



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

Liquor Caterer’s Notification Form

This form must be sent to BusinessLicenses@minneapolismn.gov at least 24 hours before your event with alcohol service. You are required to obtain all applicable permits.

1. LICENSEE INFORMATION

Business Name (DBA):	Legal/Corporate Name:	Liquor Caterer’s License #
Contact Person	Email address	Telephone Number

Liquor Caterers may provide alcohol service for up to four public events per calendar year for a duration of not more than three consecutive days each. Please list all the public events you participated in this calendar year.

Event / Dates	Event / Dates

2. EVENT INFORMATION

Name of the Event (i.e. Jones Wedding Reception)		<input type="checkbox"/> Private Event <input type="checkbox"/> Open to the Public
Business/Building/Location Name		Address
Event Contact Person	Cell Phone Number	email Address
Date(s)	Time(s)	
Number of people: Guests _____ Staff _____		Type of alcohol to be served: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Beer
List all that will be provided: <input type="checkbox"/> Band <input type="checkbox"/> D.J. <input type="checkbox"/> Dance Area <input type="checkbox"/> Food <input type="checkbox"/> Tent <input type="checkbox"/> Other: _____		
Location Description: <input type="checkbox"/> Licensed Premises <input type="checkbox"/> Unlicensed Premises <input type="checkbox"/> Private Residence <input type="checkbox"/> Other _____		
Event is to be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Indoors and Outdoors		
Identify how the area will be enclosed: _____		
Name of Security Company		# of Security Personnel

I will have the following documents on site during the event:

Yes	No	NA	
<input type="checkbox"/>			Copy of City of Minneapolis Liquor Caterer’s License
<input type="checkbox"/>			Copy of this form
<input type="checkbox"/>			Copy of State Liquor Caterer’s Permit
<input type="checkbox"/>			Contract between caterer and event sponsor
<input type="checkbox"/>			Approval letter from property owner allowing the sale and consumption of alcoholic beverages
<input type="checkbox"/>			Diagram of premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tent permit (Fire) - 612-335-6070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LP gas tank permit (Fire) - 612-335-6070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary occupancy permit (Fire) - 612-335-6070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amplified sound permit (Environmental Health) - 612-673-3867
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street closure permit (Transportation and Parking Services) - 612-673-5750

3. VERIFICATION

I agree to permit entry to any officer or investigator who may have legal authority for the purpose of inspection or search. I certify that the above information is true and complete and agree to comply with all applicable laws related to liquor catering.

SIGNATURE	TITLE	DATE
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