

## License Application: Commercial Animal Care Provider

This license is for

- ☐ Animal Care Provider  
☐ Mobile Pet Care Vehicle

**Definition:** A business which offers the grooming, treating, exhibition, or any other form of care for hire of any animal, reptile, fish or bird.

The sale of dogs, cats, and rabbits is not permitted in any establishment. MCO 545.80

A mobile pet care vehicle is does not include a motor vehicle used solely for transporting animals, reptiles, fish or birds. No sales of animals, including reptiles, fish, birds or bait, shall be permitted from the vehicle.

No person shall bring into his/her place of business, into the city, or have in his/her possession for sale or otherwise any animal which is vicious, diseased, exotic or wild by nature. This license shall not apply to veterinarians or to persons or places selling only frogs, fish, worms or reptiles for use as live bait for fishing, or to scientific or educational institutions licensed by the State of Minnesota Livestock Sanitary Board.

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](#), plus 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 for Mobile Pet Care Vehicle Only (Sample Form #1)**
  - ☐ Attach a copy. This must be furnished by your insurance agent. You are required to have
  - ☐ \$100,000 per occurrence and \$300,000 aggregate for personal injury or death.
  - ☐ \$10,000 per occurrence for property damage.
  - ☐ **Not Required for Pet Shop.**
4. **[Sewer Availability Charge \(SAC\):](#)** The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email [development@minneapolismn.gov](mailto:development@minneapolismn.gov).

## 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>Minnesota Sales Tax ID Number (Required)</b>	<b>Social Security Number or Individual Tax ID (ITIN) (Required)</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:		

## 3. Business information

<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Changing equipment or remodeling	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

## 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.

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? ☐ No ☐ Yes  
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

### 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. Visit the City's website- [www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/](http://www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/)

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 OF LIABILITY INSURANCE

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.

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>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).			
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:		
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC #

COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>			

City of Minneapolis as  
certificate holder and  
additional insured

Original signature or  
stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
<b>Additional Insured:</b> City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
_____ →	AUTHORIZED REPRESENTATIVE

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