

## License Application Guidelines and Checklist

### Application Type: New Shareholder / On Sale Wine

**Definition:** Corporate stock is purchased. The corporation retains original license and all assets. The business continues regular operations but with a new shareholder.

**Minimum Requirements:** The business must have a current license in good standing.

Publicly traded corporations are not required to complete the information below.

Staff Initials	<b>Application Checklist</b> <b>Applications will not be accepted until all requirements have been satisfied.</b>
	<input type="checkbox"/> <b>1. Supplemental Change Form</b> (Form #1) This must be filled out by a current owner, partner or principle.
	<input type="checkbox"/> <b>2. Personal Supplemental Affidavit</b> (Form #2) Every new stockholder with 10% or more shares must fill out both sides of this form.
	<input type="checkbox"/> <b>3. Source of Funds Statement – Beverage Alcohol Establishments</b> (#3 Attached) Every new stockholder with 10% or more shares must fill out both sides of this form.
	<input type="checkbox"/> <b>4. State of Minnesota City/County On-Sale Wine License Application</b> (Form #4)
	<input type="checkbox"/> <b>5. Corporate Minutes</b> – Attach a copy with the following information: <input type="checkbox"/> Sale of Stock approval. <input type="checkbox"/> Stock purchase <input type="checkbox"/> New Shareholders and % of stock
	<input type="checkbox"/> <b>6. Stock Purchase Agreement</b> – Attach a copy.
	<input type="checkbox"/> <b>7. Stock Certificate(s) with restriction on stock.</b> - Attach a copy.
	<input type="checkbox"/> <b>8. Fee: \$500.</b>

### Additional Requirements

**Your Application**

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principle.
- c. Make a duplicate copy of this packet for your personal records before submitting.
- d. If you have questions, talk to License Staff at Room 1 City Hall.

**Stock Certificate(s) with Restriction on Stock:** Minneapolis Code of Ordinances, Chapter 362.330(b) requires Corporate By Laws and by extension LLC Member Control Agreements contain a restriction stating to the effect that

- 1) No transfer of stock is valid or effective unless approved by City Council of Minneapolis; and
- 2) All stock certificates will contain the following words, "The transfer of this stock certificate is invalid unless approved by the City Council of Minneapolis, MN."

**Information in Other Languages** Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 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)

#1

**For Office Use Only**

License #: \_\_\_\_\_  
 CSR: \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 MPD File #: \_\_\_\_\_

## Supplemental Change Form

TYPE OF LICENSE CHANGE		
<input type="checkbox"/> Amending a Business Plan/Downgrade	<input type="checkbox"/> Internal Transfer of Shares	<input type="checkbox"/> Special All Night Bowling/Pool/Billiards
<input type="checkbox"/> Corporate Stock Purchase	<input type="checkbox"/> New Corporate Officer	<input type="checkbox"/> Special Late Night Food
<input type="checkbox"/> Downgrading License(Entertainment)	<input type="checkbox"/> New Manager	<input type="checkbox"/> Upgrading License (Entertainment)
<input type="checkbox"/> Expansion of Premises	<input type="checkbox"/> New Shareholder/Partner	<input type="checkbox"/>
BACKGROUND INFORMATION		
I, _____, as <input type="checkbox"/> Owner <input type="checkbox"/> Partner, on behalf of _____ <div align="right" style="font-size: small;">(Legal Corporation Name of Business)</div> request the following (detailed description):    		
Business Name (DBA)		Business Address
Business E-mail Address		Alternative E-mail Address
Business Telephone Number	Cell Phone Number	Type and Class of License Currently Held
VERIFICATION		
SIGNATURE _____ TITLE _____ DATE _____		
THIS SECTION IS TO BE COMPLETED BY THE CITY OF MINNEAPOLIS		
The Minneapolis Police Department Recommends: <input type="checkbox"/> Approve <input type="checkbox"/> Deny  Signature of Minneapolis Police Department Representative _____  Comments:		
The Minneapolis License Department Recommends: <input type="checkbox"/> Approve <input type="checkbox"/> Deny  Signature of Minneapolis License Department Representative _____  Comments:		

**OFFICERS, DIRECTORS, and/or STOCKHOLDERS**

**Attach additional sheets if necessary**

**Publicly held corporations need list only shareholders with 10 percent of more corporate stock.**

Name	Address	Telephone	Title	# Shares or % of Ownership

I, \_\_\_\_\_, the undersigned, do hereby declare under the penalty of perjury that as of this date, the  
(print name)

following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Note: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting as documentation.**



**Personal Supplemental Affidavit – New Alcohol License Applications**

This form must be completed by each of the following with a copy of driver’s license or government issued photo ID attached.

