

License Application: Shooting Gallery

Definition: Any public place for shooting guns at a target for which a fee is charged. A license is not required for shooting ranges operated only for the military, police or a school.

Owners and partners must be residents of Hennepin County for at least one year and registered voters.

Gambling is not allowed.

A shooting gallery may not be located within 1,000 feet from the entrance of a school, church, hospital or any location which annoys any nearby resident.

No shooting gallery may operate between the hours of 1:00 a.m. and 9:00 a.m.

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. ☐ Attach a report with the following information.
 - List the type and caliber or ammunition. (arms)
 - Describe your plan for stopping and controlling bullets and other ammunition.

2. 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:		

3. Business information

License(s) Requested:	
☐ Starting a new business in a new building. (New Business)	☐ Adding a new license to an existing business. (New License)
☐ Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	☐ Taking over an existing business. (New Owner) Name of existing business: _____
☐ Changing Equipment.	☐ 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? ☐ Yes ☐ 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.