

## License Application: Motor Scooter Leasing

**Definition:** A Motor Scooter is any motor-driven bicycle used principally for sports or pleasure, driven on the streets of the city. Motor Scooter Business is the business of leasing or furnishing motor scooters for pay or hire for less than twenty-four (24) hours.

Individuals renting motor scooters are required to wear helmets at all times furnished by the license holder. Individuals under the age of eighteen (18) may lease a scooter only with a written statement verifying consent by a parent or guardian. The licensee shall maintain records for 12 months of all persons who rent scooters. Records shall include the renter's name, address, age, driver's license number, expiration date and physical description, vehicle leased, and date.

### State of Minnesota Statute Definitions:

**169.011 Subd. 44. Motorcycle.** "Motorcycle" means every motor vehicle having a seat or saddle for the use of the rider and designed to travel on not more than three wheels in contact with the ground, including motor scooters and bicycles with motor attached, other than those vehicles defined as motorized bicycles in subdivision 4a, but excluding a tractor.

**Subd. 45. Motorized bicycle.** "Motorized bicycle" means a bicycle that is propelled by an electric or a liquid fuel motor of a piston displacement capacity of 50 cubic centimeters or less, and a maximum of two brake horsepower, which is capable of a maximum speed of not more than 30 miles per hour on a flat surface with not more than one percent grade in any direction when the motor is engaged. "Motorized bicycle" includes an electric-assisted bicycle as defined in subdivision 4b.

**Subd. 27. Electric-assisted bicycle.** "Electric-assisted bicycle" means a motor vehicle with two or three wheels that: (1) has a saddle and fully operable pedals for human propulsion; (2) meets the requirements of federal motor vehicle safety standards in Code of Federal Regulations, title 49; and (3) has an electric motor that (i) has a power output of not more than 1,000 watts, (ii) is incapable of propelling the vehicle at a speed of more than 20 miles per hour, (iii) is incapable of further increasing the speed of the device when human power alone is used to propel the vehicle at a speed of more than 20 miles per hour, and (iv) disengages or ceases to function when the vehicle's brakes are applied.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

### Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email ([businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. There is a [fee](#) and 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](mailto:businesslicenses@minneapolismn.gov). **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. [Certificate of Liability Insurance \(Sample Form #1\)](#)
  - ☐ Attach a copy. This must be furnished by your insurance agent. You are required to have \$5,000 per occurrence and \$10,000 aggregate for personal injury or death.

## 2. Applicant information

|                                                                                                                                                                                                                  |                                                                                                          |                                  |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|
| <b>Legal Company Name</b>                                                                                                                                                                                        | <b>Business Name/DBA</b>                                                                                 |                                  |                 |
| <b>Name (Last, First, MI)</b>                                                                                                                                                                                    | <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager |                                  |                 |
| <b>Business Address</b>                                                                                                                                                                                          | <b>City</b>                                                                                              | <b>State</b>                     | <b>Zip Code</b> |
| <b>Mailing Address (if different than business address)</b>                                                                                                                                                      | <b>City</b>                                                                                              | <b>State</b>                     | <b>Zip Code</b> |
| <b>E-mail Address</b>                                                                                                                                                                                            | <b>Cell Phone Number</b>                                                                                 | <b>Business Telephone Number</b> |                 |
| <b><u>Minnesota Sales Tax ID Number</u> Required</b>                                                                                                                                                             | <b><u>Social Security Number</u> Required</b>                                                            |                                  |                 |
|                                                                                                                                                                                                                  |                                                                                                          |                                  |                 |
| <b>Type of Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit | <b>Date of Incorporation</b>                                                                             | <b>State of Incorporation</b>    |                 |
| <b>Is this business publicly traded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                | <b>Proposed Opening Date:</b>                                                                            |                                  |                 |

