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

For Office Use Only

Expiration: April 1
AP: BLFood/BlFoodMan
Rev Code: 311009
MCO: 188
Adm Issuance: Yes

License Application

Guidelines and Checklist

Application Type: Food Manufacturer

DEFINITION: A vendor preparing and/or selling foods for immediate consumption with 12 or fewer seats for customers. If you have 13 or more seats for customers, a Restaurant license is required.

Food Distributor: A vendor selling or reselling foods to retail establishments for off-site consumption.

Staff Initials	**APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW** **Minneapolis Development Review** 250 South 4th Street, Room 300 - Minneapolis, MN 55415 **Free Parking.**
	☐ **1. License Application** (Form #1)
	☐ **2. Floor Plan:** Attach an 8 1/2" by 11" copy of a floor plan/scaled diagram with square footage showing the design of the premises to be licensed. Include the location of the building(s), the portion of the building intended to be used, and both the interior and outdoor areas. See sample Form #2.
	☐ **3. Certified Food Manager:** If you employ a Certified Food Manager, attach a copy of your MN Dept of Health certificate. ☐ I currently do not employ a Certified Food Manager.
	☐ **4. Attach the following from the applicant and each owner, partner, officer, shareholder and Certified Food Manager (if employed).** ☐ **A copy of a driver's license or state identification card** ☐ **Data Privacy** (Form #3) ☐ **Criminal History Report** which may be obtained from www.cch.state.mn.us/New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. ***This report must be dated within 30 days of receipt of this application.*** Anyone who is not a resident of Minnesota must contact the **state** in which they reside to obtain a criminal history.
	☐ **5. Equipment:** Attach photos and copies of equipment specifications. This is required if you have a new kitchen or if you are adding or updating any equipment in your kitchen. ☐ **N/A.** No changes in equipment.
	☐ **6. Menu:** Attach a copy of the menu and/or list of food items available for sale.
	☐ **7. $_____ Food Plan Review Fee** **$_____ License Fee plus New License Surcharge**

Additional Information

1. **Certified Food Manager**: The Minnesota Food Code requires a food establishment to employ one full-time Certified Food Manager within 45 days of opening.
2. **Your License Application:**
   a. Incomplete applications will be returned. All applications must be signed by an owner, partner, or principal.
   b. No license will be issued for a period longer than one year. Licenses are not transferable.
   c. Make a duplicate copy of this packet for your personal records before submitting. Minnesota Sales Tax ID Number or 651-296-6181.
   d. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
3. **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.
4. **Vending Machines:** This license permits two free vending machines located on the premises if they are owned and maintained by the licensee. Additional machines require a vending machine license.

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#1

Food License Application

I. APPLICANT INFORMATION

Legal Company Name	**Business Name/DBA**		
Business Address	**City**	**State**	**Zip Code**
E-mail Address	**Cell Phone Number**	**Business Telephone Number**	
Name (Last, First, MI)	☐ Owner ☐ Officer ☐ Partner ☐ Other: _____		
Mailing Address (if Different than Business Address)	**City**	**State**	**Zip Code**
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Type of Ownership ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed Opening Date**		

II. BUSINESS INFORMATION

1. License(s) Requested

2. As an Applicant/Licensee, I am

☐ Starting a new business in a new building. (New Business)
☐ Starting a new business in an existing building. (New Business)
Name of Previous Tenant _____
☐ Equipment Changes. Provide equipment info and photos.
☐ Adding a new license to an existing business (New License)
☐ Taking over an existing business (New Owner)
Name of existing business _____
☐ Remodeling Only

3. Company Operations

Is business over 5,000 sq ft.? ☐ Yes ☐ No If yes, how many facilities? _____

INTERIOR	EXTERIOR
Gross Square Footage for Business Use _____	Gross Square Footage for Business Use _____
Seating Capacity _____ Fire Occupancy _____	Seating Capacity _____ Total Customer Capacity _____
Hours of Operation	Hours of Operation

Describe in detail the principal products and/or services rendered.

4. Entertainment: Check all categories of entertainment you are planning to provide on your premises.

☐ No entertainment.

☐ Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

☐ General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.

☐ Adult Entertainment: Persons who are unclothed or in in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

5. Are you planning or have you completed any construction or remodeling? ☐ YES ☐ NO	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth

Have any of the people listed above been convicted of a crime? ☐ YES ☐ NO

If Yes, please provide or attach specific information about dateósú and convictionóǎú.

IV. BACKGROUND INFORMATION

1. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

2. Have you ever had a business license denied or revoked by Minneapolis or another government entity? ☐ YES ☐ NO

   If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

3. Are you sharing the licensed premises with any other business? ☐ Yes ☐ No If yes, describe.

V. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage

------Or------

I certify that I am not required to carry workers compensation insurance because ☐ I am self-insured. ☐ I am the sole proprietor 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.

