

License Application:

- Emergency Shelter, Lodging Only** **Emergency Shelter with Food Service**

Definition: Any place that provides sleeping rooms and restrooms to individuals who are homeless. Services are provided on a day-to-day basis for a period of 30 days or less. If meals are served, an [Institutional Food license](#) is required.

A complete set of requirements is available in the [Minneapolis Code of Ordinances](#), Chapters 236.50 and 236.60. 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. **Emergency Shelter Supplemental Application** (Form #1)
4. **Floor Plan:** Attach an 8.5" by 11", scaled diagram with square footage and labels of the premises to be licensed. See Sample Form #2.
5. **Proof of Ownership/Lease:** Attach a copy of the Lease Agreement, Bill of Sale, Purchase Agreement, or Contract for Deed.
6. **Would you like to apply for an Institutional Food license?** Yes No
 You will be charged a [fee](#) for this additional license. If yes, attach the following.
 - 8.5" x 11" scaled [Floor Plan](#)
 - A copy of your Minnesota Department of Health [Certified Food Protection Manager](#) certificate
 - A copy of the menu and/or list of food items for sale.
 - Attach a [Data Privacy Advisory](#): 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.
 - Food Plan Requirement:** Are you doing any of the following:
 - Starting a food business at a location that NEVER had a license for food business
 - Adding or replacing equipment that requires gas, plumbing or mechanical connections
 - Adding or replacing ventless cooking equipment or a ventless hood
 If you checked any of the boxes above, you MUST complete and email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review. **This is a separate review and we cannot approve your license until it is completed.**
 Permits are required for any equipment changes or work requiring gas, plumbing or mechanical connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.

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:
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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
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Explain the scope of the remodeling or construction.

6. 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.

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.

Emergency Shelter Supplemental Application

#1

I. Applicant Information			
Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code
II. Type of License			
<input type="checkbox"/> Emergency Shelter		<input type="checkbox"/> Emergency Shelter w/ Food Service	
III. Number of Rooms			
_____ # Beds _____ # Floors _____ # Shared Bath Units			
IV. Contact Person			
Individual authorized to accept service of process and to receive and give receipt for notices.			
Name (Last, First, MI)		Date of Birth	
Mailing Address (if Different than Business Address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
V. Property Manager			
Name (Last, First, MI)		Date of Birth	
Mailing Address (if Different than Business Address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<input type="checkbox"/> Property Manager is the owner. <input type="checkbox"/> Property Manager is not the owner.			
I, _____, accept joint responsibility with the owner, (including any <small>(print name)</small> potential criminal, civil, or administrative liability) for the maintenance and management of the premises.			
_____ Signature		_____ Date	
VI. Registry			
Name of Individual Responsible for Registry: _____			
Address where Registry is kept: _____			
VII. Acknowledgement and Approval			
I, (print name) _____, an authorized chief operating officer, partner or owner, hereby acknowledge and certify to the following:			
<input type="checkbox"/> I have no delinquent property taxes, assessments, or judgments on this lodging establishment.			
<input type="checkbox"/> There are no active arrest warrants for a Minneapolis Housing Maintenance Code or Zoning Code violation, permit violations, or outstanding fees owed to the City of Minneapolis related to any property which the applicant or property manager has a legal or equitable ownership interest or is involved in management or maintenance.			
<input type="checkbox"/> I have not had an interest in another license which has been revoked.			
<input type="checkbox"/> I do not have any pending negative actions against a business license.			
<input type="checkbox"/> This Supplemental Application is a true and correct.			
By typing your name, you are electronically signing this application			
<input type="checkbox"/> I have read and agree to the Terms and Conditions for electronic signatures, records and payment.			
Signature _____		Title _____	Date _____

Floor Plan Requirements / Sample Floor Plan

1. Plans must be a professional, architectural, computer generated, or a scaled plan drawn using graph paper and a ruler.
2. The following must be included:
 - a. Address and direction of North
 - b. Every room (living, sleeping, kitchen, furnace, etc.) labeled with room number and floor number.
 - c. Bathrooms, showers, and laundry facilities must be indicated.
 - d. Identify the number of beds.
 - e. Stairways, major appliances/fixtures, etc.
 - f. Room measurements must be represented accurately and to scale.
 - g. Emergency exits.

