



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

DBA:
Expiration: May 1
License Code: 317
Rev Code: 311009
MCO : 309.10.
Adm Issuance: NO
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Extended Hours

DEFINITION: Any business in the city of Minneapolis which is open to the public outside the authorized hours of operation defined by Chapter 259.300 of the Minneapolis Code of Ordinances (MCO) and applicable Zoning Districts.

The following do not require an Extended Hours License: Hospitals, Birth Centers, Hotels, Religious Institutions, Colleges, Universities, Residential Use Buildings, Licensed Parking Facilities and Establishments which sell alcoholic beverages.

Staff Initials	Application Checklist Submit completed items below to: Minneapolis Development Review 250 South 4 th Street, Room 300 Public Service Center Minneapolis, MN 55415 Free Parking
	<input type="checkbox"/> 1. License Application (Form #1) If you applied for a license within the previous 12 months, you may resubmit a copy of your original license application form.
	<input type="checkbox"/> 2. Zoning Addendum for Extended Hours (Form #2) Take to Zoning Department – 250 South 4 th Street, Room 300 Public Service Center.
	<input type="checkbox"/> 3. Business Plan for Extended Hours (Form #3)
	<input type="checkbox"/> 4. Police Security Plan for Extended Hours (Form #4)
	<input type="checkbox"/> 5. Property Ownership: Attach a true and complete copy of the executed lease agreement, contract for the business and/or building.
	<input type="checkbox"/> 6. Notification of the type of license; address of premises; applicant’s name, address and telephone number; and Business Plan. Attach copies of letters or emails that have been sent to: <input type="checkbox"/> City Council Member <input type="checkbox"/> Neighborhood Organization(s) and <input type="checkbox"/> Business Association(s) . See sample letter .
	<input type="checkbox"/> 7. Fee: _____ Extended Hours New License Surcharge: \$400

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- 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.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Public Hearing Required - This will be scheduled by the License Inspector.

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.



City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1316
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type of License
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non-Profit
Date of Incorporation
State of Incorporation

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

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

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

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

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

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:

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.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

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

5. 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 Social Security number, Minnesota Tax ID 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. Upon submission of this application, all information 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.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum for Extended Hours

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Minneapolis Development Review Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Planning Department and/or City Planning Commission is required before an official license will be approved by the Minneapolis City Council.

===== **This section is to be completed by the Applicant** =====

- 1. Name of Business: _____
- 2. Proposed Business Address: _____
- 3. Proposed Hours of Operation: _____

===== **This section is to be completed by City Planner** =====

- 4. Zoning district: _____ Proposed land use(s): _____
 - 5. Are there any existing land use approvals for this address which affect this license application? YES NO
- If Yes, provide a brief description of any land use history relevant to the proposed licensure. _____
- _____
- _____

- 6. Is this use non-conforming? Yes No
- 7. Comments: _____

- 8. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **This section is to be completed by Zoning Inspector** =====

- 9. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance: _____

- 10. Comments: _____

CPED Planning Staff Signature: _____ DATE _____ EXT _____



Business Plan Requirements for Extended Hours

The Minneapolis Code of Ordinances (MCO), Chapters 259.30 requires applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan. Attach a typed and detailed report that includes the following items.

1. Hours of Operation MCO 259.300

- Hours for every day of the week
- Inside and outside hours

2. Entertainment

- A detailed statement of the nature of entertainment presented in your establishment
- Days and hours of the entertainment
- The age group at which the entertainment is directed

3. Noise Abatement MCO 389

- Provide a detailed plan describing how your establishment will be address potential noise issues

4. Litter Removal. MCO 259.125

- Attach a plan for cleaning litter within a 100 foot radius of your establishment. Include hours staff will be assigned.

5. Security Plan/Staffing Model. MCO 259.250

- Attach your security plan which addresses how you will take appropriate action to prevent illegal conduct by any persons on your business premises and parking areas.

ACKNOWLEDGMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct reflection of the undersigned’s intentions;
- any material change in the business plan must be submitted to and approved by the Minneapolis City Council before implementation; and
- violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____



Police Department Security Plan Review for Extended Hours

THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Establishment: _____ Address: _____

Contact Person: _____ Phone Number: _____

1. Contact your [Precinct Commander](#) (_____) to schedule a meeting.
2. Bring this form and copies of your Business Plan and Security Plan.

THIS PORTION TO BE COMPLETED BY MPD

Listed below are recommendations discussed by the Minneapolis Police Department and Liquor License applicant which are applicable to the proposed business operations. All items checked should be represented in the Security Plan requirement in your Business Plan.

- The licensee shall provide sufficient staff devoted exclusively to security-related duties to protect the well-being and safety of patrons, employees and the general public. The security staff shall be distinctly clothed to make their appearance and function easily recognizable.
- The licensee shall designate an employee as head of the security staff. The designated employee may be the on-site manager.
- The security staff shall be utilized to ensure that patrons who have exited the premises and others do not loiter on the public sidewalk or the licensee’s parking areas.
- The licensee shall compile, maintain and enforce a "do not admit" list to prevent reoccurrence of disturbances by known persons. This list shall be shared with Minneapolis Regulatory Services and the Minneapolis Police Department upon request.
- All persons seeking to gain entrance to the establishment after 9:00 p.m. shall be required to present legitimate identification as a condition of entrance;
- Upon request, the licensee shall meet representatives of the City of Minneapolis to discuss any safety, security or operational concerns.
- Other: _____

Does the Applicant’s Security Plan meet Police Expectations? Yes No

If No, why? _____

Police Department Representative _____ Signature _____ Badge # _____

Applicant Signature _____ Date _____