Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S, Room 220
Minneapolis, MN 55415
Phone: 612-673-2080
www.minneapolismn.gov/businesslicenses

For Office Use Only
Expiration: N/A
AP: BLEnter/Carnival
MCO: 267
Adm Issuance: Yes

License Application: Carnival

Definition: A group of attractions, such as shows, acts, games, vending devices, or amusement rides, temporarily set up for the public. No games of chance or gambling are allowed at a carnival.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a fee, plus a new license processing charge, for this application. The license fee is based on:
   _____ # Attractions and _____ # Days.
   You can pay by
   ☐ **Cash:** Drop off your application at our office.
   ☐ **Check**: Mail or drop off your application at our office.
   ☐ **Credit Card**: Mail, drop off or email your application to businesslicenses@minneapolismn.gov. ***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.
3. Where is your proposed location and address?
4. List your dates and times.
5. **Certificate of Liability Insurance** (Sample Form #1)
   ☐ Attach a copy.
   a. This must be furnished by your Insurance Agent.
   b. You are required to have general liability which includes premises, operations, and products insurance with the following coverages:
   ☐ $100,000 per occurrence and $500,000 aggregate for personal injury or death
   ☐ $25,000 for property damage

2. Additional Permits

Would you like to apply for another permit?

1. Check all that apply.
2. You will be charged a fee for each additional permit.
3. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

☐ **Amplified Sound:** Contact the Environmental Services Division, 612-673-3516 or 311.
☐ **Animal Permits:** Contact Minneapolis Animal Care and Control, 612-673-6222.
☐ **Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354.
☐ **Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-673-3000 or 311.
☐ **Recycling Containers:** These may be rented for a fee from Minneapolis Solid Waste and Recycling. You must request these ten days in advance.
☐ **Short Term Food Permits** and **Event Food Sponsor Permits** are required for the sale of food and/or beverages at community based events. Contact Minneapolis 311 at minneapolis311@minneapolismn.gov or call 311 within Minneapolis, (612) 673-3000 outside Minneapolis.

- ☐ **Special Event Permit:** Amusement Buildings, Bonfires, Canopies, Exhibit/Tradeshows, Fireworks, Liquid or Gas filled Vehicle in an Assembly Area, LP/Propane, Open Flames/Candles in an Assembly Area, Private Hydrants, Rooftop Heliports, Temporary Assemblies, and Tents/Temporary Membrane Structures. Contact Minneapolis 311 at minneapolis311@minneapolismn.gov, call 311 within Minneapolis, (612) 673-3000 outside Minneapolis.
- ☐ **Temporary Toilets:** You must use a state of Minnesota licensed company.
- ☐ **Tents:** A detailed plan must be approved by Building and Fire Inspectors. Call 311 or 612-673-3000.

3. Applicant Information

Legal Company Name	**Business Name/DBA**		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On Site Manager		
Business Address	**City**	**State**	**Zip Code**
Mailing Address (if different than business address)	**City**	**State**	**Zip Code**
E-mail Address	**Cell Phone Number**	**Business Telephone Number**	
Minnesota Sales Tax ID Number *(Required)*	**Social Security Number or Individual Tax ID (ITIN) *(Required)***		
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed Opening Date:**		

4. Business Information

License(s) Requested:

- ☐ **Starting a new business in a new building. (New Business)**
- ☐ **Starting a new business in an existing building. (New Business) Name of Previous Tenant:** _____
- ☐ **Changing Equipment.**
- ☐ **Adding a new license to an existing business. (New License)**
- ☐ **Taking over an existing business. (New Owner) Name of existing business:** _____
- ☐ **Remodeling Only.**

5. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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

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

6. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:

Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? ☐ **Yes** ☐ **No**
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and 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.

7. 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.**

8. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ **I have read and agree to the Terms and Conditions for electronic signatures, records and payment.**

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information 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.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

9. Additional Information

1. **No license will be issued for longer than one year.**
2. **You cannot transfer your license to any other person or location.**
3. **For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.**
4. **Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.**

City of Minneapolis
Requirements for Insurance Certificates
Certificate of Liability Insurance

Certificate cannot be pending, binder or TBA.

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:

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. →

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 ☐ _____ ☐ _____				**EACH OCCURRENCE** **FIRE DAMAGE (Any one fire)** **MED EXP (Any one person)** **PERSONAL & ADV INJURY** **GENERAL AGGREGATE**	$ $ $ $
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC **AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS				**PRODUCTS – COMP/OP AGG** **COMBINED SINGLE LIMIT (Ea accident)** **BODILY INJURY**	$ $
	☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON – OWNED AUTOS ☐				**(Per person)** **BODILY INJURY (Per accident)** **PROPERTY DAMAGE**	$ $
	☐ **GARAGE LIABILITY**				**(Per accident)** **AUTO ONLY – (Ea Accident)**	$
	☐ ANY AUTO ☐ _____				**OTHER THAN AUTO** **EA ACC** **ONLY: AGG**	$
	EXCESS LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				**EACH OCCURRENCE** **AGGREGATE**	$ $ $ $ $
A	**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**				**X/WC STATUTORY LIMITS / OTHER** **E.L. EACH ACCIDENT** **E.L. DISEASE – EA EMPLOYEE** **E.L. DISEASE – POLICY LIMIT**	
	OTHER					

Original signature or stamp of agent →

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415

AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.