

License Application: Caterer

Definition: A restaurant or food business preparing and/or serving food at public or private events with a predetermined guest list. This includes receptions, parties, conferences, weddings or trade shows. Retail sale of individual meals is prohibited except that an organization may contract with a licensed caterer to provide meals to its employees, tenants and guests. The food may not be cooked or prepared on-site. Food may be transported in an authorized vehicle. A vehicle inspection is required. There is a [fee](#) for this inspection.

A license is not required for delivery of food such as box lunches or pizza.

If alcohol is provided, a [Liquor Caterers](#) license is required.

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. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - ☐ **Cash:** Do not mail cash, you must drop off in person.
 - ☐ **Check:** Make checks payable to- Minneapolis Finance Department
 - ☐ **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. ☐ [Floor Plan](#) (Form #1): Attach an 8.5" by 11", scaled detailed diagram of the catering kitchen and any space used for catering. Include all appliances and square footage.
4. [Certified Food Protection Manager](#): The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening.
 - ☐ Attach a copy of your Minnesota Department of Health certificate.
 - ☐ I currently do not have a Certified Food Protection Manager.
5. **Background Check:**
 - ☐ Attach a [Data Privacy Advisory](#) (Form #2): This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
6. ☐ **Menu:** Attach a copy of the catering menu and/or list of food items for sale.
7. [Sewer Availability Charge \(SAC\)](#): The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
 - ☐ Attach a copy of your SAC Determination Letter.

2. Additional licenses

Would you like to apply for another license?

1. Contact your License Inspector or email businesslicenses@minneapolismn.gov with any questions.
2. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.
3. Visit our website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

3. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> 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 or ITIN Number (Required)		
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:		

4. Business information

<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) Name of Previous Tenant: _____ <input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Adding a new license to an existing business. Business Name _____ <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____ <input type="checkbox"/> Remodeling Only.
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager _____
Does this include adding/changing equipment that requires a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain the scope of the remodeling or construction.	

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

Gross Square Footage of kitchen and any area used for catering: _____ Fire Occupancy: _____

Days and Hours of Operation:

Give us a brief description of your business.

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.

7. Workers compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----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 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.

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. [Surveillance Cameras](#): Confectionary Stores, Gasoline Filling Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in their stores.
4. City website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/
5. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kevpab hu 311. Hadii aad caawimaad u baahantahay wac 311



City of Minneapolis
Licenses and Consumer Services
 505 Fourth Ave. S., Room 220
 Minneapolis, MN 55415
 Telephone: 612-673-2080

Data Privacy Advisory

Complete the information below and attach the following for each owner, officer or partner:

- ☐ A copy of your driver's license or state identification card
- ☐ Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

This Authorization for Release of Information will expire two years from the date you signed it.

 Last Name

 First Name

 Middle Name

Also Known As: _____ Date of Birth: _____

Title: _____

- ☐ I have read and understand the above Data Privacy Advisory.
 - ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____