Minneapolis
City of Lakes

Department of Regulatory Services
Licenses and Consumer Services
350 South 5th Street Room 1-C City Hall
Minneapolis, MN 55415-1391
612-673-2080
www.ci.minneapolis.mn.us/business-licensing

License Renewal Application Checklist

Complete and return the following items by March 1, 2012 to avoid a 20% late penalty:

- ☐ 1. **License Renewal Application** **(Form on Reverse Side).**
  Please include your e-mail address for communication updates.
- ☐ 2. **Check** made payable to the **Minneapolis Finance Department.**
- ☐ 3. Signed lower portion of the original **License Annual Billing** statement.
  Your signature confirms that there are no changes.

Your Minneapolis license(s) will expire on **April 1, 2012.** Your complete renewal application must be postmarked or received in our office by **March 1, 2012. A 20% late penalty will be assessed to applications that are not received by March 1, 2012.** A complete renewal application requires all three items listed above. An incomplete application will not be processed and will be returned to you by mail. The late penalty will apply to applications deemed incomplete and not resubmitted to our office by the **March 1, 2012** due date.

You are required to report all significant changes to your business. If there are changes in your contact information, business premises, or owners, partners or corporate officers, please notify your License Inspector. Failure to report changes may result in penalties.

Do you need translation services?

Yog xav paub tshaj nos ntxiv, hu 612-673-2800 - Macluumaad dheeri ah, kala soo xiriir 612-673-3500 - Para mas informacion llame al 612-673-2700-For more information in other languages please call 612-673-3737.

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
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Minneapolis
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LICENSE ID #
CSR:
Date:

LICENSE RENEWAL APPLICATION

BACKGROUND INFORMATION

Type of License for Renewal	Applicant's Name (Last, First, MI)		
Name of Business	Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number		
Business Address	City	State	Zip Code
Mailing Address if Different	City	State	Zip Code
Telephone Number	E-mail Address		
Have you been convicted of a crime in the past five years? ☐ YES ☐ NO	How many seats do you have for customers?		

Have there been any changes to your business including but not limited to new owners, partners or corporate officers; expansion of your premises or services; number of customer seats or contact information? ☐ YES ☐ NO If Yes, list the specific changes.

1.

2.

3.

☐ I understand I am required to report any change to my business to the City of Minneapolis Division of Licenses and Consumer Services.

WORKERS' COMPENSATION

Workers' Compensation Company (Insurance Company Name)	Policy Number	Dates of Coverage Starting Ending

----------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.

VERIFICATION

The data which you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. This information is required by law. 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. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13. The information provided above will be verified by the Minnesota Department of Labor and Industry and individuals are subject to a $2,000 penalty if the information is false.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (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 _____ DATE _____

PRINT NAME _____ TITLE _____