



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:
License Code: Current
License Code
Rev Code: 311006
<u>MCO</u> : 362.36
Adm Issuance: Director Granted
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Temporary Expansion of License

License holders of On-Sale Liquor, Wine, or 3.2 Beer establishments may apply for a Temporary Expansion of License for

- 1) premises directly adjacent and contiguous to their permanently licensed premises and/or
- 2) entertainment not otherwise allowed under the establishment’s permanent license.

Individual establishments may be granted licenses for up to 12 days in any twelve-month period. Licenses are valid for up to two (2) consecutive days. Additional licenses may be granted for special events. Contact your [License Inspector](#).

If an application is submitted less than 30 days before the event or without sufficient time to review and secure required approvals, the application may not be accepted. An additional fee may apply.

Staff Initials	Application Checklist License applications will not be accepted until all requirements have been satisfied.
	<input type="checkbox"/> 1. City of Minneapolis Temporary Expansion of Premises/Temporary Entertainment Application (Form #1)
	<input type="checkbox"/> 2. Additional Permits – Complete and attach Checklist #2 with your application.
	<input type="checkbox"/> 3. Will any activities occur off of your licensed premises? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, <input type="checkbox"/> Attach proof of the licensed On-Sale Establishment’s liquor liability insurance covering the expanded area during the affected dates. (See Sample Form #3) AND <input type="checkbox"/> Attach a copy of the consent from the owner or manager of the premises authorizing use of the area.
	<input type="checkbox"/> 4. Attach a drawing showing the area with scaled dimensions. Indicate how the area will be enclosed, the location of tables and chairs, alcohol serving area, and other important features.
	<input type="checkbox"/> 5. Notification: Send your business name; business address; applicant’s name, address and telephone number; and event name, description and dates to <input type="checkbox"/> City Council Member <input type="checkbox"/> Neighborhood Organization(s) and <input type="checkbox"/> Business Association(s) . See sample letter . Attach copies of the letters or emails that have been sent.
	<input type="checkbox"/> 6. \$ _____ Fee \$ _____ 50% Director Granted Fee if application has been filed <input type="checkbox"/> too late for the City Council to approve before the event or <input type="checkbox"/> less than 30 days prior to the scheduled date of the event.

Additional Requirements

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an officer.
- c. 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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FOR OFFICE USE ONLY:
FILE #: TE
LICENSE #:
FEE: \$
INSPECTOR:
WARD:
NEIGHBORHOOD:
DATE:

Temporary Expansion of License Application

1. BACKGROUND INFORMATION

Business Name (DBA) Business Address
Contact Person Email Address
Telephone Current License
Type of Temporary Expansion:
Premises and/or Entertainment (Choose one, higher than your current license class, if applicable.)
A: All legal forms of entertainment, dancing
B: Music & singing by any number of performers, dancing, customer singing, disc jockey
C1: Music by five or fewer musicians, customer singing
C2: Music by three or fewer musicians, customer singing
D: Non-amplified music by one musician, customer singing, ethnic dance in full costume, one comedian

2. EVENT INFORMATION

Name of Event Estimated TOTAL attendance
Purpose (Fundraiser, Anniversary, Concert Event)
Days/Dates/Times (Each permit is limited to two consecutive days.)
Temporary Expansion of Premises N/A
Name/description of area for temporary expansion (parking lot, north of establishment, portion of bar area, etc.)
What will be served in the expansion area? Liquor Wine Beer Food
Is this site ADA compliant? Yes No
Temporary Expansion of Entertainment N/A
Describe Indoor Entertainment N/A Describe Outdoor Entertainment N/A
What type of enclosure will be used for the outdoor area? N/A Indoor Only
Will the entertainment be amplified? Yes No Amplified Sound Permit Obtained? (Outdoor Only) Yes No
Describe your plans for Noise Mitigation. Attach additional sheets if necessary.

3. SECURITY

<input type="checkbox"/> Employees Total on Duty _____ Assigned to Security _____	<input type="checkbox"/> Contract Security Personnel How Many _____ Contact Person _____ Telephone Number _____ Security Company _____	<input type="checkbox"/> Off Duty Minneapolis Police How Many _____ Contact Person _____ Telephone _____
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Have you notified the [Ward Council Member's office](#) of this pending application? Yes No

Has your business had any Temporary Expansion of Licenses in the past 12 months? Yes No If Yes, complete the following:

Event / Dates	Event / Dates
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.

4. 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. Upon submission of this application, all information 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 _____

This Section to be filled out by License Inspector

This application meets the minimum requirements of MCO 362? Yes No

Previous issues:

Concerns about this event and resolutions:

Approved Hours for the event:

Evacuation Plan Required? Yes No Completed and Attached.

