



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

License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: February 1
License Code: 302
Rev Code: 311008
MCO: 266
Adm Issuance: No
LICENSE #:
CSR:
Inspector:

Application Type: Rental Hall

PART ONE

This application is divided into two parts. **PART ONE:** Complete the three forms listed below (pp. 1 – 6) and submit to the [Minneapolis Development Review](#) office. You will have an opportunity to discuss your application with Zoning and Environmental Health Inspectors. **PART TWO:** After staff review, your application will be sent to a License Inspector who will then contact you. At that time you may submit the remainder of your application to the License Inspector. More information about applying for a license is available on our website at www.minneapolismn.gov/business-licensing.

DEFINITION: A building, facility, room, or portion thereof that is rented, leased or otherwise made available to any person or group for a private event, not open to the general public, whether or not a fee is charged. A license is not required if: (1) the premises are licensed under Title 14 of the Minneapolis Code of Ordinances (Liquor Code); (2) a theater is operating within the scope of the license; (3) the hall has legal occupancy of fewer than 50 persons; (4) the purpose of the event is for bona fide religious or political activities; or (5) the hall is at an elementary, secondary, vocational or trade school, college or university, church, or affiliated with the Minneapolis Park Board or the City of Minneapolis. A Temporary Rental Hall License may be granted for rental halls that are used for fewer than five (5) days per year. Applications must be received at least fourteen (14) days in advance of the event.

Staff Initials	PART ONE - COMPLETE AND SUBMIT FOR STAFF REVIEW Minneapolis Development Review 250 South 4 th Street, Room 300 - Minneapolis, MN 55415 Free Parking .
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum (Form #2)
	<input type="checkbox"/> 3. Health Addendum (Form #3)
	<input type="checkbox"/> 4. Food Plan Review Fee \$ _____
	<input type="checkbox"/> 5. Floor Plan: Attach an 8 1/2" by 11" copy of floor plans/scaled diagram with square footage showing the design of the premises to be licensed. Include the location of the building(s) and the portion of the building intended to be used as a restaurant, coffee shop, café or dining room. See sample Form #4.
	<input type="checkbox"/> 6. Menu: Attach a copy of the menu and/or list of food items available for sale.

This Section To Be Completed by a Minneapolis Development Review Coordinator

DC: _____ Temporary License Number: _____ Risk Category: _____

Check the following which are required at initial review. Additional inspections/permits may be required for this license.

Plumbing Permit Mechanical Permit Bldg Permit Sidewalk Inspection PDR Review _____

SAC Determination Letter Required: Yes No

Date Sent to EH _____	Date Sent to EM _____	EM Initials _____
EH Staff Initials _____	PCAB# _____	Date Returned to MDR _____

PART TWO

Begin completing the forms listed in **PART TWO**. After a License Inspector contacts you, submit them for review. Attach all documentation. Incomplete applications will be returned.



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

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type(s) 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
Telephone 612-673-3000 or 311 - Fax 612-673-2526
Zoning Addendum for Rental Halls

#2

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service 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 Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe 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 attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: _____ Proposed land use(s): _____
6. 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.

7. Number of Parking spaces required by the Zoning Code: _____
 Does applicant have non-conforming rights to off-street parking? Yes No If yes, number of stalls: - _____
 Has applicant applied for a parking variance? Yes No If yes, for how many spaces: - _____
 NET number of off street parking spaces applicant is required to provide: _____
 Does the applicant intend to supply any of the required off-street parking at a nearby location? Yes No
 If yes, a Shared Parking Agreement must be completed. See land use approvals above.
 Address of off-site parking: _____ Owned Leased # Stalls: _____
8. Comments: _____
9. Is an inspection by Zoning Enforcement Staff required? Yes No

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

10. Is the site in compliance with all existing Conditions of Approval? Yes No If No, List requirements for compliance:

11. Comments: _____

CPED Planning Staff Signature _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.



