

Personal Information Form – Short-Term Rental Hosting Platforms

This form must be completed by each of the following with a copy of driver's license or government issued photo ID attached.

- ☐ Applicant
- ☐ Authorized Agent/Contact Person
- ☐ Owners, Partners, Directors, Officers, and Shareholders who own 25% or more of corporate stock; or the three members who own the highest percentage of interest in the company

I. Background Information								
Legal Corporate Name of Business	Trade Name of Business (DBA)							
Business Address	City	State	Zip Code					
Your Name (First, Middle, Last)	Your Business Phone Number	Your Cell Phone Number						
Residential Street Address	City	State	Zip Code					
Individual Tax Identification Number (ITIN) or Social Security Number (SSN) (Required)	Title		Date of Birth					
	Business Email Address		% of ownership					
First, middle, or last names you have ever used or been known by:								
II. License History								
Have you held a City of Minneapolis Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Type of License</td> <td style="width: 20%; border: none; text-align: center;">From</td> <td style="width: 20%; border: none; text-align: center;">To</td> </tr> </table>				Type of License	From	To		
Type of License	From	To						
Have you ever had a business license denied or revoked by Minneapolis or any other government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.								
Have you ever been convicted of any ordinance violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses. This includes state, local, and federal offenses. Do not include parking violations. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Offense</td> <td style="width: 25%; border: none; text-align: center;">Fine/Penalty</td> <td style="width: 25%; border: none; text-align: center;">City</td> <td style="width: 25%; border: none; text-align: center;">State</td> <td style="width: 20%; border: none; text-align: center;">Date</td> </tr> </table>				Offense	Fine/Penalty	City	State	Date
Offense	Fine/Penalty	City	State	Date				

III. Data Privacy Advisory

The Minnesota Data Practices Act requires us to tell you the following information. As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the public. This Authorization for Release of Information will expire two years from the date you signed it.

IV. 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. After we approve your license, all information is public (MN Statutes, Chapter 13).

A signature is required.

- ☐ I have read and understand the above Data Privacy Advisory.
- ☐ 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 _____