



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: April 1
AP: General/Dance
MCO: 285
Adm Issuance: Yes

License Application: Dancing School

Definitions: A place for dance lessons and customers pay a fee.

A **Dance Hall** license is required if dancing is open to the public and payment is an admission fee or club membership.

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. 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. Attach a list of the applicant's five year residential and employment history.
4. **Would you like to apply for a Dance Hall license?** Yes No
 You will be charged a [fee](#) for an additional license. You do not have to pay an additional new license processing charge.
 What is the square footage of your dance hall? _____
 Attach a [Business Plan](#).
5. **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 your SAC Determination letter.

2. 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 Number or Individual Tax ID (ITIN) (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: | | |

3. Business Information

License(s) Requested:

| | |
|---|---|
| <input type="checkbox"/> Starting a new business in a new building. (New Business) | <input type="checkbox"/> Adding a new license to an existing business. (New License) |
| <input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____ | <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____ |
| <input type="checkbox"/> Changing Equipment. | <input type="checkbox"/> Remodeling Only. |

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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Contractor or Building Manager |
|---|--|

Explain the scope of the remodeling or construction.

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. 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.