HEALTH ADDENDUM

PART I – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats <input type="checkbox"/> N/A
Gross Square Footage	Net Square Footage of the Retail Area <input type="checkbox"/> N/A
License(s) Requested:	
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New business) <input type="checkbox"/> Starting a new business in an existing building. Name of previous tenant _____ <input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____ <input type="checkbox"/> Remodeling. <input type="checkbox"/> Equipment changes. Provide equipment information and photos. <input type="checkbox"/> Adding new license to an existing business.	

2. FOOD PROCESSES – CHECK ALL THAT APPLY

<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, and seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	

Provide additional documentation and/or descriptions for any box checked.

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ Attach a copy of current [MN Dept of Health certificate](#).

4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION

If your business caters, distributes, or transports food from one location to another, please provide the following information in writing:

<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	

5. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No

What type of work will you be doing? General Building Plumbing Mechanical Electrical Other(Explain)

Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No

Have you obtained the necessary permits? Yes No

Signature of Applicant _____ Date _____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No

Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.

Final Inspection Required: Yes No

Yes. I recommend to License Department to proceed.

No. This application is not recommended to License Department to proceed. Reason for Hold:

RISK LEVEL: 1 2 3

Signature of EH Official _____ Printed Name: _____ Date: _____



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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 that is 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, volleyball or similar features.

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

8. 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
9. Umbrellas, planters, stanchions, fences, lights, signs, etc
10. Planted, groomed or landscaped areas adjacent to the outdoor area
11. Heating elements and location of storage area for gas cylinders
12. There must be 5% or a minimum of one table which is ADA accessible.
13. 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 Person: Doe John
 Telephone: 612-555-5555

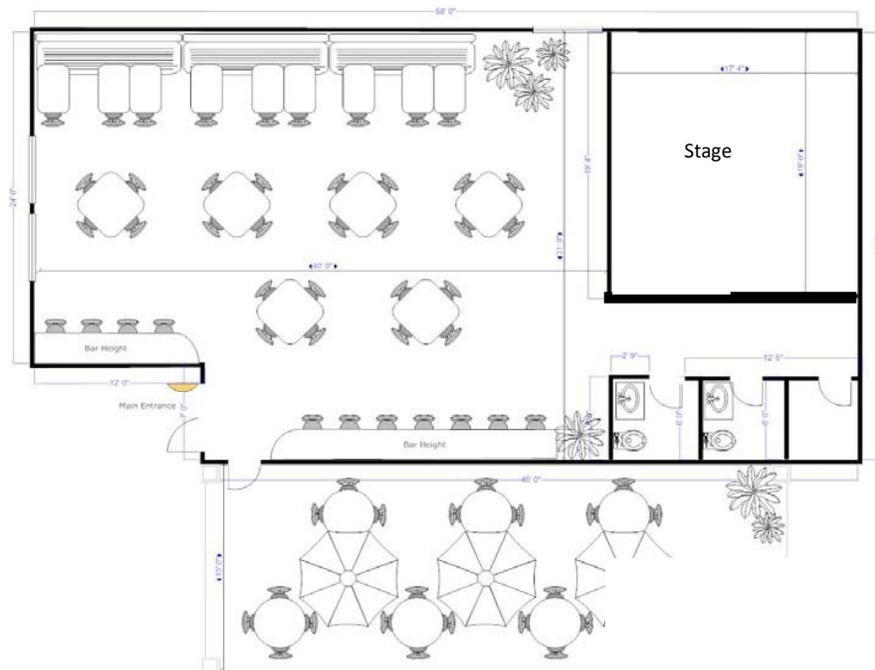
Interior

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 (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





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DBA:
Expiration: February 1
License Code: 302
Rev Code: 311008
MCO: 266
Adm Issuance: No
LICENSE #:
CSR:
Inspector:

License Application Guidelines and Checklist

Application Type: Rental Hall

License Inspector Checklist: Part One Application Forms Completed and Signed

1. License Application (#1) 2. Zoning Addendum (#2) 3. Health Addendum (#3)

PART TWO

APPLICANTS COMPLETE AND SUBMIT FOR LICENSE STAFF REVIEW

Licenses and Consumer Services 350 South 5th Street – Room 1C, Minneapolis, MN 55415–1391

Attach all documentation. Incomplete applications will be returned.

