



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
DBA:
Expiration: February 1
License Code: 277
Rev Code: 311008
MCO: 225
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Liquid Waste Hauler

DEFINITION: An industrial hauler who collects, transports and discharges liquid waste into designated public sewers.

Staff Initials	Application Checklist Submit completed items below to: Minneapolis Development Review 250 South 4 th Street Room 300 Public Service Center Minneapolis, MN 55415 Free Parking
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- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. License Application (Form #1) |
| <input type="checkbox"/> | 2. Health Addendum (Form #2)
<input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> _____ |
| <input type="checkbox"/> | 3. \$_____ License Fee plus New License Surcharge |

This Section To Be Completed by Minneapolis Development Review Coordinator

DC: _____ Temporary License Number: _____

Plumbing Permit
 Mechanical Permit
 Building Permit
 SAC
 Sidewalk Inspection
 PDR Review

SAC Determination Letter Required: Yes No

Date Sent to EH _____	PCAB# _____
EH Staff Initials _____	EM Initials _____
Date Sent to EM _____	Date Returned to MDR _____

Additional Information

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

Information in Other Languages

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Form section 1 containing fields for License Type, Applicant Information, Business Details, and Ownership Information.

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Table for listing owners with columns for Full Name, Date of Birth, % of Ownership, Telephone Number, and Home Address.

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
 If Yes, indicate date of denial/revocation, government agency, 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:

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.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



HEALTH ADDENDUM

PART I – TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats <input type="checkbox"/> N/A
Gross Square Footage	Net Square Footage of the Retail Area <input type="checkbox"/> N/A
License(s) Requested:	
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building. (New business) <input type="checkbox"/> Starting a new business in an existing building. Name of previous tenant _____ <input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____ <input type="checkbox"/> Remodeling. <input type="checkbox"/> Equipment changes. Provide equipment information and photos. <input type="checkbox"/> Adding new license to an existing business.	

2. FOOD PROCESSES – CHECK ALL THAT APPLY

<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, and seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	

Provide additional documentation and/or descriptions for any box checked.

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ Attach a copy of current [MN Dept of Health certificate](#).

4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION

If your business caters, distributes, or transports food from one location to another, please provide the following information in writing:

<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)
<input type="checkbox"/> Description and method of transportation	

5. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No

What type of work will you be doing? General Building Plumbing Mechanical Electrical Other(Explain)

Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No

Have you obtained the necessary permits? Yes No

Signature of Applicant _____ Date _____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No

Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.

Final Inspection Required: Yes No

Yes. I recommend to License Department to proceed.

No. This application is not recommended to License Department to proceed. Reason for Hold:

RISK LEVEL: 1 2 3

Signature of EH Official _____ Printed Name: _____ Date: _____