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: May 1
License Code: 66; 61 – Mobile
Rev Code: 311008
MCO: 68
Adm Issuance: YES
LICENSE ID #
CSR:

License Type: Pet Shop and Pet Shop Mobile

DEFINITIONS:

Pet Shop: A business which offers the sale, grooming, breeding, treating, exhibition, or any other form of care for hire of any animal, reptile, fish or bird.

Mobile Pet Shop: A motor vehicle used for the sale, grooming, breeding, treating, exhibition, or any other form of care for hire of any animal, reptile, fish or bird. A mobile pet care vehicle does not include a motor vehicle used solely for transporting animals, reptiles, fish or birds. No sales of animals, including reptiles, fish, birds or bait, shall be permitted from the vehicle.

No person shall bring into his/her place of business, into the city, or have in his/her possession for sale or otherwise any animal which is vicious, diseased, exotic or wild by nature. This license shall not apply to veterinarians or to persons or places selling only frogs, fish, worms or reptiles for use as live bait for fishing, or to scientific or educational institutions licensed by the State of Minnesota Livestock Sanitary Board.

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)
	☐ **3. Certificate of Liability Insurance – Required for Pet Shop Mobile Only** (Sample Form #3 attached) a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages: ☐ $100,000 per occurrence and $300,000 aggregate for personal injury or death. ☐ $10,000 per occurrence for property damage. ☐ **Not Required for Pet Shop.**
	☐ **4. $_____ Service Availability Charge (SAC)** - A fee may be imposed by Metropolitan Council Environmental Services for new connections or increased volume discharged to the metropolitan wastewater system. This fee must be paid at the **Minneapolis Development Review** Office before you license will be issued. ☐ **SAC Determination Letter** – attach copy.
	☐ **5. Fee: _____ New License Surcharge:_____**

Additional Information

1. **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.
2. **Animal Control Division Approval -** Approval of the Animal Control Division is required before a license will be granted. This will be requested by a License Inspector.
3. **Pollution Control Annual Billing/PCAB -** A PCAB Number is required before a license will be granted. This will be requested by a License Inspector. PCAB# _____.
4. **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.

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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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City of Minneapolis
Requirements for Insurance Certificates

#3

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. INSURERS AFFORDING COVERAGE
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

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 ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐_____ ☐_____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				**EACH OCCURRENCE** **FIRE DAMAGE (Any one fire)** **MED EXP (Any one person)** **[illegible] & ADV** **[illegible]** **[illegible]** **CO[illegible]**	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED A[illegible] ☐ SCHEDULED A[illegible] ☐ HIRED AUTOS ☐ NON – OWNED A[illegible] ☐_____ ☐_____				**COMBINED SINGLE LIMIT (Ea accident)** **BODILY INJURY (Per person)** **BODILY INJURY (Per accident)** **PROPERTY DAMAGE (Per accident)**	$ $ $ $
	GARAGE LIABILITY ☐ ANY AUTO ☐_____				**AUTO ONLY – (Ea Accident)** **OTHER THAN AUTO ONLY: EA ACC** **AGG**	$ $ $
	EXCESS LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				**EACH OCCURRENCE** **AGGREGATE**	$ $ $ $ $
A	**WORKER'S COMPENSATION AND EM PLOYER'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

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	**AUTHORIZED REPRESENTATIVE**

Original signature or stamp of Agent.

Sample

Applications will be returned if requirements are not complete.