



City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
AP: Amend/MgrLiq
MCO: 362.100,
362.320; 363.100,
320; 366.110, 220
Adm Issuance: No

License Application: New Manager

A new manager is hired to oversee business operations, and the business must have a current license in good standing.

The manager must reside in Minnesota or within 75 miles of Minneapolis City Hall.

There is no fee for this application.

If you have 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), US mail, or drop it off at our office.
2.	<input type="checkbox"/> New manager application -This must be filled out by a current owner, partner, or shareholder.
3.	<input type="checkbox"/> Personal Information Form (form #1) This must be filled out by the new manager. <input type="checkbox"/> Copy of valid driver's license or valid government issued photo ID

New Manager application

1. Business information

Describe in detail any changes-

Name of person making the request (must be owner, shareholder or partner)		Title	
Phone number		Email	
Business name (DBA)		Business legal corporation name	
Business address		Suite number	City
Business Email		Zip code	
License number		Tax ID	
License type			
New manager's name	Cell phone number	Email	
Person responsible with 75 miles	Cell phone number	Email	

2. Verification

A signature is required.

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

I certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on 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 _____ Title _____ Date _____

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at 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.

Spouse's home address	City	State	Zip code
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License history

Have you ever owned or been employed by a restaurant, bar, or other businesses with alcohol?
 No Yes If yes, list

Business Name	Address	City	State	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, suspended, or denied by any government entity? No Yes, list details-

Do you have a business or financial interest in liquor manufacturing, brewery, wholesaler, or off sale retail license? No Yes, please list business name and address:

Have you or your spouse ever been convicted of any city ordinance violation, liquor law violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties, state, local, and federal offenses. Do not include parking violations.
 No Yes, list below-

Offense	Fine/Penalty	City, State	Date

Do you or your spouse have any delinquent personal or business taxes? No Yes, list
Year taxes were filed: _____ Amount you owe: _____
Are you on an approved payment plan: No Yes, submit the approved payment plan

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

Data privacy advisory

The Minnesota Data Practices Act requires us to tell you the following information. As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

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. After we approve your license, all information is public (MN 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 enforced by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I 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 is 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.

I have read and understand the above Data Practices Advisory.

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

I, _____ 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 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 _____ Title _____ Date _____