



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

DBA:
Expiration: Aug 1
License Code: 304
Rev Code: 311006
<a href="#">MCO</a> : 360.30
Adm Issuance: Director Granted
LICENSE ID #
CSR:

## License Application

### License Type: Liquor Catering

**DEFINITION:** An on-sale liquor license holder with a State of Minnesota Liquor Catering Permit may apply for a license to provide food and alcohol at private events. 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.

### 1. BACKGROUND INFORMATION

<b>Corporate/Trade Name:</b>	<b>Business Name (DBA):</b>
<b>Contact Person:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager
<b>Business Address</b>	<b>Telephone Number</b>
	<b>email Address</b>

**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:**

- On-Sale Liquor License Certificate
- Food Catering License Certificate

**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) \_\_\_\_\_

### 2. VERIFICATION

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](mailto: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
Event # _____ of _____ Total (Event # in this license period) of (Total events purchased on license) For example: Event # <u>7</u> of <u>30</u> Total		

### 2. EVENT INFORMATION

Name of the Event (i.e. Jones Wedding Reception)		
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:

<u>Yes</u>	<u>No</u>	<u>NA</u>	
<input type="checkbox"/>			Copy of City of Minneapolis Liquor Caterer's License
<input type="checkbox"/>			Copy of this form
<input type="checkbox"/>			Copy of State Liquor Caterer's Permit
<input type="checkbox"/>			Contract between caterer and event sponsor
<input type="checkbox"/>			Approval letter from property owner allowing the sale and consumption of alcoholic beverages
<input type="checkbox"/>			Diagram of premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tent permit (Fire) - 612-335-6070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP gas tank permit (Fire) - 612-335-6070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary occupancy permit (Fire) - 612-335-6070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amplified sound permit (Environmental Health) - 612-673-3867
<input type="checkbox"/>	<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** \_\_\_\_\_