



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

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|------------------------------|
| For Office Use Only |
| Expiration: August 1 |
| AP:BLliqCater |
| MCO : 360.30 |
| Adm Issuance: Yes |

LICENSE APPLICATION

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|--------------------------------------|
| License Type: Liquor Catering |
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DEFINITION: An on-sale liquor license holder with a State of Minnesota Liquor Catering Permit may apply for a Minneapolis license to provide food and alcohol at an unlimited number of private events and up to four public events, not to exceed a duration of three consecutive days, per calendar year. For each event with alcohol service, liquor caterers shall send Business Licenses the required [Notification Form](#) at least 24 hours in advance and obtain required permits.

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| 1. BACKGROUND INFORMATION |
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| | |
|------------------------------|--|
| Corporate/Trade Name: | Business Name (DBA): |
| Contact Person: | <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager |
| Business Address | Telephone Number |
| | Email Address |

How many events do you plan to cater during this license period? _____ Your license fee will be based on this number. You may purchase more if needed.

Attach a copy of each the following:

- Food Catering License Certificate (Required if you are licensed outside of Minneapolis)**
If you do not have a Food Catering License, complete this [application](#) first.
- Minnesota State Liquor Caterer’s Permit**

Total [Fee](#) (based on number of events requested above) _____

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| 2. VERIFICATION |
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I certify that the above information is true and agree to comply with all applicable laws related to a Liquor Caterer’s License.

SIGNATURE _____ **TITLE** _____ **DATE** _____

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner principal or authorized manager.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. 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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Liquor Caterer's Notification Form

This form must be sent to BusinessLicenses@minneapolismn.gov at least 24 hours before your event with alcohol service. You are required to obtain all applicable permits.

| 1. LICENSEE INFORMATION | | |
|---|--------------------------|---|
| Business Name (DBA): | Legal/Corporate Name: | Liquor Caterer's License # |
| Contact Person | Email address | Telephone Number |
| Describe in detail the principal menu and/or services rendered. | | |
| | | |
| 2. EVENT INFORMATION | | |
| Name and Purpose of the Event (i.e. Jones Wedding Reception) | | <input type="checkbox"/> Private Event <input type="checkbox"/> Open to the Public |
| Business/Building/Location Name | | Address |
| Event Contact Person | Cell Phone Number | Email Address |
| Date(s) | Time(s) | |
| Number of people: Guests _____ Staff _____ | | Type of alcohol to be served: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Beer |
| List all that will be provided: <input type="checkbox"/> Band <input type="checkbox"/> D.J. <input type="checkbox"/> Dance Area <input type="checkbox"/> Food <input type="checkbox"/> Tent <input type="checkbox"/> Other: _____ | | |
| Location Description: <input type="checkbox"/> Licensed Premises <input type="checkbox"/> Unlicensed Premises <input type="checkbox"/> Private Residence <input type="checkbox"/> Other _____ | | |
| Event is to be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Indoors and Outdoors | | |
| Identify how the area will be enclosed: _____ | | |
| Name of Security Company | | # of Security Personnel |
| I will have the following documents on site during the event: | | |
| Yes N/A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of City of Minneapolis Liquor Caterer's License |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of this form |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of State Liquor Caterer's Permit |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract between caterer and event sponsor |
| <input type="checkbox"/> | <input type="checkbox"/> | Approval letter from property owner allowing the sale and consumption of alcoholic beverages |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagram of premises |
| <input type="checkbox"/> | <input type="checkbox"/> | Tent permit (Fire) - 612-201-2624 |
| <input type="checkbox"/> | <input type="checkbox"/> | LP gas tank permit (Fire) - 612-201-2624 |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary occupancy permit (Fire) - 612-201-2624 |
| <input type="checkbox"/> | <input type="checkbox"/> | Amplified sound permit (Environmental Health) - 612-673-3516 |
| <input type="checkbox"/> | <input type="checkbox"/> | Street closure permit (Transportation and Parking Services) - 612-673-5750 |
| 3. VERIFICATION | | |
| I agree to permit entry to any officer or investigator who may have legal authority for the purpose of inspection or search. I certify that the above information is true and complete and agree to comply with all applicable laws related to liquor catering. | | |
| SIGNATURE _____ | TITLE _____ | DATE _____ |
| MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR ALL MAJOR CREDIT CARDS ACCEPTED STAFF WILL CONTACT FOR PAYMENT | | |