City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1316
Phone: 612-673-2080
Fax: 612-673-3399 - TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

License Application
Guidelines and Checklist

DBA:
Expiration: July 1
License Code: 281(A); 282(B)
Rev Code: 311008
MCO: 321
Adm Issuance: YES
LICENSE ID #
CSR:

License Type: Antique Dealer

DEFINITION: An Antique Dealer is any natural person, partnership or corporation, either as principal or agent or employee thereof, whose regular business includes selling or receiving goods previously owned, used, rented or leased, of which at least ninety (90) percent of the used goods on hand at all times consist of antiques, offered for sale upon the basis that the value of the property is derived from its historical association and exceeds the original value of the item when new. Class A is 400 or more transactions per year. Class B is 399 or less transactions per year.

Antique Mall Operator: Any natural person, partnership or corporation, either as principal or agent thereof, who operators a business at which one (1) or more antique mall dealers are engaged in business by maintaining separate sales spaces and identifying themselves to the public as individual antique dealers.

Antique Mall Dealer: Any natural person, partnership or corporation, either as principal or agent thereof, who sells antiques at a licensed Antique Mall.

Staff Initials	Application Checklist **Submit completed items below to:** **Minneapolis Development Review** 250 South 4th Street Room 300 Public Service Center Minneapolis, MN 55415
	☐ **1. License Application** (Form #1)
	☐ 2. **Zoning** Addendum (Form #2) Floor Plans and/or Site Plans may be required for approval.
	☐ **3. Supplemental Applications/Affidavit** completed by each owner, partner, corporate officer and shareholder. (Form #3)
	☐ **4. Data Privacy Form** authorizing the release of criminal history information for each owner, partner, corporate officer and shareholder. (Form #4)
	☐ **5. $5,000 Bond** (Form #5)
	☐ **6. Ownership Information**: ☐ 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, Bylaws and Certificate of Authority if a foreign corporation.
	☐ **7. True and complete copy of the executed lease agreement, contract for the business and/or building.**
	☐ **8. Preliminary plans** showing design of premises to be licensed.
	☐ **9. Proof that real estate taxes are paid.** Contact Hennepin County or (612) 348-3011.
	☐ **10.** Fee: _____ plus New License Surcharge:_____

Your License Application

a. Incomplete applications will be returned.
b. All applications must be signed by an owner, partner or principal.
c. No license will be issued for a period longer than one year.
d. Licenses are not transferable.
e. Make a duplicate copy of this packet for your personal records before submitting.
f. Minnesota Sales Tax ID Number or 651-296-6181
g. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Bond

a. Information must be on the attached City of Minneapolis Bond Form. This is a continuous bond and valid until cancelled.
b. The amount of the bond must be the same as the amount listed above.
c. The name of the licensee and the principal on the bond must be the same.
d. Bond must be signed by the principal and the agent/surety and notarized. There must be two witnesses for each signature.
e. Bond must include an acknowledgment of surety and the agent's power of attorney.

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.

#1

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

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type of License	**As the Licensee, I am:** ☐ Starting a new business in a new building (New business) ☐ Starting a new business in an existing building (New business) ☐ Taking over an existing business (New owner) Name of existing business _____ ☐ Remodeling only		
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Legal Corporate Name of Business	**Trade Name (DBA)**	**Business Telephone Number**	
Business Address/Location	**City**	**State**	**Zip Code**
Mailing Address (if Different than Business Address)	**City**	**State**	**Zip Code**
Name of Person Filling out this Application	**Title**	**Telephone Number**	
E-mail Address	**Fax Number**	**Cell Phone Number**	
Name of Manager and Home Address		**Date of Birth**	
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ 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
612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Minneapolis Development Review 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 Planning Department and/or City Planning Commission is required *before* an official license will be approved by the Minneapolis City Council.

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

1. Name of Business:_____

2. Proposed Business Address: _____

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

3. Zoning district:_____ Proposed land use(s):_____

4. 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. _____

_____

_____

_____

5. Comments: _____

_____

_____

6. Is an inspection by Zoning Enforcement Staff required? ☐YES ☐NO

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

7. Is the site in compliance with all existing Conditions of Approval? ☐YES ☐NO If No, List requirements for compliance:

_____

_____

8. 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.

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#3

SUPPLEMENTAL APPLICATION AFFIDAVIT
ANTIQUE DEALER, ANTIQUE MALL OPERATOR, AUCTION HOUSE DEALER, EXHIBITION OPERATOR, PAWNBROKER, PRECIOUS METAL DEALER, AND SECONDHAND DEALER

This form must be completed, signed and sworn to by each owner, partner, corporate officer and shareholder with more than ten (10) percent of the corporate stock unless stock is publicly traded. Make additional copies if necessary.

