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

For Office Use Only

Expiration: December 1
AP: BLGeneral/
BLXmasTree
MCO: 279
Adm Issuance: Yes

License Application: Christmas Tree Dealers

Definition: The sale, barter, trade or giving away of cut evergreen fir, spruce or other similar trees for use as a Christmas tree. This does not apply to ornamental trees having a height of less than thirty-six (36) inches that are fireproofed and sprayed with a coloring and used by florists for decoration.

1. Application checklist
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.
2. There is a fee, plus a new license processing charge, for this application. You can pay by ☐ **Cash:** Do not mail cash, 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. ☐ Attach a detailed diagram showing the location of Christmas tree sales lot. Include streets, sidewalks, surrounding buildings, parking spaces and any other details.
4. The applicant shall restore the lot to its original condition and remove all unsold trees, boughs and debris from the lot by January first.

2. 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:		

3. Business information

☐ Starting a new business in an existing building. (New Business) Name of Previous Tenant:

_____

☐ Changing equipment or remodeling

☐ Adding a new license to an existing business. (New License)

☐ Taking over an existing business. (New Owner) Name of existing business:

_____

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.

4. 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 %	

5. 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.

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? ☐ **No** ☐ **Yes**
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

6. 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.**

7. 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 _____

8. 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. **Visit the City's website-** www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

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 kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.