

## License Application: Parking Lots

### Definitions:

**Parking Lot:** Any open air place with 10 or more parking spaces used for the parking or storing of motor vehicles.

**Commercial Parking Lot:** A parking lot that charges a fee.

**Free Parking Lot:** A parking lot for which no fee is charged and it used by employees, members, customers, patrons, clients, or visitors. A license is not required.

### Licenses Available:

**Class A Parking Lot:** A commercial parking lot that may charge customers by the hour, day, week, month, or for special events.

**Class B Parking Lot (L010):** A commercial parking lot that is limited to charging customers for parking on a month-to-month contractual basis only. No other type of fee can be charged.

**Class C Parking Lot – Temporary Events:** A commercial parking lot, located in the geographical area near the Huntington Bank stadium that may charge customers a fee for event parking for up to 24 days per year. Additional days may be approved for special events. Talk to your License Inspector. No new license surcharge.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto: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. 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:** Do not mail cash, 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](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
    - \$25,000 per occurrence and \$50,000 aggregate for personal injury or death.
    - \$5,000 per occurrence for property damage.
4.  **Detailed diagram-** include measurements, parking spaces, lights, fencing, landscape, pay box, structures
5.  **Public Safety Plan Review- (Form #2)**
6.  **Class C Temporary Event Parking Lots:** Attach a list of dates of operation, up to 24 days per year.

## 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	
<b><u>Minnesota Sales Tax ID Number Required</u></b>		<b><u>Social Security Number Required</u></b>	
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:	
Number of parking spaces:	Name of Manager or Operator		

**List Parking Fees:** Monthly, Weekly, Bi-weekly, Daily, Hourly, Special Event, and Other

## 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
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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.

#### 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 contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolismn.gov](mailto: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.

**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.**

**CERTIFICATE OF LIABILITY INSURANCE**

<p><b>CERTIFICATE OF LIABILITY INSURANCE</b></p> <p><b>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.</b></p> <p><b>IMPORTANT:</b> 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).</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%;">PRODUCER</td> <td colspan="2" style="width: 50%;">CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">Agency</td> <td colspan="2">FAX (A/C, No):</td> </tr> <tr> <td colspan="2">Address</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">City, State, Zip</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">NAIC #</td> </tr> <tr> <td colspan="2"></td> <td>INSURER A :</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>INSURER B :</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>INSURER C :</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>INSURER D :</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>INSURER E :</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>INSURER F :</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">COVERAGES</td> </tr> <tr> <td colspan="4" style="text-align: center;">CERTIFICATE NUMBER:</td> </tr> <tr> <td colspan="4" style="text-align: center;">REVISION NUMBER:</td> </tr> <tr> <td colspan="4" style="text-align: center;">THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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**City of Minneapolis as  
certificate holder and  
additional insured**

**Original signature or  
stamp of agent.**

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

## **Public Safety Plan Review Open Air Parking Lots**

All businesses licensed by the City of Minneapolis must provide adequate security to prevent criminal activity, loitering, lurking and disorderly conduct at their business, including parking areas, per MCO 259.250 (4). Additionally, all Class A parking lots must submit a Public Safety Plan Review per MCO 319.30.

Not providing adequate security to make your business safe could have an impact on the success of your business and your ability to continue to operate.

Adequate security is not "one size fits all". Even a well-vetted plan does not fit every circumstance. The following considerations and major components of a safety plan were developed in collaboration with successful business owners, the Minneapolis Police Department, and the Office of Violence Prevention.

It is important that this review happens with the Minneapolis Police Department. Business owners meeting face to face with Police representatives is a way to develop a positive connection.

### **This portion to be completed by Applicant**

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **Public Safety Plan Requirements and Process**

1. Please review the following components of a public safety plan review.
2. Write a plan that will best ensure the safety of your parking lot, customers and the surrounding community, according to your business model.
3. Schedule a review of your plan by MPD Personnel, to be determined by the Precinct Commander. The review should occur at the proposed business, if possible.
4. You must include copies of your License Application and Public Safety Plan with this form.
5. Request peer support from a member of the business community by contacting your [Business Association](#).

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#### **Parking Lot Public Safety Plan**

Based on industry best practices, a successful parking lot license holder will have a safety plan that includes the following components:

**A. Describe how your parking lot is operated: attendant, pay box, or other**

1. If customers are required to leave keys at the lot, do you have a suitable place within 150 feet distance from your lot where owners can pick up the keys to their vehicles when an attendant is not on duty. If not, describe specific location.

