

License Application: Motor Vehicle Immobilization (Booting)

Definitions:

Vehicle Immobilization: A locking wheel boot that prevents movement of the vehicle.

Vehicle Immobilization Service: At the request of a private property owner, a business that immobilizes unauthorized vehicles in private parking lots.

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:** 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. **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. Here is a list of all [state telephone numbers](#). No one can have a conviction or ordinance violation in the last five (10) years.
 4. **[Certificate of Liability Insurance](#)** (Form #2)
 - This must be furnished by your insurance agent. You are required to have general liability that includes \$100,000 per occurrence and \$300,000 aggregate for injury or death and \$25,000 for property damage.
 5. **Applicant's Place of Birth (City and State):** _____
 6. **Applicant's Five Year Residence History.** Attach additional sheets if necessary.
- | Home Address | City | State | Zip | Dates |
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7. **Locations**
Attach a list the property locations and the individuals authorized to order vehicle immobilization.

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 Required</u>	<u>Social Security Number Required</u>		
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. 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 %	

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. 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
Licenses and Consumer Services**
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080
www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

Complete the information below and attach the following:

- 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.

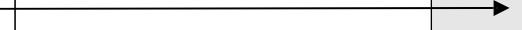
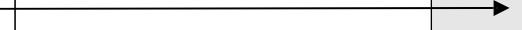
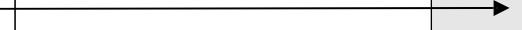
By typing your name, you are electronically signing this form.

Signature: _____ Date: _____

City of Minneapolis
Requirements for Insurance Certificates
Certificate of Liability Insurance

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.

PRODUCER Agency Address City, State, Zip		<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER.</p> <p>THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p>INSURERS AFFORDING COVERAGE</p> <p>INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:</p>																																																																																																																																																																																																																																																																							
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AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">INSR LTR</th> <th style="width: 30%;">TYPE OF INSURANCE</th> <th style="width: 10%;">POLICY NUMBER</th> <th style="width: 10%;">DATE (MM/DD/YY)</th> <th style="width: 10%;">POLICY EFFECTIVE</th> <th style="width: 10%;">POLICY EXPIRATION DATE (MM/DD/YY)</th> <th style="width: 10%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td></td> <td>GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>FIRE DAMAGE (Any \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> CLAIMS MADE</td> <td></td> <td></td> <td></td> <td></td> <td>(one fire) \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> OCCUR</td> <td></td> <td></td> <td></td> <td></td> <td>MED-EXP \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> <td></td> <td></td> <td></td> <td></td> <td>(Any one person) \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> <td></td> <td></td> <td></td> <td></td> <td>PERSONAL & ADV \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>INJURY \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>GENERAL \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>AGGREGATE \$</td> </tr> <tr> <td></td> <td>GEN'L AGGREGATE LIMIT APPLIES PER:</td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS- \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> POLICY</td> <td></td> <td></td> <td></td> <td></td> <td>COMP/OP/AGG</td> </tr> <tr> <td></td> <td><input type="checkbox"/> PROJECT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> LOC</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>AUTOMOBILE LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>COMBINED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ANY AUTO</td> <td></td> <td></td> <td></td> <td></td> <td>SINGLE LIMIT</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ALL OWNED AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td>(Ea accident)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td>(Per person)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> HIRED AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY</td> </tr> <tr> <td></td> <td><input type="checkbox"/> NON - OWNED AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td>(Per accident)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> <td></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> <td></td> <td></td> <td></td> <td></td> <td>(Per accident)</td> </tr> <tr> <td></td> <td>GARAGE LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>AUTO ONLY - (Ea</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ANY AUTO</td> <td></td> <td></td> <td></td> <td></td> <td>Accident)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> <td></td> <td></td> <td></td> <td></td> <td>OTHER EA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>THAN ACC \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ONLY: AGG \$</td> </tr> <tr> <td></td> <td>EXCESS LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</td> <td></td> <td></td> <td></td> <td></td> <td>AGGREGATE \$</td> </tr> <tr> <td></td> <td><input type="checkbox"/> DEDUCTIBLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> RETENTION</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">A</td> <td>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>X/WC STATUTORY LIMITS / OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E.L. 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