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

License Application
Guidelines and Checklist

DBA:
Expiration: Sept 1
License Code: 57, 10
Rev Code: 311010
MCO: 319
Adm Issuance: NO
LICENSE ID #
CSR:

License Type: Parking Lots

DEFINITIONS:
Parking Lot: Any open air place with ten (10) or more parking spaces used for the parking or storing of motor vehicles.
Commercial Parking Lot: A parking lot that charges a fee for parking or storing motor vehicles.
Free Parking Lot: A parking lot for which no fee is charged for parking or storing motor vehicles and is operated for the benefit of persons who are employees, members, customers, patrons, clients, or visitors. A license is not required.

Licenses Available:
☐ **Class A Parking Lot (L57)**: A commercial parking lot that may charge customers by the hour, day, week, month, or for special events.
☐ **Class B Parking Lot (L10)**: A commercial parking lot that is limited to charging customers for parking on a month-to-month contractual basis only. No other type of fee can be charged.
☐ **Class C Parking Lot – Temporary Events (L57):** A commercial parking lot, located in the geographical area near the TCF stadium, that may charge customers a fee for event parking for up to 15 days per year. No new license surcharge.

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** (Sample Form #3) This must be furnished by your Insurance Agent. 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.
	☐ **4. Plot Plan** approved by the Department of Inspections – 300 Public Service Center
	☐ **5. How is this lot operated?** ☐ Attendant ☐ Pay Boxes ☐ Other (Explain)
	☐ **6. Are customers required to leave their keys at the lot?** ☐ YES ☐ NO If yes, do you have a suitable place within 150 feet distance from your lot where owners can pick up the keys to their vehicles when an attendant is not on duty? ☐ YES ☐ NO If you do not have a suitable place within 150 feet, specify the location of the nearest suitable place where vehicle owners can pick up their keys when an attendant is not on duty:

ACTUAL NUMBER OF VEHICLE PARKING SPACES	**MONTHLY PARKING FEES**	**WEEKLY PARKING FEES**	**BI-WEEKLY PARKING FEES**
DAILY PARKING FEES	**HOURLY PARKING FEES**	**SPECIAL EVENT PARKING FEES**	**OTHER PARKING FEES**

	☐ **7. Class C Temporary Event Parking Lots:** Attach a list of dates of operation, up to 15 days/year.
	☐ **8.** 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.

Parking and Transportation Services Approval is required before a license will be granted. A License Inspector will request this.

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.

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

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.

\

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.