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: N/A
AP: BLGeneral/
FleaA, B, or C
MCO: 321
Adm Issuance: Yes

License Application: Flea Market - Temporary Market

Definition: A temporary sale of arts, crafts, antiques or secondhand goods. These may be sold at tables, stalls, or booths at a specific location.

- A separate license is required for each location.
- Each market must have a minimum of 10 vendors.
- Food vendors and agricultural products cannot exceed 25% of all vendors. You may not have more than 10 food vendors per flea market.
  You may need a Short Term Food Permits and an Event Food Sponsor Permit.

A license is not required for the following sales:

- Used merchandise donated to a non-profit organization for free.
- Books, magazines, post cards, postage stamps or philatelic material. Philatelic material includes postage stamps, revenue stamps, stamped envelopes, postmarks, postal cards, covers, and similar material relating to postal or fiscal history.
- Goods sold at the farmer's markets as defined in Chapter 202 of the Minneapolis Code of Ordinances.
- Used motor vehicles by licensed dealers.
- Numismatic related articles, including coins, currency, tokens, medals. You must belong to the numismatic society and the sale is held at the Minneapolis Convention Center. Numismatic refers to coins, medals, paper money, etc.
- An exclusive sale of arts and crafts at a Block Event with no secondhand goods.

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:** 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. **Background Check:** ☐ Attach a Data Privacy Advisory (Form #1): 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.
4. ☐ **Scaled Site Plan** of the entire market layout including on-site placement of booths, tables, loading and unloading zones, trash receptacles, sanitary toilets, on-site and off-site parking areas for vendors and visitors, and signage indicating location.

5. ☐ **Certificate of Liability Insurance** (Sample Form #2)
Attach a copy. This must be furnished by your Insurance Agent. You are required to have general liability which includes premises, operations, and products insurance with the following coverages:
- ☐ $50,000 per occurrence and $300,000 aggregate for personal injury or death
- ☐ $25,000 for property damage
- ☐ The City of Minneapolis shall be named as an additional insured.

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On Site Manager		
Address of the Flea Market	City	State	Zip Code
Mailing 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

☐ Taking over an existing Flea Market.
Name of previous Flea Market:
_____

☐ Adding a Flea Market to an existing business.
Name of business: _____

☐ Changing Equipment.

☐ Remodeling Only.

Gross square footage of Flea Market:

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

How many days is your Flea Market? ☐ **9 days or less** ☐ **10-21 days** ☐ **over 21 days**

List Dates and Times of the Flea Market- you must notify Business Licensing of any changes

Give a detailed description of the items for sale, attach additional sheets if needed.

How many vendors will the market have?
☐ **Class A: more than 75** ☐ **Class B: 50-74** ☐ **Class C: less than 50**

How many food vendors will you have? _____

Do you have any of the following licenses? ☐ No ☐ Yes

	License Number	City or Governmental Agency
☐ Antique Dealer		
☐ Pawnbroker		
☐ Precious Metal Dealer		
☐ Secondhand Dealer		

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.

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. **You will need a permit for each event.**
2. **You cannot transfer your license to any other person or location.**
3. **Additional licenses and permits may be required.**
4. **Visit our website at** 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 kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.**

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Telephone: 612-673-2080

Data Privacy Advisory

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

- ☐ 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: _____

City of Minneapolis
Requirements for Insurance Certificate

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Agency	PHONE (A/C, No, Ext):	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE / OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Sample

Applications will be returned if requirements are not complete.