



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

| |
|---|
| DBA: |
| Expiration: July 1 |
| License Code: 285(A); 286(B) |
| Additional Locations: 291(A); 292(B) |
| Rev Code: 311008 |
| <u>MCO</u> :321 |
| Adm Issuance: YES |
| LICENSE ID # |
| CSR: |

License Application Guidelines and Checklist

License Type: Antique Mall Dealer

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

| Staff Initials | Application Checklist |
|--------------------------|---|
| <input type="checkbox"/> | 1. License Application (Form #1) |
| <input type="checkbox"/> | 2. Data Privacy Form authorizing the release of criminal history information for each owner, partner, corporate officer and shareholder. (Form #2) |
| <input type="checkbox"/> | 3. Fee: _____ plus <u>New License Surcharge</u> : _____ |

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.

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
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, 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) |
|-----------------|---------------------------|------------|------------------------------|
| | | | |
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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 _____



Minneapolis Police Department

#2

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 _____