## 3. Owners

|                                                                                                            |                      |                    |                  |
|------------------------------------------------------------------------------------------------------------|----------------------|--------------------|------------------|
| <b>List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.</b> |                      |                    |                  |
| <b>Full Name: Last, First, Middle</b>                                                                      |                      |                    | <b>Telephone</b> |
| <b>Home Address</b>                                                                                        | <b>City</b>          | <b>State</b>       | <b>Zip</b>       |
| <b>Title</b>                                                                                               | <b>Date of Birth</b> | <b>Ownership %</b> |                  |
| <b>Full Name: Last, First, Middle</b>                                                                      |                      |                    | <b>Telephone</b> |
| <b>Home Address</b>                                                                                        | <b>City</b>          | <b>State</b>       | <b>Zip</b>       |
| <b>Title</b>                                                                                               | <b>Date of Birth</b> | <b>Ownership %</b> |                  |
| <b>Full Name: Last, First, Middle</b>                                                                      |                      |                    | <b>Telephone</b> |
| <b>Home Address</b>                                                                                        | <b>City</b>          | <b>State</b>       | <b>Zip</b>       |
| <b>Title</b>                                                                                               | <b>Date of Birth</b> | <b>Ownership %</b> |                  |

**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.**

#### 4. 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.

#### 5. 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 \_\_\_\_\_

#### 6. 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](mailto: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.

# City of Minneapolis

## Requirements for Insurance Certificates

### Certificate of Liability Insurance

#1

Certificate cannot be pending,  
binder or TBA.

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

|                                                          |                                                                                                                                                                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Agency<br>Address<br>City, State, Zip | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.<br><br>THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| <b>INSURED</b>                                           | <b>INSURERS AFFORDING COVERAGE</b><br><br>INSURER A: _____<br>INSURER B: _____<br>INSURER C: _____<br>INSURER D: _____<br>INSURER E: _____                                                                         |

#### COVERAGES

| 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                                                                                                                                                                                                                                               |                  |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INSR<br>LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF INSURANCE                                                                                                                                                                                                                                             | POLICY<br>NUMBER | POLICY<br>EFFECTIVE<br>DATE<br>(MM/DD/YY) | POLICY<br>EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>GENERAL LIABILITY</b><br><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><br><input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> OCCUR<br><br><input type="checkbox"/> _____<br><br><input type="checkbox"/> _____               |                  |                                           |                                         | <b>EACH OCCURRENCE</b> \$ _____<br><br><b>FIRE DAMAGE (Any one fire)</b> \$ _____<br><b>MEDEXP (Any one person)</b> \$ _____<br><b>PERSONAL &amp; ADV INJURY</b> \$ _____<br><b>GENERAL AGGREGATE</b> \$ _____                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br><input type="checkbox"/> POLICY<br><input type="checkbox"/> PROJECT<br><input type="checkbox"/> LOC<br><b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS |                  |                                           |                                         | <b>PRODUCTS – COMPO/AGG</b> \$ _____<br><br><b>COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY</b> \$ _____<br>(Per person) \$ _____<br><b>BODILY INJURY (Per accident)</b> \$ _____<br><b>PROPERTY DAMAGE</b> \$ _____<br>(Per accident) \$ _____<br><b>AUTO ONLY – (Ea Accident)</b> \$ _____<br><b>OTHER THAN AUTO</b> EA ACC \$ _____<br><b>ONLY: AGG</b> \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON – OWNED AUTOS<br><input type="checkbox"/> _____                                                                                              |                  |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> _____<br><br><b>GARAGE LIABILITY</b>                                                                                                                                                                                                 |                  |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> _____                                                                                                                                                                                           |                  |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION                                                                               |                  |                                           |                                         | <b>EACH OCCURRENCE</b> \$ _____<br><b>AGGREGATE</b> \$ _____<br>\$ _____<br>\$ _____                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>                                                                                                                                                                                                         |                  |                                           |                                         | <b>W/C STATUTORY LIMITS / OTHER</b><br>E.L. EACH ACCIDENT<br>E.L. DISEASE – EA EMPLOYEE<br>E.L. DISEASE – POLICY LIMIT                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>OTHER</b>                                                                                                                                                                                                                                                  |                  |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                          |

Original signature or stamp of agent

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:  
 ADDITIONAL INSURED; INSURER LETTER  
 CERTIFICATE HOLDER  
 City of Minneapolis  
 Licenses and Consumer Services  
 505 Fourth Ave. S., Room 220  
 Minneapolis, MN 55415  
 AUTHORIZED REPRESENTATIVE

**Applications will be returned if requirements are not complete.**