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

BACKGROUND INFORMATION					
Legal Corporate Name of Establishment			Trade Name of Business (DBA)		
Street Address of Licensed Premises		Zip Code	Business Phone	Individual’s Cell Phone	
Your Name (First, Middle, Last)		Place of Birth (City, State)		Date of Birth	
Residential Street Address		City	State	Zip Code	
Social Security Number (SSN) or Individual Tax Identification Number (ITIN)		First, middle, or last names you have ever used or been known by			
email address		Title		% of ownership	
List your Residences for the past Ten (10) Years – Attach additional sheets if necessary					
Street Address	City	State	Zip	From	To
List Name and Address or Employer and Occupations for the past Ten (10) Years – Attach additional sheets if necessary					
Employer and Occupation	Street Address and City	State	Zip	From	To
SPOUSE’S INFORMATION					
Spouse’s Name		Place of Birth (City, State)		Date of Birth	
First, middle, or last names your spouse has ever used or been known by					
Spouse’s Residential Street Address		City	State	Zip Code	

**LICENSE HISTORY**

Have you ever been employed by a restaurant, bar, or other business or a similar nature?  Yes  No If yes,  
Name Address City State Zip 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 or suspended?  Yes  No New or renewal license denied?  Yes  No (By any government entity?) If yes, explain.

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

Have you or your spouse ever been convicted of any ordinance violation, liquor law violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties. This includes state, local, and federal offenses. Do not include parking violations.  Yes  No If yes,  
Offense Fine/Penalty City State Date

Do you or your spouse have any delinquent personal or business taxes?  Yes  No If yes,  
Date filed: Address: County: State:

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

**DATA PRIVACY ADVISORY**

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual \_\_\_\_\_  
Last Name First Name Middle Name

Also Known As \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION**

The data which 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. Disclosure of your Social Security number or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security Number will be public information pursuant to Minnesota 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 promulgated by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I have read and understand every question in this application and 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 constitutes 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 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**

**TITLE**

**DATE**

### SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business.

**ATTACH DOCUMENTATION FOR ALL SOURCES OF YOUR FINANCING.**

**1. Tax Records - REQUIRED**

Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture OR Corporate tax records, if applicable.

**2. Costs Reporting Form – REQUIRED**

Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses/revenues as well as any unlisted expenses/revenues they feel is related to this application.

**3. Funds from Savings/Investments/Corporate Holdings - REQUIRED**

Attach bank/portfolio statements that verify that the necessary funds have been on deposit. This can include savings accounts, retirement accounts, or stock accounts, etc.

Attach a minimum of three months of bank/portfolio statements.

Alcohol Establishments: Attach at least three months of bank/portfolio statements that include the first time money was withdrawn for this project and three months of bank/portfolio statements from one year prior to that.

**4. Loans from the Lending Institution**

Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; OR

Individuals may be eligible for a loan but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.

N/A

**5. Loans from Individuals** - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well as tax records.

Attach a copy of each lender's source of funds and tax records; AND

Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); AND

If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.

N/A

**6. Landlord Construction or other Credit/Financing** - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); AND

Attach a statement about payment terms.

N/A

I (printed name) \_\_\_\_\_ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-3001

Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

An applicant must report all costs and fund sources associated with pursuing this license in order to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney’s fees, to name a few. Please use the table below to account for **all** of your specific costs and sources of funds. Attach additional sheets if necessary.

<b>APPLICANT’S NAME:</b> _____		<b>BUSINESS NAME:</b> _____	
<b>Building Expenses</b> (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Construction Expenses</b> (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Professional Expenses</b> (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Start Up Costs</b> (insurance, license fees, inventory, etc.)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>Other Expenses</b> (payroll, insurance, SAC charges, other)			
\$ _____	for _____		
\$ _____	for _____		Subtotal \$ _____
<b>TOTAL COSTS for pursuing this License:</b>			<b>\$ _____</b>

Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

**Complete and submit with your license application. Sample listed below.**

<b>APPLICANT’S NAME:</b> _____		<b>BUSINESS NAME (DBA):</b> _____	
<b>Total Cost to Start the Business (As listed above.)</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		
<b>APPLICANT’S NAME: A. A. Smith</b>		<b>BUSINESS NAME (DBA): The Company Business</b>	
<b>Total Cost to Start the Business (As listed above.) \$ 30,000</b>			
	<b>Fund Source</b>	<b>Amount</b>	<b>Documentation Attached</b>
<input type="checkbox"/>	Savings Account Money	\$10,000	Bank Statements from Jan, Feb, Mar 2013 and 2014
<input type="checkbox"/>	Bank Loan	\$10,000	Loan Closing Documents from First Bank and Trust
<input type="checkbox"/>	Loan from Parents	\$10,000	Stock Dividend Statement 2013 and 2014; Tax Records 2013 and 2014; Promissory Note; Notarized Statement of Loan Terms.
<input type="checkbox"/>	TOTAL:	\$30,000	



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US  
**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 14% of alcohol by volume)



#4

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_  
 LICENSEE'S MN SALES & USE TAX ID # \_\_\_\_\_ To apply for MN Sales Tax # call (651) 296-6181  
 LICENSEE'S FEDERAL TAX ID # \_\_\_\_\_

Applicants Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City		County	State      Zip Code
Is this application <b>New</b> or a <b>Transfer</b>	If a transfer, give name of former owner		License period <b>From</b> <b>To</b>

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	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB

**CORPORATIONS**

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? Yes      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	
Are Property Taxes delinquent? Yes      No	Has the building owner any connection, direct or indirect, with the applicant?      Yes      No	Restaurant seating capacity	
Hour's food will be available	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business? Yes      No

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**