VI. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____

VII. VEHICLES

Will there be vehicles used in the business? ☐ YES ☐ NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

VIII. VERIFICATION

The data 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 Minnesota Tax ID Number, 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 issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

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. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

Minneapolis
Community Planning and Economic Development

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Floor Plan Standards

Every application for a restaurant or beverage alcohol license must include a floor plan. A sample is provided below. Attach an 8 ½" x 11" diagram of both your **INTERIOR** and **EXTERIOR** premises. Include dimensions. Hand drawn floor plans will be accepted if they are legible. Drawings for outdoor areas may be on a separate sheet. If the outdoor area is located on the public sidewalk, drawings must include additional features and a Sidewalk Café License is required. Include the following on your plan:

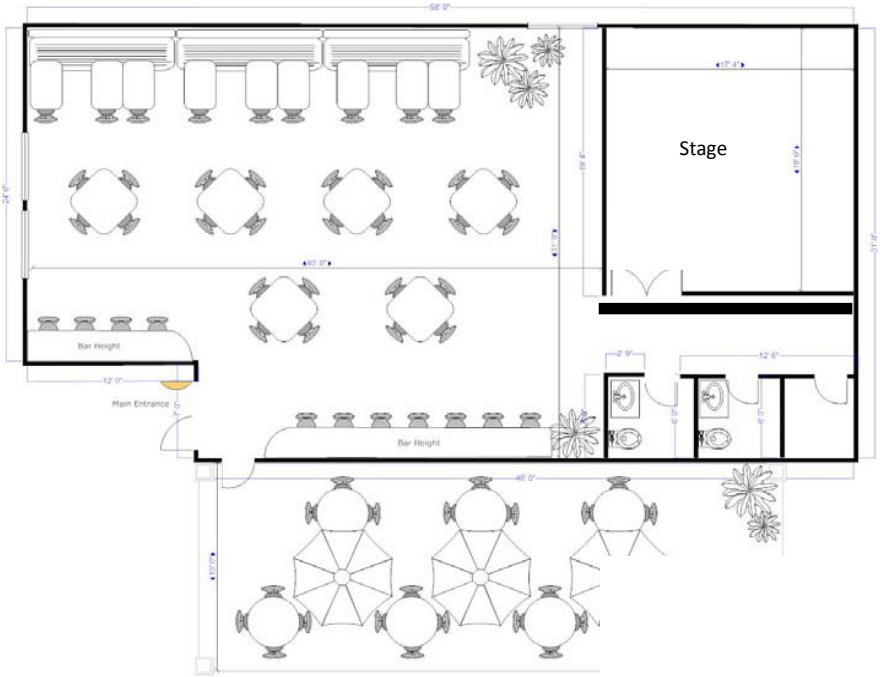
1. Business name (DBA), building name, address, contact person and telephone number
2. The function of the space including the dimensions and square footage of the area in which food will be served. Label mezzanine levels, fixed seating and egress convergence.
3. All doors, windows and other openings as well as any building feature requiring emergency access
4. The occupant load calculated by the designer
5. The number and size of tables
6. The number of chairs and their location to the tables. Seating capacity needs to consistent with the number of patrons stated in your license application.
7. Ensure that your total bar area does not exceed the area that is allowed for your type of license. Include square footage (no more than 30% or 20%). Bar Area: One or more spaces in an establishment designed and utilized primarily for the consumption of alcohol or providing entertainment. This space would include a dance floor area, stage, game room or any space that is undefined or does not provide for seated food service. Outdoor bar areas may be calculated separately from indoor bar areas and considerations may be made for outdoor sporting courts such as bocce ball, volleyball or similar features.

Outdoor Area Diagrams shall also include the following, in addition to the information above:

1. All outdoor areas accessible to and usable by building and non-building occupants including yards, patios, cafes, courts, dog areas, rooftops and other similar outdoor areas
2. Umbrellas, planters, stanchions, fences, lights, signs, etc.
3. Planted, groomed or landscaped areas adjacent to the outdoor area
4. Heating elements and location of storage area for gas cylinders
5. There must be 5% or a minimum of one table which is ADA accessible.
6. Access and Egress: Your business plan should describe how this will be controlled.

DBA: Living the Dream
Address: 1313 Mockingbird Lane
Building Name: Empire State Contact
Applicant: Doe John
Telephone: 612-555-5555

Interior
Sq Footage: 6000 sq ft
Dining Sq Footage: 5000 sq ft
Seating Capacity: 53
6 Tables (4' x 4') – all accessible
24 Chairs
9 Booths (2' x 4') w/ seating for 18
Bar Area (800 sq ft)
Occupant Load: 60
Exterior
Sq Footage: 2000 sq ft
Dining Sq Footage: 1800 sq ft
Seating Capacity: 24
6 Tables (4' x 4') – all accessible
24 Chairs
Occupant Load: 40
Prepared by: M. I. Tech
The Architects, LLC



Minneapolis Police Department

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, 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**.

AUTHORIZATION FOR RELEASE OF INFORMATION

(ONLY PRINT OR TYPE LEGIBLY)

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

Applicant_____

Last Name First Name Middle Name

Also Known As _____Date of Birth: _____

Driver's License Number _____Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature_____Date_____