

## License Application Guidelines and Checklist

<b>License Type: Temporary On Sale Liquor or Temporary On Sale Wine License</b>
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Minnesota Statute 340A.404 authorizes this license only to a charitable, religious, or non-profit corporation in existence for three years; a political committee registered under MN Statutes Sec. 10A.14; a brewer who manufacturers less than 3,500 barrels of malt liquor in a year; or a club as defined by MCO 360.10.

Minimum distance requirements from schools or churches (300 feet) do not apply to this license as defined in MCO 360.125(3). Temporary licenses for the sale of alcoholic beverages shall not be granted for more than three 4-day events, four 3-day events, six 2-day events, twelve 1-day events, or any combination which exceeds twelve (12) days per calendar year or more than once within any 30 day period to any one organization or location.

Wine Tasting Events, as defined by Minnesota Statute 340A.418, are limited to four (4) hours or less.

If an application is submitted less than thirty (30) days prior to an event or without sufficient time for staff to review and verify required approvals, the application may not be accepted. An additional fee may apply.

Additional fees may also apply for live and/or outdoor entertainment. A License Inspector will determine this.

Staff Initials	Application Checklist
	<b>Applications will not be accepted until all requirements have been satisfied.</b>
	<input type="checkbox"/> 1. <b>City of Minneapolis Temporary On Sale Liquor Application</b> (Form #1)
	<input type="checkbox"/> 2. <b>State of MN Application and Permit for a 1 to 4 Day Temporary On Sale Liquor/Wine License</b> – (Form #2) Upon approval, you will be issued an electronic Buyers Card Number which authorizes you to purchase beverage alcohol from a distributor. The On-Sale Liquor Licensee cannot purchase beverage alcohol for temporary events. <a href="http://www.dps.state.mn.us/alcgamb/alcgamb.aspx">www.dps.state.mn.us/alcgamb/alcgamb.aspx</a> .
	<input type="checkbox"/> 3. <b>Attach proof of the U Licensed On-Sale Liquor Establishment’s liquor liability insurance covering the event.</b> o Sample Form #3 attached.
	<input type="checkbox"/> 4. <b>Will off-duty police officers provide security for this event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a Certificate of Liability Insurance (Sample Form #3). This must be furnished by your Insurance Agent with the mandatory changes and the following coverages: <input type="checkbox"/> \$300,000.00 for each accident or occurrence for injury or death and \$5,000.00 property damage <input type="checkbox"/> Or a combined single limit of liability of \$300,000.00 for injury, death or property damage
	<input type="checkbox"/> 5. <b>Additional Permits</b> – Complete and attach Form #4 with your application.
	<input type="checkbox"/> 6. <b>Is this organization a</b> <input type="checkbox"/> <b>charitable, religious, or non-profit organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the non-profit certificate of incorporation or IRS 501(c)(3) letter. <input type="checkbox"/> <b>political committee registered under Minnesota Statute 10A.14?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>microbrewer who manufacturers less than 3.500 barrels per year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach state license. <input type="checkbox"/> <b>club as defined by MCO 360.10?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation verifying status.
	<input type="checkbox"/> 7. <b>Attach a copy of the consent of the owner or manager of the premises authorizing use of the area.</b>
	<input type="checkbox"/> 8. <b>Attach a drawing showing the area with scaled dimensions.</b> Indicate how the area will be enclosed, the location of tables and chairs, alcohol serving area, and other important features.
	<input type="checkbox"/> 9. \$ _____ <a href="#">Fee</a> \$ _____ 50% Director Granted <a href="#">fee</a> if application has been filed too late for the City Council to approve before event.

### Additional Information

**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.

**Hours of Operation – 1 City Hall:** Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

**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 # L
CSR:
Fee: \$
Date:

## Temporary On Sale Liquor/Wine Application

1. BACKGROUND INFORMATION	
Organization Name	What will be Served at the Event: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Strong Beer <input type="checkbox"/> 3.2 Beer <input type="checkbox"/> Food
Contact Person	Cell Phone Number      E-mail Address
2. EVENT INFORMATION	
Name of Event	Event Day(s), Date(s) and Time(s)
Estimated TOTAL attendance	
Name of Location for Event	Address of Event
Purpose of the Event	
3. ALCOHOL SERVICE	
Name of On-sale liquor establishment responsible for alcohol service at the event	
Address	License Number
Contact Person	Telephone Number
Date of Alcohol Server Awareness Training	
Will this event be a wine tasting as defined by MN Statute 340A.418? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any other individual or organization organize, promote, assist with or receive remuneration from this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name of individual or organization	Contact Person
Address	Telephone Number
Will your organization receive the majority of the proceeds from the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.	
Will the alcoholic beverages be donated for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, state the type and value/amount \$_____
If Yes, name of individual or organization	Contact Person
Address	Telephone Number