**B. Staffing and Procedures**

*Definition: Staffing for your parking lot includes the following: Staff levels, different job titles and job expectations. This will include when the parking lot is operating and closed. Please focus on staffing related to providing a safe environment for your customers, staff, and community.*

1. Who will perform hiring? Will you perform criminal background checks to inform hiring decisions? Will each job have a detailed job description? Will staff, especially management, have experience in industry or training?

2. Will you have dedicated safety personnel? Will you hire contracted safety personnel? Or, will you have regular in-house staff perform safety duties? If so, what levels during the week and during the weekend? Will you change this during special events or when you increase your occupancy? Will safety personnel be recognizable/wear uniforms? Will any safety personnel you have at your parking lot be armed with a firearm or other weapon?

3. What will your scheduling plan look like? Will it differ from summer to winter? Will special events in the city impact your staffing numbers?

4. Duties: At the premises? Adjacent to the premises? Frequency of rounds? How will you address loitering?

5. Security Philosophy of Respectful Enforcement considerations: Will you offer regular de-escalation training? What procedures will you follow if it is necessary to escort a patron from the premises? Will your staff work in teams? *\*\*Please note that if you hire an outside professional security company, or contract with security personnel that are not your W-2 employees, they must be licensed by the Minnesota Board of Private Detective and Protective Agent Services. Any company can hire someone as an employee (W-2) to protect their own property (326.3381 Subd 1a. Proprietary Employers). However, any individual or company who offers this service as a contractor (1099), or offers this service to another company, needs to be licensed by the state of MN (326.338 Subd 4 Persons Engaged as Protective Agents).*

6. Incident Logs: How will you communicate policies, incidents, and updates to employees?

**C. Exit Strategies**

*Definition: How you will move customers out of and away from your parking lot at closing time?*

1. Will you have clear signage about the hours of operation for your parking lot?

2. Closing Time: Will you be monitoring your parking lot for illegal activities and/or disturbances? Will you take part in traffic management?

3. Will you use valet services? Contracted or in-house? Make sure your safety plan includes protecting customers during high volume closing times. In some busy areas of the city, grid-lock can occur at closing time. This could be due to your valet service. How will you work with neighbors to assure access and safety for the neighborhood?

4. What are your plans for an emergency evacuation, sheltering in place, and an active shooter?

**D. Training**

*Definition: Training your staff on your safety plan can be the best way to make sure they follow it.*

Describe staff training that includes the following:

- staff meetings
- formal presentations
- name of trainer (or training company)
- topics covered
- ongoing training program (and for new-hires)

The following information is on our website:

[De-escalation Presentation Prepared by the Barbara Schneider Foundation \(Dec 7, 2020\)](#)

[Trespassing Presentation Prepared by City Attorney's Office and Trespass Notice Form \(Nov 18, 2020\)](#)

Other types of training can include, but are not limited to:

- racial equity
- sensitivity
- hospitality
- bystander intervention
- sexual harassment
- any others that could help you and your staff create a safe and welcoming place for patrons to visit

#### **H. Crime Prevention Through Environmental Design (CPTED)**

*Definition: CPTED uses design to discourage crime and promote building security. Architects design buildings/properties to hold up to the elements and natural disasters. We can also design them to prevent crime.*

1. Having enough lighting levels can promote safety. What lighting will your parking lot provide?
2. Having video surveillance can help protect your parking lot from crime. It can also help support Police investigating crimes that may happen there or nearby. What video surveillance will you provide in your parking lot?
3. Make sure that private spaces are only accessible by staff to prevent a crime from happening in them.

#### **F. Peer and Professional Support**

*Definition: Peers are other businesses willing to offer guidance to you. Professional support would be who you hire or contract to help keep your parking lot safe.*

1. Who will be your business peer support?
2. Will you need extra professional support? Professional Security? Part-time Police Officers?

#### **G. Regular Review**

*Definition: Safety plan review should occur at regular intervals of time to keep it fresh and up to date.*

1. Safety plan should be reviewed annually by the Police and submitted to the Licensing department with renewal of license.

#### **H. Large Crowds Arriving at Once**

*Definition: If an event occurs close to your parking lot, you could have a large crowd arriving at once, that could overwhelm your staff.*

1. How many spaces does your lot have?
3. If applicable, how will you handle let outs from concerts or games in your parking lot?

**This portion to be completed by MPD**

Police Representative \_\_\_\_\_ Badge # \_\_\_\_\_

Comments:

MPD Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_