Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
Expiration: April 1
AP: Food/Confect
MCO: 188
Adm Issuance: Yes

License Application: Convenience Store or Confectionery

The sale of ready-to-eat, pre-packaged snack items and beverages. This includes chips, pop, candy, crackers, cookies, pastries, popcorn, sandwiches, milk, yogurt, ice cream, cheese, and/or microwavable single-serving soups or entrees but you may not package or repackage food.

- This license is often found at hardware stores, gas stations, car washes, tobacco shops, hotels, offices, condominiums or apartment buildings.
- You may sell coffee and flavored specialty coffees that are dispensed from a self-serve coffee maker, pastries in a self-serve display case, and candies in bulk containers if you have an NSF approved three compartment ware-washing sink with two drain boards and a hand washing sink.
- You may sell pre-washed (by supplier), ready-to-eat, single-serving fruits and vegetables if you have a hand washing sink.

1. Application requirements

Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email businesslicenses@minneapolismn.gov, US mail, or drop it off at our office. If you have questions, call 612-673-2080 or your area Inspector.

1. There is a fee, plus a new license processing charge, for this application. You can pay by
   - ☐ **Cash:** Do not mail cash, you must drop off in person.
   - ☐ **Check**: Make checks payable to- Minneapolis Finance Department
   - ☐ **Credit Card**: Mail, drop off or email your application to businesslicenses@minneapolismn.gov. ***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.
2. ☐ **Floor Plan**: Attach a detailed 8.5" by 11", scaled diagram. Include measurements, square footage as well as labels of the interior and outdoor areas, food service areas, and any equipment.
3. **Certified Food Protection Manager:** The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
   - ☐ Attach a copy of your Minnesota Department of Health certificate.
   - ☐ I currently do not have a Certified Food Protection Manager.
4. **Background information:**
   - ☐ **Data Privacy Advisory** (form #1): This is required for the applicant and all owners and partners.
   - ☐ **Driver's license** or valid government issued photo ID for each owner and partner.
   - ☐ **Background report**- This report must be dated ***within 30 days*** of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

   No one can have a conviction in the last five (5) years related to operating a food business. This also includes food subsidy program or controlled substances violation.
5. ☐ **Menu:** Attach a list of the menu and/or list of food items for sale.
6. ☐ **Security cameras-** attach a diagram showing the location of all security cameras inside and outside
7. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
   - ☐ Attach a copy of your SAC Determination Letter.

Contact your area License Inspector or call 612-673-2080 for other licenses as you will need to complete additional applications. These licenses must also be approved and issued before you can open and operate.

2. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ Manager			
Confectionery/convenience store address	**Suite**	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**		**State**	**Zip code**
E-mail address	**Cell phone number**		**Business telephone number**	
Minnesota Sales Tax ID number *(Required)*	**Social Security number or Individual tax ID (ITIN) *(Required)***			
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:**			

3. Business information

☐ **Starting a new business in an existing building.**

☐ **Starting a new business in a new building.**

☐ **Changing or adding kitchen equipment**

☐ **Remodeling**

☐ **Adding a new license to an existing business.**
Name of business:

_____

☐ **Taking over an existing business.**
Name of previous business:

_____

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	**Name of contractor or Building manager**

Are you adding or replacing equipment that requires gas, plumbing or mechanical connections ☐ Yes ☐ No

Are you adding or replacing ventless cooking equipment or a ventless hood ☐ Yes ☐ No

Explain the remodeling, construction or kitchen equipment.

4. Owners

List all owners, shareholders and partners, ownership must add up to 100%. Attach more sheets if needed.

Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	

Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	

5. Company operations

List days and hours of operation:

Total square footage of kitchen and food area:

Give us a description of your business and services.

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? ☐ **No** ☐ **Yes**
If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

6. 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 the only, 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.**

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ **I have read and agree to the Terms and Conditions for electronic signatures, records and payment.**

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

8. Additional information

1. **No license will be issued for longer than one year.**
2. **You cannot transfer your license to any other person or location.**
3. **Contact your License Inspector or call 612-673-2080 for any additional licenses. These licenses must be approved and issued before you can open and operate.**
4. **Visit the City's website-** www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

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Data Privacy Advisory

Complete the information below and attach the following for each owner, officer, partner:

☐ A copy of your valid driver's license or government issued photo ID.
☐ Background Report: This report must be dated ***within 30 days*** of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

_____

Last name First name Middle name

Also Known As:_____Date of birth: _____

Title: _____

☐ I have read and understand the above Data Privacy Advisory.
☐ I have read and agree to the Terms and Conditions for electronic signatures.
By typing your name, you are electronically signing this form.

Signature:_____ Date: _____