



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

License Code: 33
Rev Code: 311006
MCO : 366.40
Adm Issuance: Dir Granted
LICENSE ID #
CSR

License Application Guidelines and Checklist

License Type: Temporary On Sale 3.2 Beer License

Minnesota Statute authorizes this license only to a charitable, religious, or non-profit corporation in existence for three years, a political committee registered under MN Statutes Sec. 10A.14, or a club as defined by MCO 360.10.

No individual organization shall be granted this license more than four (4) times per calendar year or for more than ten (10) days.

No more than twelve (12) licenses shall be granted in any one calendar year at any location except for the Minneapolis Park and Recreation Parade Stadium.

Minimum distance requirements from schools or churches (300 feet) do not apply to this license as defined in MCO 360.125(3).

If an application is submitted less than thirty (30) days prior to an event or without sufficient time for staff to review and verify required approvals, the application may not be accepted. An additional fee may apply.

Staff Initials	Application Checklist
	License applications will not be accepted until all requirements have been satisfied.
	<input type="checkbox"/> 1. City of Minneapolis Temporary On Sale 3.2 Beer Application – (Form #1)
	<input type="checkbox"/> 2. Additional Permits – Complete and attach Form #2 with your application.
	<input type="checkbox"/> 3. Liability Insurance <input type="checkbox"/> Will this event be held on publicly owned property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is attendance projected to be in excess of one thousand (1,000) persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes to either one of these questions, attach a Certificate of Liability Insurance. (Sample Form #3) This must be furnished by your Insurance Agent with the mandatory changes and the following coverages: <input type="checkbox"/> \$50,000 personal injury/\$300,000 aggregate personal injury/\$10,000 property damage <input type="checkbox"/> If the property is owned or controlled by the City of Minneapolis, the city shall be named as an additional insured.
	<input type="checkbox"/> 4. Is this organization a <input type="checkbox"/> charitable, religious, or non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of the non-profit certificate of incorporation or IRS 501(c)(3) letter. <input type="checkbox"/> political committee registered under Minnesota Statute 10A.14? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> club as defined by MCO 360.10? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach documentation verifying status.
	<input type="checkbox"/> 5. Attach a copy of the consent of the owner or manager of the premises authorizing use of the area.
	<input type="checkbox"/> 6. Attach a drawing showing the area with scaled dimensions. Indicate how the area will be enclosed, the location of tables and chairs, alcohol serving area, and other important features.
	<input type="checkbox"/> 7. \$ _____ Fee \$ _____ 50% Director Granted Fee if application has been filed too late for the City Council to approve before event.

Additional Information

Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an officer.
- Make a duplicate copy of this packet for your personal records before submitting.

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.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

City of Minneapolis Temporary On Sale Beer Application

1. BACKGROUND INFORMATION

Organization Name	What will be Served at the Event: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Strong Beer <input type="checkbox"/> 3.2 Beer <input type="checkbox"/> Food	
Contact Person	Cell Phone Number	E-mail Address

2. EVENT INFORMATION

Name of Event	Event Day(s), Date(s) and Time(s)
Estimated TOTAL attendance	
Name of Location for Event	Address of Event
Purpose of the Event	

3. ENTERTAINMENT

Venue: <input type="checkbox"/> Indoor Entertainment <input type="checkbox"/> Outdoor Entertainment <input type="checkbox"/> No Entertainment	
Will there be a <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Speakers <input type="checkbox"/> # _____ Musicians?	Will the entertainment be amplified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe all types of Entertainment/Activities to be provided at the event. Include indoor and outdoor.	
Days/Dates/Times of Entertainment	
What type of enclosure will be used for the outdoor area? <input type="checkbox"/> N/A <input type="checkbox"/> Indoor Only	
Describe Security for the Event:	
Has this organization had any temporary liquor, wine, or beer licenses in Minnesota in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following. (Attach additional sheets if necessary.)	
Event / Dates	Event / Dates
1.	2.
3.	4.

4. 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.

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 OF APPLICANT	TITLE	DATE
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THIS SECTION TO BE FILLED OUT BY LICENSE INSPECTOR

**This application meets the minimum requirements of MCO 366.40(beer).
If no, explain:**

Number of temporary licenses in this calendar year: _____

Previous issues:

Concerns about this event and resolutions:

Approved hours for the event:

Evacuation Plan Required? Yes No Completed and Attached.

Police Security Plan Required? Yes No Completed and Attached.

I recommend do not recommend approval of a Temporary On Sale 3.2 Beer License.

Inspector:

Date

This is to certify that I have examined this application and the information meets the conditions in the Minneapolis Code of Ordinances.

License Official

Date

Application was Director Granted.



Additional Permits and Licenses

Frequently Used Permits and Licenses

- Alcohol:** The applicant agrees to not permit the sale or consumption of intoxicating liquors without first obtaining the appropriate liquor license. Contact the Licenses Division at 612-673-2080. Applications: [Temporary Liquor](#), [Temporary Wine](#), [Temporary Beer](#).
- Amplified Music:** Noise permit required. Contact the Environmental Services Division, 612-673-3867.
- Animal Permits:** Contact Minneapolis Animal Care and Control, 612-370-3892.
- Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354 or email www.electricity.state.mn.us.
- Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-335-3413.
- Heating Permit** for temporary heat or air conditioning. Contact the Inspections Division, 612-673-3000 or 311.
- MN DOT:** 651-234-7911.
- MTC Transit Detours:** 612-349-7400.
- Parades:** Must submit a map of the route. Contact the Transportation Division 612-673-2222.
- Park Board Permits:** 612-230-6441.
- Plaza Permit:** Required for Peavey Plaza, Loring Greenway, or Chicago Mall.
- Plumbing and Gas:** Inspections for potable water, gas burners and discharges to sewers. Contact the Inspections Division at 612-673-3000 or 311.
- Recycling Containers:** May be rented for a fee from Minneapolis Solid Waste and Recycling. Must be requested ten days in advance.
- Security and Off Duty Police:** Security plan must be approved before your event. Contact the Police Special Event Coordinator at 612-673-3942.
- Short Term Food Permits** and **Event Sponsor Permits** are required for the sale of food and/or beverages at community based events. Contact the Food, Pools, and Lodging Division, 612-673-2301.
- Street Closures** for block events, parade routes, detours, etc. Contact Transportation and Parking Services Division at 612-673-5750.
- Temporary Expansion of License:** On-Sale Liquor, Wine or Beer establishments may use unlicensed portions of their premises (indoor or outdoor) and/or provide additional entertainment.
- Temporary Extended Hours License:** Establishments that do not sell or serve alcohol may operate later than authorized hours.
- Temporary Toilets:** Must use a state of Minnesota licensed Service Company and provide an adequate number of units per industry guidelines. Contact vendors in the yellow pages.
- Tents:** A detailed plan must be approved by Building and Fire Inspectors. 612-673-5880.
- Traffic Control:** 612-335-5926. The Traffic Control hourly rate is \$50. If a service request is received less than 30 days before the event, the hourly rate is \$75 which is also charged for same day requests/changes.

Miscellaneous Licenses

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Amusement Mechanical Device | <input type="checkbox"/> Amusement, Place of | <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Children's Rides | <input type="checkbox"/> Games of Skill | <input type="checkbox"/> Jukebox | <input type="checkbox"/> Shooting Gallery |

City of Minneapolis Requirements for Insurance Certificates

#5

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ COM... \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.