

License Application Guidelines and Checklist

| Permit Type: Street Photographer |
|---|
| <p>Definition: A person</p> <ul style="list-style-type: none"> taking photographs intended for sale of any person on city streets or sidewalks |
| 1. Application Requirements |
| <p>1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.</p> |
| <p>2. There is a fee, plus a new license processing charge, for this application. You can pay by</p> <p><input type="checkbox"/> Cash: Drop off your application at our office.</p> <p><input type="checkbox"/> Check: Mail or drop off your application at our office.</p> <p><input type="checkbox"/> 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.</p> |
| <p>3. <input type="checkbox"/> \$5,000 Bond (Form #1)</p> <ul style="list-style-type: none"> Information must be on the attached City of Minneapolis Bond Form. This is a continuous bond and valid until cancelled. The amount of the bond must be the same as the \$5,000 amount listed above. The name of the licensee and the principal on the bond must be the same. Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature. Bond must include an acknowledgement of surety and the agent's power of attorney. |

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 | |
| Minnesota Sales Tax ID Number (Required) | Social Security Number or Individual Tax ID (ITIN) (Required) | | |
| 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

License(s) Requested:

| | |
|---|---|
| <input type="checkbox"/> Starting a new business in a new building. (New Business) | <input type="checkbox"/> Adding a new license to an existing business. (New License) |
| <input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____ | <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____ |
| <input type="checkbox"/> Changing Equipment. | <input type="checkbox"/> Remodeling Only. |

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: |
|------------------------------|--|

Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

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.

| | |
|---|--|
| Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Contractor or Building Manager |
|---|--|

Explain the scope of the remodeling or construction.

6. 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.

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. 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.

General License Bond

State of Minnesota
County of Hennepin

Know All Men By These Presents, That _____, (as principal,) and _____, a corporation organized and existing under the laws of the State of _____, as surety, are held and firmly bound unto the city of Minneapolis, a municipal corporation in the County of Hennepin and state of Minnesota, for the benefit and protection of any person for whom said principal shall do any _____ work in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made, we jointly and severally bind ourselves, our successors, heirs, executors and administrators, successors and assigns, firmly by these presents.

The conditions of the above obligation are such that, whereas the above named principal has duly applied for a license to engage in the occupation and business of _____ in the City of Minneapolis, Minnesota, during the license year ending the first day in December, A.D. 20____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

Now, Therefore, in case such license shall be issued to said above bounden principal, if he shall well and truly indemnify and save harmless any and all persons for whom he shall do _____ work from any and all loss or damage arising out of such licensee’s failure to comply with any such specifications pertaining to such work, to use non-inferior materials, to do competent work, to pay for labor and materials, and to fully and properly perform all contracts entered into for the performance of such work by such licensee, then this obligation to be null and void; otherwise to be and remain in full force and effect.

Provided, However, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one license period shall not exceed the above stated penal sum.

It is Further Provided, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred, or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

In Witness Whereof, we have hereunto set our hands and seals this _____ day of _____, A.D. 20_____.

Signed, Sealed, and Delivered in the Presence of:

| | |
|-----------------|--------------|
| _____ | _____ (Seal) |
| _____ | _____ (Seal) |
| As to Principal | Principal |
| _____ | _____ (Seal) |
| _____ | _____ (Seal) |
| As to Surety | Surety |

Acknowledgement of Principal (Individual)

State of Minnesota }
County of Hennepin } SS

On this _____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

Signature of Notary _____

Notary _____ County _____ State

My Commission expires _____

Acknowledgement of Principal (Partnership)

State of Minnesota }
County of Hennepin } SS

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

Signature of Notary _____

Notary _____ County _____ State

My Commission expires _____

Acknowledgement of Principal (Partnership)

State of Minnesota }
County of Hennepin } SS

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

Signature of Notary _____

Notary _____ County _____ State

My Commission expires _____

Attach Acknowledgement of Surety