Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: Oct 1
AP: BLEnter/PoolTB
MCO: 267
Adm Issuance: Yes

License Application: Pool and Billiard Halls

Definition: A business or room for the playing of pool or billiards. A fee may or may not be charged to play. Pool or billiard halls or rooms must be 500 feet from any public school, college, or university.

An All Night Special Bowling, Pool and Billiards License is required your business is open 24 hours per day. Coin operated or mechanical pool tables require an Amusement Mechanical Device license.

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. ☐ Business Plan (Form #1)
4. How many pool tables do you have? _____
5. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can find out online if a SAC is due for your address. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
   - ☐ Attach your SAC Determination letter.

2. Additional licenses

Would you like to apply for another license?

1. Check all that apply and attach the documents listed.
2. You do not need to complete any additional applications.
   You will be charged a fee for each additional license. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

☐ **Amusement Place Of:**

☐ Class A:	Any business, not licensed for on-sale alcohol, with seven or more amusement mechanical devices
☐ Class B-1:	Any restaurant, with an on-sale alcohol license, with six or fewer amusement mechanical devices
☐ Class B-2:	Any restaurant, with an on-sale alcohol license, with seven or more amusement mechanical devices or Any business which is not a restaurant, with on-sale alcohol license, with one or more amusement mechanical devices
☐ Class C:	Any business, not licensed for on-sale alcohol, with three to six amusement mechanical devices
☐ No license required	Any business, not licensed for on-sale alcohol, with two or fewer amusement mechanical devices or Any business, with an on-sale alcohol license, that does not allow individuals under the age of 18 unless they are with a parent or guardian.

☐ **Amusement Mechanical Device:** Mechanical, electronic and video games for customers to play with a coin or token. *Every machine must have a decal*. Amusement Mechanical Devices are prohibited in grocery stores. Examples include: baseball, basketball, hockey and similar games; bowling machines; card games; electric rifle, target or gun ranges; miniature pool tables; non-commercial recording machines; photo machines; pinball machines; shuffleboards.

☐ Attach a list of machines. Include the following:

- Number of machines
- Type of machines
- Location of machines
- Address of buildings

This list needs to be updated any time machines are added or relocated. Contact your License Inspector.

☐ A Background Check is required for the applicant; each owner and/or partner; and officers and managers of the corporation.

☐ Attach a Data Privacy Advisory for the applicant, manager, and all owners and partners. 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 related to the operation of this type of business.

3. Applicant information

Legal Company Name	**Business Name/DBA**		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ 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: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed Opening Date:**		

4. Business information

License(s) Requested:

- ☐ **Starting a new business in a new building. (New Business)**
- ☐ **Starting a new business in an existing building. (New Business) Name of Previous Tenant:** _____
- ☐ **Changing Equipment.**
- ☐ **Adding a new license to an existing business. (New License)**
- ☐ **Taking over an existing business. (New Owner) Name of existing business:** _____
- ☐ **Remodeling Only.**

5. 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 %	

6. 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? ☐ Yes ☐ No	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

7. 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.**

8. 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 _____

9. 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.**

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Business Plan Requirements

The Minneapolis Code of Ordinances, Chapter 259.30, requires applicants to describe in detail your business operations. Attach a typed report that includes all the following items. You may attach extra documents to your report. Answer every question that is relevant.

1. **Safety**
   ☐ Attach your Safety Plan to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.

2. **Noise**
   ☐ Attach your Sound Management Plan which details how you will manage sound from your business. A Sound Plan is not required for Off Sale Alcohol businesses.

3. **Litter Removal**
   ☐ You are required to clean litter within a 100 foot radius from your business. Describe your plans for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather months.

4. **Entertainment**
   ☐ Describe the following:
   - type of entertainment at your business
   - days and hours of the entertainment and
   - age group which the entertainment is directed

Acknowledgement and Agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

☐ The attached business plan is a true and correct; and
☐ Any material change in the business plan must be submitted to an approved by the Business Licenses Division before implementation; and
☐ Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.
☐ I have read and agree to the Terms and Conditions for electronic signatures.

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

Signature of Applicant: _____ Title: _____ Date: _____