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

Minneapolis
City of Lakes

License Application
Guidelines and Checklist

For Office Use Only
DBA:
Expiration: February 1
License Code: 009
Rev Code: 311009
MCO: 200
Adm Issuance: YES
LICENSE ID #
CSR:

License Type: Milk Delivery Vehicle

DEFINITION: Any person who delivers milk, or its products, from a vehicle. Milk is defined as fresh, sweet milk, produced by healthy cows and which has been pasteurized before or during the manufacture of nonfat dry milk in a certified pasteurization plant. It shall not contain buttermilk, preservatives, neutralizing agents or any other chemicals, except vitamins as approved by ordinance. Milk products must be pasteurized in a certified pasteurization plant. This license is not required for retail grocery stores delivering milk or groceries to city homes or places of business.

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. Health Addendum** (Form #3)
	☐ **4. Certificate of Liability Insurance** (Sample Form #4) 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: ☐ $25,000 per occurrence and $50,000 aggregate for personal injury or death. ☐ $5,000 per occurrence for property damage.
	☐ **5. $_____ License Fee plus New License Surcharge**

This Section To Be Completed by Minneapolis Development Review Coordinator

DC:_____ Temporary License Number:_____

☐Plumbing Permit ☐Mechanical Permit ☐Building Permit ☐SAC ☐Sidewalk Inspection ☐PDR Review ☐_____

SAC Determination Letter Required: ☐ Yes ☐ No

Date Sent to EH _____	PCAB#_____
EH Staff Initials _____	EM Initials _____
Date Sent to EM _____	Date Returned to MDR_____

Additional Information

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 Licenses Staff at 300 Public Service Center.

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

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

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type(s) of License	**As the Applicant/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 _____ ☐ Adding a new license to an extisting 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
Telephone 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 **Development Review Customer Service 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 Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

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

1. Legal Corporate Name of Business_____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
   ☐ **No entertainment.**
   ☐ **Limited Entertainment:** Limited to literary readings, storytelling or live music by not more than three persons, using non-amplified musical instruments, with no patron dancing. Examples include tv, radio, jukebox or karaoke. Describe below.
   ☐ **General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include one or more comedians, bands with amplified musical instruments, plays, shows, contests, etc. Describe below.
   ☐ **Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

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

5. Zoning district:_____ Proposed land use(s):_____
6. 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.

   _____

   _____

   _____

7. Comments: _____

   _____

   _____

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

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

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

   _____

   _____

10. 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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FOR OFFICE USE ONLY

LICENSE ID #
LICENSE CLERK
DATE

HEALTH ADDENDUM

PART 1 – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats ☐ N/A
Gross Square Footage	Square Footage of the Seating Area ☐ N/A

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 _____
- ☐ Adding new license to an existing business
- ☐ Remodeling only

2. TYPE OF LICENSE – See Definitions

☐ Caterer	☐ Grocery	☐ Mobile Food Unit
☐ Community Kitchen	☐ Institutional Food	☐ Public Market:
☐ Confectionary	☐ Meat Market	☐ Market Distributor
☐ Food Cart	☐ Milk Delivery Vehicle	☐ Market Manufacturer
☐ Food Distributor	☐ Milk and Grocery Delivery Vehicle	☐ Restaurant
☐ Food Manufacturer	☐ Milk Distributor	☐ Vending

☐ Off-Sale Liquor/Malt Liquor/Beer ☐ On-Sale Liquor/Wine/Beer ☐ Type of Liquor License _____
☐ Restaurant(full service food) ☐ Club (limited food) ☐ Sunday Sales ☐ Outdoor Area

☐ Hotel/Motel ☐ Suntanning ☐ Tattooing/Piercing Establishment
☐ Laundry/Dry Cleaning ☐ Swimming Pools

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ ☐Attach a copy of current MN Dept of Health certificate.

4. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? ☐Yes ☐No

What type of work will you be doing? ☐General Building ☐Plumbing ☐Mechanical ☐Electrical ☐Other(Explain)

Have plans been submitted to: Minneapolis Development Review ☐Yes ☐No Environmental Health Plan Review ☐Yes ☐No

Have you obtained the necessary permits? ☐Yes ☐No

All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order.

Signature of Applicant_____Date_____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? ☐Yes ☐No

Are there outstanding upgrades or compliance issues? ☐Yes (Explain) ☐No ☐See attached report.

☐ Yes. I recommend to License Department to proceed.
☐ No. This application is not recommended to License Department to proceed. Reason for Hold:

Signature of EH Official _____**Printed Name:** _____**Date:**_____

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City of Minneapolis
Requirements for Insurance Certificates

#4

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 MA TTER OF INFORMATION ONLY AND CONF ERS NO RIGHTS UPON THE CERTIFICATE HOLDER.** **THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE C OVERAGE 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.