

License Application Guidelines and Checklist

| License Type: Swimming Pool | |
|--|---|
| DEFINITION: Any structure, basin, chamber, or tank constructed to contain an artificial body of water for swimming, diving, relaxation or recreational bathing, or having a depth of two (2) feet or more at any point and a surface area exceeding one hundred fifty (150) square feet, available for public use, whether or not a fee is charged. This includes hotels, health clubs, apartments and other pools available for use by the public. The license applies to hot tubs and whirlpools. Every location requires an application and a license certificate. | |
| Staff Initials | Application Checklist Submit items below to: Minneapolis Development Review , 250 South 4 th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking |
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. SAC Determination Letter – Complete the Sewer Availability Charge (SAC) application and submit to SACprogram@metc.state.mn.us . Attach a copy of your SAC Determination Letter. |
| | <input type="checkbox"/> 3. _____ Fee plus new license surcharge |

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the owner.
- 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.

2. Hours of Operation – 1 City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

3. Information in Other Languages: Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.

Business License Application

| I. APPLICANT INFORMATION | | | |
|--|--|--|---------------------------|
| Legal Company Name | | Business Name/DBA | |
| Business Address | | City | State Zip Code |
| E-mail Address | | Cell Phone Number | Business Telephone Number |
| Name (Last, First, MI) | | <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____ | |
| Mailing Address (if Different than Business Address) | | City | State Zip Code |
| <u>Minnesota Sales Tax ID Number</u> , Social Security Number, or Individual Tax ID Number | | | |
| Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit | | Date of Incorporation | State of Incorporation |
| Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Proposed Opening Date | |
| II. BUSINESS INFORMATION | | | |
| 1. License(s) Requested | | | |
| 2. As an Applicant/Licensee, I am | | | |
| <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business) | | <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Taking over an existing business (New Owner) | |
| Name of Previous Tenant _____ | | Name of existing business _____ | |
| <input type="checkbox"/> Equipment Changes. Provide equipment info and photos. | | <input type="checkbox"/> Remodeling Only | |
| 3. Entertainment: Check all categories of entertainment you are planning to provide on your premises. | | | |
| <input type="checkbox"/> No entertainment. <input type="checkbox"/> Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below. <input type="checkbox"/> General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below. <input type="checkbox"/> Adult Entertainment: Persons who are unclothed or in in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below. | | | |
| 4. Company Operations | | | |
| Gross Square Footage for Business Use | | Hours of Operation | |
| 5. Describe in detail the principal products and/or services rendered. | | | |

6. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

7. Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

8. 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.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

| | | | | |
|--------------------------------|-----------|-------|-----|---------------|
| Full Name: Last, First, Middle | Telephone | Title | | Ownership % |
| Home Address | City | State | Zip | Date of Birth |
| Full Name: Last, First, Middle | Telephone | Title | | Ownership % |
| Home Address | City | State | Zip | Date of Birth |
| Full Name: Last, First, Middle | Telephone | Title | | Ownership % |
| Home Address | City | State | Zip | Date of Birth |

Have any of the people listed above been convicted of a crime? YES NO
 If Yes, please provide or attach specific information about dates and conviction.

IV. VEHICLES

Will there be vehicles used in the business? YES NO

| Year/Make/Model | Vehicle Company ID # | VIN Number | License Plate # / State |
|-----------------|----------------------|------------|-------------------------|
| | | | |
| | | | |
| | | | |

V. WORKERS COMPENSATION

| | | |
|-------------------------------|---------------|-------------------|
| 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.

VIII. 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 Minnesota Tax ID Number, Social Security 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.

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. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____



Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION

Return to: SACprogram@metc.state.mn.us

If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.

CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: _____
Type of Business: _____
Estimated Year of Occupancy: _____
Site Address (if address not assigned, need street intersections): _____
Suite Number: _____
City Name: _____
Site Location / Campus (e.g. Mall of America; etc.): _____
Parcel Identification Number (PID): _____
Original Building Construction Year: _____
Project Description: _____

PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if there was a different business previously in this suite/building)

Previous Business Name in same space as current project: _____
Previous Type of Business: _____
Estimated Year(s) of Occupancy: _____
Previous Site Address (if different than current project): _____
Previous Suite Number (if different than current project): _____
Entire Building Has Been or Will Be Demolished? (Check no or yes) No or Yes, Year _____

CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: _____
Company Name: _____
Contact Phone Number (xxx-xxx-xxxx): _____
Contact Email Address: _____



Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business** – Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy** – What year did (or will) this business move into this space?
3. **Site Location/Campus** – The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number** – This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year** – When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business** – This section helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address and/or suite number is different than the current address and/or suite number, enter this information.
8. **Contact Information** - This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person.
9. **Save this form and email with the other items from the list below.**

ITEMS YOU ARE REQUIRED TO SUBMIT

1. SAC Determination Application (Transmittal-A)
2. Site Plan – If not available, an aerial photo pinpointing the location of the building will be accepted
3. Architectural Floor Plans – must be:
 - a. Same plan that you sent to your City for their review
 - b. Scalable, or with individual dimensions shown on the plan for every room and every space
 - c. All rooms labeled on the plan for the intended use of the space, or room schedule
 - d. Furniture plan (for restaurant, salon, bar, theater, stadium/arena seats) – include indoor and outdoor
 - e. Plumbing fixture layout (for clinic, hospital, parking garage)
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
 - a. Scalable, or with individual dimensions shown on the plan for every room and every space
 - b. All rooms labeled on the plan for the previous use of the space, or room schedule