**4. ENTERTAINMENT**

Venue:  Indoor Entertainment  Outdoor Entertainment  No Entertainment

Will there be a  Band  DJ  Speakers  # \_\_\_\_\_ Musicians? Will the entertainment be amplified?  Yes  No

Describe all types of Entertainment/Activities to be provided at the event. Include indoor and outdoor.

Days/Dates/Times of Entertainment

What type of enclosure will be used for the outdoor area?  N/A  Indoor Only

Describe Security for the Event:

Has this organization had any temporary liquor, wine, or beer licenses in Minnesota in the past 12 months?  Yes  No  
If Yes, complete the following. (Attach additional sheets if necessary.)

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

**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.

**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  362.35 (liquor)  363.41(wine)

If no, explain:

Number of temporary licenses in this calendar year: \_\_\_\_\_

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:  Temporary on Sale Liquor License  Temporary On Sale Wine License

Inspector: \_\_\_\_\_ Date \_\_\_\_\_

This is to certify that I have examined this application and the information meets the conditions in the Minneapolis Code of Ordinances.

\_\_\_\_\_  
License Official \_\_\_\_\_ Date \_\_\_\_\_  Application was Director Granted.



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division  
445 Minnesota Street, Suite 222, St. Paul, MN 55101  
651-201-7500 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION AND PERMIT FOR A 1 DAY  
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization \_\_\_\_\_ Date organized \_\_\_\_\_ Tax exempt number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State Minnesota Zip Code \_\_\_\_\_

Name of person making application \_\_\_\_\_ Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Date(s) of event \_\_\_\_\_ Type of organization  
 Club  Charitable  Religious  Other non-profit

Organization officer's name \_\_\_\_\_ City \_\_\_\_\_ State Minnesota Zip Code \_\_\_\_\_

Organization officer's name \_\_\_\_\_ City \_\_\_\_\_ State Minnesota Zip Code \_\_\_\_\_

Organization officer's name \_\_\_\_\_ City \_\_\_\_\_ State Minnesota Zip Code \_\_\_\_\_

Organization officer's name \_\_\_\_\_ City \_\_\_\_\_ State Minnesota Zip Code \_\_\_\_\_

Location where permit will be used. If an outdoor area, describe.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

\_\_\_\_\_  
City or County approving the license

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Fee Amount

\_\_\_\_\_  
Permit Date

\_\_\_\_\_  
Date Fee Paid

\_\_\_\_\_  
City or County E-mail Address

\_\_\_\_\_  
City or County Phone Number

\_\_\_\_\_  
Signature City Clerk or County Official

\_\_\_\_\_  
Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.  
PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT  
BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO [AGE.TEMPORARYAPPLICATION@STATE.MN.US](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**

## 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. →

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.			
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).			
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:			
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.			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER      POLICY (MM/DD/YY)      POLICY (MM/DD/YY)      LIMITS
	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"/> PRO-JECT <input type="checkbox"/> LOC		EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB    CLAIMS-MADE DED    RETENTION \$		EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N    N/A	WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
CERTIFICATE HOLDER		CANCELLATION	
ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 350 south 5 <sup>th</sup> Street, Room 1 City Hall Minneapolis, MN 55415		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	

Applications will be returned if requirements are not complete.

## 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](http://www.electricity.state.mn.us).
- Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-335-3772.
- 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:** 612-673-5330. The Traffic Control hourly rate is \$81.75. If a service request is received less than 30 days before the event, the hourly rate is \$125 which is also charged for same day requests/changes.

### Miscellaneous Licenses

- [Amusement Mechanical Device](#)
- [Amusement, Place of](#)
- [Amusement Rides](#)
- [Circus](#)
- [Children's Rides](#)
- [Shooting Gallery](#)