

License Application: Place of Entertainment

Definitions: Any privately owned place where entertainment is offered. A fee may or may not be charged.

Entertainment includes:

- live theater, dance and musical productions
- public dances
- productions produced by radio, phonograph, television, video reproduction, tape recorder, orchestra, band, any musical instrument, slide or movie projector, spotlight, or flashing light device

The following do not need a Place of Entertainment License:

- Religious Organizations
- Theaters
- Dance Halls
- Carnivals
- Places with an on-sale beer, wine or liquor license
- Food businesses with less than 2,500 square feet
- Places which display and sell radios, phonographs, tape recorders, musical instruments, records, tapes, movies, televisions or stage equipment.

Music in food businesses cannot occur between 2:00 a.m. and 8:00 a.m.

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 <input type="checkbox"/> Cash: Drop off your application at our office. <input type="checkbox"/> Check: Mail or drop off your application at our office. <input type="checkbox"/> 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. <input type="checkbox"/> Attach a list with the name, address, date of and place of birth of the building proprietor; owners and partners; manager; and officers, directors, and shareholders with 10% or more ownership in the corporation.
4. <input type="checkbox"/> Business Plan (Form #1)
5. <input type="checkbox"/> Attach a scaled diagram showing the floor plan, the location of the building or buildings, and the portion intended to be used for entertainment.
6. 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 . <input type="checkbox"/> 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:
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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.

Business Plan Requirements

The Minneapolis Code of Ordinances, Chapter 259.30, requires applicants to describe in detail your business operations. Attach a typed report that includes all the following items. You may attach extra documents to your report. Answer every question that is relevant.

1. **Safety**

Attach your [Safety Plan](#) to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.

2. **Noise**

Attach your [Sound Management Plan](#) which details how you will manage sound from your business. A Sound Plan is not required for Off Sale Alcohol businesses.

3. **Litter Removal**

You are required to clean litter within a 100 foot radius from your business. Describe your plans for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather months.

4. **Entertainment**

Describe the following:

- type of entertainment at your business
- days and hours of the entertainment and
- age group which the entertainment is directed

Acknowledgement and Agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct; and
- Any material change in the business plan must be submitted to an approved by the Business Licenses Division before implementation; and
- Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

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

Signature of Applicant: _____ Title: _____ Date: _____