

## License Application: License Downgrade

A change in your license type to downgrade from On-Sale Liquor to On-Sale Wine and you must have a license in good standing.

The change is not valid until license is approved by City Council and certified by MN Alcohol Gambling Enforcement.

If you no longer serve any type of alcohol or wine, just complete the Restaurant application.

Talk to your Inspector about any other changes to your business as it might require additional applications.

For any questions, contact your License Inspector or call 612-673-2080.

### Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There may be a [fee](#) for this change if you have not paid your current license renewal fee. You can pay by:
  - Cash:** Do not mail cash, you must drop it off in person.
  - Check:** Make checks payable to- Minneapolis Finance Department
  - Credit card:** Mail, drop off or email your application to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3.  **Downgrade license application**
4.  **State of Minnesota AGE form (form #1)**
5.  **Updated business plan-** submit your business plan with all the changes
6.  **Certificate of Assumed Name, DBA** - attach a copy from the Minnesota Secretary of State's Office  
 **Certificate of Legal Business Name, LLC**- attach a copy from the Minnesota Secretary of State's Office.
7.  **Certificate of liquor liability insurance**
8.  **Diagram-** Attach a detailed drawing of the floor plan. Include the square footage of the license premises, both the interior and outdoor areas, chairs, tables and kitchen.
9.  **Notification:** You need to send a notice to your City Council Member, Neighborhood Organization, and Business Association(s). Tell them your business name, address and license downgrade including entertainment; your name, email address and telephone number with a copy of your approved Business Plan.  
 Attach a copy of your letters or emails.

# License Downgrade Application

## 1. License details

Current business is a:

- Restaurant
  Hotel- must have at least 50 rooms
  Bowling Center  
 Theater- live performances for ticketed events only and requires a Theater license.

Current license number

Current license type

Are you sharing this space with another business?  Yes  No

If yes, describe:

License downgrade to-

- On Sale Wine with Strong Beer license- Can only serve wine and beer but must have at least 25 seats.  
 Food only (no alcohol)- Complete the Restaurant application, do not complete this application.

Select:

- Full-service food menu
  Limited food menu
  Other \_\_\_\_\_

Will you be applying for a Special Late-Night Food license?  No  Yes, a public hearing may be required.

Is the menu changing from what was previously approved?  No  Yes

Describe the menu and type of food served:

Describe your business:

## 2. Applicant information

Legal company name (LLC, Corp, LLP)

Business trade name/DBA

Name (Last, First, MI)

- Owner
  Officer
  Partner
  Manager  
 Other \_\_\_\_\_

Business address

Suite

City

State

Zip code

Mailing address (if different than business address)

City

State

Zip code

E-mail address

Minnesota Sales Tax ID number (Required)

Business phone number

Cell phone number

Type of ownership:

- Corporation
  LLC  
 Sole proprietor
  Partnership
  Non-profit

Date of incorporation

State of incorporation

Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed downgrade date:
Person completing this application	Phone number
Email:	Title

### 3. Business information

Changing kitchen equipment

Remodeling the business

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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Are you adding/changing equipment that requires  a gas connection  a plumbing connection  ventless cooking equipment and/or  use of a ventless hood?

Explain the type of remodeling, construction and/or equipment changes.

### 4. Entertainment

Describe in detail the type of entertainment you are planning to provide at the business.

Inside-

Outside-

Check the entertainment level provided at the business:

**No Live Entertainment:** Use of radio, television, electronically reproduced music, and/or jukebox.

**Limited Entertainment:** Book readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a DJ or any number of musicians, and group singing by customers. No customer dancing.

**General Entertainment:** All forms of entertainment described above and customer dancing.

**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).

Will the business be using promoters for events?  No  Yes, submit a sample contract

### 5. Company operations

Does this building have a Certificate of Occupancy? This is required before you can open your business.  
 No  Yes

What is the fire occupancy?

Total square footage:

#### Inside use:

List days and hours of operation:

Square footage:

Number of seats:

Number of tables:

Will you need a 2am license permit?  No  Yes, complete the AGE form

#### Outside use: None

Private patio

List days and hours of operation:

Square footage:

Number of seats:

Number of tables:

Sidewalk café- (requires a separate application)

List days and hours of operation:

Square footage:

Number of seats:

Number of tables:

#### Food service

List hours of full food service:

List hours of reduced food service

Attach the reduced food menu or  None  
(requires prior approval from your Inspector)

Will you be applying for a Special Late-Night Food license?  No  Yes, list the hours  
(public hearing may be required)

### 6. Owners - attach more sheets if needed

List all owners, shareholders, officers and partners unless your company is publicly traded. Ownership must add up to 100%.

N/A – Corporation is publicly traded.

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 %	

### 7. Manager(s)- list all mangers

Full name		Cell phone	
Home address	City	State	Zip
Email	Date of birth	Ownership %	
Full name		Cell phone	
Hone address	City	State	Zip
Email	Date of birth	Ownership %	

### 8. Person responsible within 75 miles of Minneapolis City Hall

Full name	Title	Telephone number	
Home address	City	State	Zip

### 9. Shared profits

Does anyone else share directly or indirectly in any profits or in any way with the license or licensed business?  Yes  No If Yes, compete the following.

Name		Telephone number	
Home address	City	State	Zip
Describe the interest:			

Name		Telephone number	
Home address	City	State	Zip

Describe the interest:

**10. Bookkeeping or accounting services for the business**

Name	Telephone number
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Address	Email
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Services they provide

Do you agree to give Minneapolis Business Licensing access to accounting books and documents that pertain to the operation of the licensed business?  Yes  No

Are there any delinquent taxes for this business?  Yes  No

Is any owner, officer, shareholder, partner, or manager a member of a governing body of the City of Minneapolis?  No  Yes, complete the following:

Name	Title	Governing Body

**11. Security**

Will you hire licensed security?  Yes  No  
 If yes, name of licensed security company \_\_\_\_\_

Will you hire off-duty police officers at any time during the license year?  No  Yes

If yes, send us a copy of your insurance approximately two weeks before your license is approved.

**Certificate of Liability Insurance:** 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.**

**12. Workers compensation**

Workers' compensation company	Policy number	Dates of coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because

I am the only worker, 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.

### 13. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

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 City of Minneapolis. 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 \_\_\_\_\_

### 14. Additional information

1. No license will be issued for longer than one year.
2. Liquor license renewals are due 30 days before the license expiration date.
3. You cannot transfer your license to any other person or location.
4. Any changes to the business after the license is issued, you must contact your Inspector.

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 24% of alcohol by volume)

#1

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Licensee's MN sales and Use Tax ID # \_\_\_\_\_ Licensee's Federal Tax ID # \_\_\_\_\_

Business Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code

Is this application <input type="checkbox"/> New	License Period From _____ To _____
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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	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN

**CORPORATIONS**

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If a subsidiary of another corporation, give name and address of parent corporation

**BUILDING AND RESTAURANT**

Name of building owner	Owner's address
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Are property taxes delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
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Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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**

- Yes  No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes  No 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 During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- Yes  No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

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

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

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The licensee must have one of the following:

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.

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

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**

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.