4. **Source of Funds** – Complete Form #5 and provide relevant documents indicating the source of funds to begin operating the business. Include expenses (equipment, payroll) and funding resources (bank statements, credit/loan documents, etc.).

5. **Business Plan** (Form #6)

6. **Attach the following from the applicant and each owner, partner, officer, shareholder & on-site manager.**

A copy of a driver's license or state identification card

Data Privacy (Form #7)

Residential and Employment History (Form #8)

Criminal History Report which may be obtained from <https://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.

N/A – Criminal history and Residential/Employment history are not required because company is publicly traded.

7. **Certificate of Liability Insurance** (Sample form #9) - This must be furnished by your insurance agent with the mandatory changes. You are required to have general liability that includes premises and operations insurance and products and completed operation insurance with the following coverages: \$200,000 for injury or death to one person \$600,000 for injury or death for each occurrence and \$50,000 for property damage.

8. **Ownership Information**

Sole Proprietorship: Provide a copy of certificate of assumed trade name.

Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement.

Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.

N/A – Ownership information is not required because company is publicly traded.

9. **Attach a copy of the Lease Agreement, Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes** for the business and/or building.

10. **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: [City Council Member](#) [Neighborhood Organization\(s\)](#) and [Business Association\(s\)](#). See [sample letter](#).

11. [SAC Determination Letter](#) – attach copy.

12. \$ _____ [License Fee plus New License Surcharge](#)

1. Your License Application

- a. Incomplete applications will be returned. All applications must be signed by an owner, partner or principal. Licenses are not transferable.
- b. No license will be issued for more than one year. Make a duplicate copy of this packet for your personal records before submitting.
- c. [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.

2. Information in Other Languages: Yog xav paub tshaj nos ntiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

3. 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](#).



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 a minimum of three months of bank/portfolio statements from one year prior to the application.

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.

Signature

Title



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COSTS REPORTING FORM

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.

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

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.

APPLICANT'S NAME:		BUSINESS NAME (DBA):	
Total Cost to Start the Business (As listed above.)			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		
APPLICANT'S NAME: A. A. Smith		BUSINESS NAME (DBA): The Company Business	
Total Cost to Start the Business (As listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<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	



Business Plan Requirements

The Minneapolis Code of Ordinances (MCO), Chapter 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. Not all questions may be applicable to your business operation. Answer all that are relevant. Attach additional sheets if necessary.

1. [Security Plan](#) / Staffing Model. MCO 259.250 requires a licensee to take appropriate action to prevent illegal conduct by anyone on your business premises and parking area. Attach your security plan which addresses issues related to your business.

2. Litter Abatement. MCO 259.125 requires a licensee to clean litter within a 100 foot radius of your establishment. Describe your plans for litter clean-up including additional resources during the warm weather months.

3. Entertainment. Describe the type of entertainment at your establishment and the age group expected to attend.

	Type of Entertainment	Age Group	Indoor Hours	Outdoor Hours
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

4. [Noise](#) Abatement. MCO 389 regulates allowable decibel levels of noise from you business. Describe in detail how you will make sure your establishment will not violate this.

ACKNOWLEDGEMENT 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; and
- Any material change in the business plan must be submitted to an 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 _____



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 _____

Residential And Employment History

#8

Provide the following information for each Partner, Owner and Corporate Member

Check here if your company is publicly traded. You do not have to complete this form.

Attach additional sheets if necessary.

Name				
Ten (10) Year Residence History				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Ten (10) Year Employment History				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Name				
Ten (10) Year Residence History				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Ten (10) Year Employment History				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Name				
Ten (10) Year Residence History				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Ten (10) Year Employment History				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates

City of Minneapolis Requirements for Insurance Certificates

#9

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

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

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ COM- \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.