☐ Describe staff training that includes name of trainer and topics covered
- ☐ Ongoing and regular training program
- ☐ Policy for carding and the use of electronic ID Scanners
- ☐ Reward and discipline policy for serving alcohol to minors and
- ☐ Self audits.

Here are some links to alcohol server training resources: Alcohol Service Plans, Training Programs, and ID scanners.

B. Police Department Security Plan

☐ Complete and attach a signed Police Department Security Plan Review (attached) and any supporting documentation. The local Police Precinct will review the security portion of your business plan which addresses how you will take appropriate action to prevent illegal conduct from anyone on your business premises and/or parking areas. Here is a link with guidelines: Developing a Security Plan.

C. Noise Management Plan

☐ Attach a Noise Management Plan and any supporting documentation using the requirements listed on attached document which describes how you will address potential noise issues.

D. Entertainment

- ☐ Prepare a detailed statement of the nature of entertainment presented in your establishment
- ☐ Days and hours of the entertainment and
- ☐ Identify the age group at which the entertainment is directed.

E. Community Impact Plan

☐ Describe how your establishment will be proactive in preventing negative secondary effects directly attributable to the existence of the business.

☐ Describe how the applicant will maintain the orderly appearance and operation of the premises with respect to litter, graffiti and refuse control. Include hours staff will be assigned.

☐ Indicate the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports.

F. Hours of Operation

- ☐ Specify the hours for every day of the week and
- ☐ Include inside and outside hours.

G. Food Service

☐ List all food (menu with prices) that you will prepare and/or serve; include hours of full food service and reduced food service. Include the staffing model of the kitchen service.

☐ Describe Kitchen, Bar and Cooking Equipment; and/or attach Food Plan Review.

H. Charitable Gambling Activities

- ☐ Identify the types of games
- ☐ Hours
- ☐ Gambling Manager and
- ☐ Name of Charity.

I. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales

☐ Include a resume or summary of work experience.

ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

☐ the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct reflection of the undersigned's intentions;

☐ any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation;

☐ violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____

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#9

Police Department Security Plan Review
For Alcohol Establishments and Extended Hours Licenses

THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Establishment: _____ Address: _____

Contact Person:_____ Phone Number:_____

1. Contact your Precinct Commander to schedule a meeting.
2. You must include copies of your License Application (Form 1), Business Plan (Form 7) and Security Plan (Form 9) with this form.

THIS PORTION TO BE COMPLETED BY MPD

Listed below are recommendations discussed by the Minneapolis Police Department and the License Applicant which are applicable to the proposed business operations. All items checked should be added into the Security Plan portion of your Business Plan document for submittal with your license application.

☐ The licensee shall provide sufficient staff devoted exclusively to security related duties to protect the well being and safety of patrons, employees and the general public. The security staff shall be distinctly clothed to make their appearance and function easily recognizable.
☐ The licensee shall designate an employee as head of the security staff. The designated employee may be the onsite manager.
☐ The licensee shall provide a plan that discusses how they will prevent over occupancy at their establishment.
☐ The licensee shall provide a mobile phone number to the appropriate Police Precinct for prompt communication in the event of a disturbance.
☐ Security staff shall be utilized to ensure that patrons who have exited the premises and others do not loiter on the public sidewalk or the licensee's parking areas.
☐ The licensee shall compile, maintain and enforce a "do not admit" list to prevent reoccurrence of disturbances by known persons. This list shall be shared with Minneapolis Regulatory Services and the Minneapolis Police Department upon request.
☐ All persons seeking to gain entrance to the establishment after 9:00 p.m., or after established Hennepin County curfew times, shall be required to present legitimate identification as a condition of entrance.
☐ Upon request, the licensee shall meet representatives of the City of Minneapolis to discuss any safety, security or operational concerns.
☐ See the attached Precinct Security Checklist.
☐ Additional Comments: _____

_____

_____

Police Dept. Representative _____Signature _____Badge #____ Date_____

Applicant Signature _____Date _____

The Minneapolis Police Department does not approve security plans or endorse license applicants or applications.