[Police Security Plan](#) Required? Yes No Completed and Attached.

I recommend do not recommend approval of this application.

Inspector: _____ Date _____

This is to certify that I have examined this application and the information meets the conditions in MCO 362.36.

License Official

Date
 Application was Director Granted.



Additional Permits and Licenses

Frequently Used Permits and Licenses

- Alcohol:** The applicant agrees to not permit the sale or consumption of intoxicating liquors without first obtaining the appropriate liquor license. Contact the Licenses Division at 612-673-2080. Applications: [Temporary Liquor](#), [Temporary Wine](#), [Temporary Beer](#).
- Amplified Music:** Noise permit required. Contact the Environmental Services Division, 612-673-3867.
- Animal Permits:** Contact Minneapolis Animal Care and Control, 612-370-3892.
- Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354 or email www.electricity.state.mn.us.
- Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-335-3413.
- Heating Permit** for temporary heat or air conditioning. Contact the Inspections Division, 612-673-3000 or 311.
- MN DOT:** 651-234-7911.
- MTC Transit Detours:** 612-349-7400.
- Parades:** Must submit a map of the route. Contact the Transportation Division 612-673-2222.
- Park Board Permits:** 612-230-6441.
- Plaza Permit:** Required for Peavey Plaza, Loring Greenway, or Chicago Mall.
- Plumbing and Gas:** Inspections for potable water, gas burners and discharges to sewers. Contact the Inspections Division at 612-673-3000 or 311.
- Recycling Containers:** May be rented for a fee from Minneapolis Solid Waste and Recycling. Must be requested ten days in advance.
- Security and Off Duty Police:** Security plan must be approved before your event. Contact the Police Special Event Coordinator at 612-673-3942.
- Short Term Food Permits** and **Event Sponsor Permits** are required for the sale of food and/or beverages at community based events. Contact the Food, Pools, and Lodging Division, 612-673-2301.
- Street Closures** for block events, parade routes, detours, etc. Contact Transportation and Parking Services Division at 612-673-5750.
- Temporary Expansion of License:** On-Sale Liquor, Wine or Beer establishments may use unlicensed portions of their premises (indoor or outdoor) and/or provide additional entertainment.
- Temporary Extended Hours License:** Establishments that do not sell or serve alcohol may operate later than authorized hours.
- Temporary Toilets:** Must use a state of Minnesota licensed Service Company and provide an adequate number of units per industry guidelines. Contact vendors in the yellow pages.
- Tents:** A detailed plan must be approved by Building and Fire Inspectors. 612-673-5880.
- Traffic Control:** 612-335-5926. The Traffic Control hourly rate is \$50. If a service request is received less than 30 days before the event, the hourly rate is \$75 which is also charged for same day requests/changes.

Miscellaneous Licenses

- | | | | |
|----------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Amusement Mechanical Device | <input type="checkbox"/> Amusement, Place of | <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Children’s Rides | <input type="checkbox"/> Games of Skill | <input type="checkbox"/> Jukebox | <input type="checkbox"/> Shooting Gallery |

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

Minnesota Statute 340A.409: Liquor liability insurance policy number must be included on certificate with coverage dates identical to license period or must state: "Coverage is continuous until cancelled."

Personal Injury or Death: \$50,000/\$100,000

Property Damage: \$10,000

Other Pecuniary Loss: \$50,000/\$100,000

Loss of Means of Support: \$50,000/\$100,000

Original signature or stamp of agent. →

<p>CERTIFICATE OF LIABILITY INSURANCE</p>			
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>			
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>			
<p>PRODUCER Agency Address City, State, Zip</p>	<p>CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:</p>		
<p>INSURED</p>	<p style="text-align: center;">INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:</p>		<p style="text-align: center;">NAIC #</p>
<p>COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:</p>			
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>			
<p>INSR LTR</p>	<p>TYPE OF INSURANCE</p>	<p>ADDITIONAL INSURER</p>	<p>POLICY NUMBER POLICY (MM/DD/YY) POLICY (MM/DD/YY) LIMITS</p>
	<p>GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC</p>		<p>EACH OCCURRENCE MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG</p>
	<p>AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS</p>		<p>COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)</p>
	<p>UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$</p>		<p>EACH OCCURRENCE AGGREGATE</p>
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</p>	<p>Y/N N/A</p>	<p>WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT</p>
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</p>			
<p>CERTIFICATE HOLDER</p>		<p>CANCELLATION</p>	
<p>ADDITIONAL INSURED: City of Minneapolis - Licenses and Consumer Services 350 South 5th Street, Room 1C City Hall Minneapolis, MN 55415</p>		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>	
		<p>AUTHORIZED REPRESENTATIVE</p>	

Applications will be returned if requirements are not complete.