

License Application Guidelines and Checklist

Permit Type: Innovative Emerging Small Business Pilot

Definition: Innovative, emerging, and/or non-traditional business activity which currently is not authorized in Minneapolis.

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. ☐ **Business Plan (Form #1)**
4. ☐ **Business Permit Proposal**
Attach a description of your business activity and current regulations prohibiting operations. Include specifics addressing health code requirements.
5. ☐ **Hold Harmless Statement for Public Property Operations.**
Attach a signed statement that the permit holder shall hold harmless and indemnify the city, any applicable special service district, and their officers and employees, for any claims for damage to property or injury to persons which may be caused by any activity carried on under the terms of the permit.
5. **Letter of Consent for all Mobile Operations** (See Sample Form #2). This is required when you operate:
 - ☐ on private property/parking lot. Written consent is required from the property owner.
 - ☐ within 200 feet of park board property. Written consent from the Minneapolis Park Board may include a permit, agreement, or other required written authorization.
 - ☐ within 100 feet, on the same block face, and has direct sidewalk access to a similar business. Written consent is required from the proprietor of the business.

Note: Maintain a copy of this consent in your vehicle while operating.

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	
<u>Minnesota Sales Tax ID Number</u> (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? ☐ Yes ☐ 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
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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: _____

Letter of Consent

This letter hereby authorizes _____ to park their vehicle
(Owner of mobile business)

☐ on private property ☐ on Park Board property ☐ within 100 feet from my business
located at _____
(address of property)

This consent shall run concurrent with the permit. If at any time the permit expires or is revoked, this consent shall be void. The owner and operator of the mobile business is required to comply with all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the permit for said location to be revoked.

I understand this consent may be revoked in writing. I understand that no monetary compensation, either present or future, is involved in the granting of this consent.

The permit holder agrees to hold harmless

☐ private property owner ☐ Park Board property ☐ business owner located within 100 feet

for any claims for damage to property or injury to persons which may be caused by any activity in connection with the issuance of this permit.

**Owner of
Property
Or Park Board
Representative**

Name _____
(please print)

Signature _____
(owner or legal representative)

Title _____

Telephone Number _____

Date _____

Vendor

Name _____
(please print)

Signature _____
(owner of vehicle)

Telephone Number _____

Date _____