Minneapolis
Community Planning and Economic Development

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Noise Management Plan Requirements

The City of Minneapolis would like your assistance in striking the balance between entertainment in our vibrant communities with our residents' right to peace and quiet. The following items are recommended by the City of Minneapolis to help you develop an effective noise management plan to protect your patrons, neighboring community, and business. Not all questions may be applicable to your business operation. All applicable items should be added into the Noise Management Plan of your Business Plan document for submittal with your license application.

1. **Speakers**
   Describe how speakers be positioned to minimize, deflect or absorb excessive noise.
   List what time will music be turned down and what time speakers will be turned off.

2. **Closing Time**
   Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.
   Describe how you plan to remind patrons to lower their voices to respect local residents when leaving your establishment and actions for dealing with unruly customers.
   Describe how you plan to prevent loitering around your establishment and in the parking lot.

3. **Equipment**
   Describe any sound metering equipment and/or music systems with self regulators you have and how you intend to utilize them.

4. **Role of Staff**
   Describe training and job expectations related to noise management for managers and/or supervisors and other staff including bartenders, hosts, and servers.

5. **Special Events**
   Describe noise management plans for special events held at your establishment or in the city.

6. **Complaints**
   Describe how you will address excessive noise complaints.

Outdoor Areas

1. **Speakers**
   Describe how speakers be positioned to minimize, deflect or absorb excessive noise.
   Describe how low frequency music beats will be minimized.
   List what time will music be turned down and what time speakers will be turned off.

2. **Capacity**
   List the capacity of your outdoor area.
   Describe how you will manage the area to prevent over occupancy.

3. **Seat Location**
   Describe how the seating design will minimize or deflect excessive noise.

4. **Closing Time**
   Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.
   List what time you will seat your last patrons and what time patrons will be asked to leave.
   Describe how you will encourage patrons to utilize parking facilities and taxicabs instead of parking in residential streets.

5. **Patron Noise**
Describe plans for monitoring, controlling, relocating, and/or removing noisy patrons or unruly customers.

6. **Role of Staff**
Describe management/ supervisory staff duties including frequency of security staff making rounds.
Describe community outreach efforts such as attending neighborhood association meetings, downtown LINC meetings, etc.

7. **Complaints**
Describe how you will address excessive noise complaints, including having a phone number other than the establishment main phone number residents may call to discuss noise concerns.

8. **Architectural Design or Enhancements**
Describe the use of sound blocking walls/fences and how you plan to direct noise toward unoccupied buildings.

Additional Resources

If you answer Yes to two or more of the following questions, send an email to EnvServicesInfo@minneapolismn.gov or call 612-673-3867 or for more information and resources about noise abatement solutions.

1. Do you plan to use an outdoor area? ☐ Yes ☐ No
2. Is your seating capacity over 200 people? ☐ Yes ☐ No
3. Will you have amplified sound? ☐ Yes ☐ No
4. Are you located in a residential area? ☐ Yes ☐ No
5. Is your mechanical equipment located within 100 feet of a residential area? ☐ Yes ☐ No
6. Do you have an established routine maintenance schedule for mechanical equipment? ☐ Yes ☐ No
7. Do patrons tend to all leave at closing time? ☐ Yes ☐ No
8. Do customers park in residential areas? ☐ Yes ☐ No
9. Have you received complaints about excessive noise? ☐ Yes ☐ No
10. Are you interested in learning more about noise management plans, sound engineers, sound meters, and/or products to help measure and regulate noise? ☐ Yes ☐ No

City of Minneapolis
Requirements for Liquor Liability Insurance Certificate

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: "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

Original signature or stamp of agent.

CERTIFICATE OF LIABILITY INSURANCE

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.

IMPORTANT: 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).

PRODUCER	CONTACT NAME:	
Agency	PHONE (A/C, No, Ext):	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE / OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Sample

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 350 South 5th Street, Room 1 City Hall Minneapolis, MN 55415	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

Applications will be returned if requirements are not complete.