1. BACKGROUND INFORMATION		
Name of Business	**Business Address**	
NAME (Last, First, Middle):		
List all other last names, first names, or middle names you have ever used or been known by:		
Name	**City, State, Zip Code**	**Dates**
Name	**City, State, Zip Code**	**Dates**
Name	**City, State, Zip Code**	**Dates**

2. FIVE YEAR RESIDENTIAL AND EMPLOYMENT HISTORY		
A. FIVE (5) YEAR RESIDENCE HISTORY		
Home Address	**City, State, Zip Code**	**Dates**
Home Address	**City, State, Zip Code**	**Dates**
Home Address	**City, State, Zip Code**	**Dates**
Home Address	**City, State, Zip Code**	**Dates**
ATTACH ADDITIONAL SHEETS IF NECESSRY		

B. FIVE (5) YEAR EMPLOYMENT HISTORY				
Business Name	**Type of Business**	**Business Address**	**Title**	**Dates**
Business Name	**Type of Business**	**Business Address**	**Title**	**Dates**
Business Name	**Type of Business**	**Business Address**	**Title**	**Dates**
Business Name	**Type of Business**	**Business Address**	**Title**	**Dates**
ATTACH ADDITIONAL SHEETS IF NECESSARY				

Continued on Next Page

C. FIVE (5) YEAR BUSINESS HISTORY: PROVIDE THE FOLLOWING INFORMATION REGARDING BUSINESSES YOU HAVE OWNED OR HAD A FINANCIAL INTEREST (OTHER THAN PUBLICLY TRADED STOCK)		
Business Name	**Role / % of Ownership**	**Dates**
Address	**City, State**	**Zip Code**
Name of Partner/Associate and Home Address	**City, State**	**Zip Code**
Name of Partner/Associate and Home Address	**City, State**	**Zip Code**
Name of Partner/Associate and Home Address	**City, State**	**Zip Code**
Business Name	**Role / % of Ownership**	**Dates**
Address	**City, State**	**Zip Code**
Name of Partner/Associate and Home Address	**City, State**	**Zip Code**
Name of Partner/Associate and Home Address	**City, State**	**Zip Code**
Name of Partner/Associate and Home Address	**City, State**	**Zip Code**

ATTACH ADDITIONAL SHEETS IF NECESSARY

Address where Records are stored:

Are you a firearms dealer? ☐**Yes** ☐**No If yes, Federal ID Number:**

3. VERIFICATION

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 _____ DATE _____

TO BE COMPLETED BY MINNEAPOLIS POLICE LICENSE INVESTIGATION DIVISION

Applicant(s) appear to meet the minimum licensing standards. ☐ **Yes** ☐ **No**

By:_____Date:_____

Minneapolis Police Department

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_____

BOND NUMBER: _____ #5

City of Minneapolis, Minnesota
Department of Regulatory Services
Division of Licenses & Consumer Services

STATE OF MINNESOTA
COUNTY OF HENNEPIN

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City of Minneapolis, a municipal corporation in the County of Hennepin and State of Minnesota in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made to said City of Minneapolis or its assigns, we jointly and severally bind ourselves, or successors, heirs, executors and administrators, firmly by these presents.

The condition of this obligation are such that, whereas the above named principal,_____, has duly applied for a license to do business as a _____ in the City of Minneapolis, Minnesota during the license year ending the first day in _____, A.D. 20_____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued, if said above bounden principal, _____, shall well and truly observe the ordinances of said City of Minneapolis in relation to _____ and conduct his business in conformity thereto and shall well and truly account for and deliver to any person legally entitled thereto any goods, wares or merchandise, article or things which may come into his hands through his business as such _____ or in lieu thereof shall well and truly pay in money to such person or persons the reasonable value thereof, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one of the license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____,A.D. 20_____.

Signed, Sealed, and Delivered

in the Presents of:

_____	_____(SEAL)
_____	_____(SEAL)
As to Principal	Principal
_____	_____(SEAL)
_____	_____(SEAL)
As to Surety	Surety

ACKNOWLEDGEMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA
COUNTY OF HENNEPIN } ss

On this_____ day of_____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

_____
Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (PARTNERSHIP)

STATE OF MINNESOTA
COUNTY OF HENNEPIN } ss

On this_____ day of_____, A.D. 20_____, before me appeare_____and_____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

_____
Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (CORPORATION)

STATE OF MINNESOTA
COUNTY OF HENNEPIN } ss

On this_____ day of_____, A.D. 20_____, before me appeared _____and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

_____
Notary Public, Hennepin County, Minnesota

My Commission expires _____

ATTACH ACKNOWLEDGEMENT OF SURETY