License Application: Sidewalk Café

Definition: A restaurant serving customers seated at tables on the city sidewalk. A public hearing may be required before you can operate, your License Inspector will schedule this. If you serve alcohol, you also need to complete an Expansion of Premises application if adding a Sidewalk Café.

Once the license is approved and issued, you must notify your License Inspector if you want to make any changes to the Sidewalk Café.

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. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a fee, plus a new license processing charge, for this application. You can pay by ☐ **Cash:** Do not mail cash, must 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*. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. ☐ Attach a detailed 8 ½" x 11" scaled sidewalk café diagram that conforms to the Sidewalk Café Standards.
4. Certificate of Liability Insurance (Sample form #1) ☐ Attach a copy. This must be furnished by your insurance agent. You are required to have general liability that includes premises, operations, and products insurance with the following coverages: ☐ $50,000 per occurrence and $300,000 aggregate for personal injury or death. ☐ $10,000 per occurrence for property damage. ☐ The City of Minneapolis shall be named as an additional insured. ☐ The certificate must state "includes sidewalk café".
5. You need to send a letter notifying your City Council Member, Neighborhood Organization, and Business Association(s). Tell them your business name, address, and type of license, your name, email address and telephone number. Describe your sidewalk café including the number of tables and seats. ☐ Attach a copy of your letter.
6. **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. ☐ Attach a copy of your SAC Determination Letter

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	☐Owner ☐Officer ☐Partner ☐Manager ☐ _____		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Business Telephone Number	Cell Phone Number	
Minnesota Sales Tax ID Number *(Required)*	**Social Security Number or Individual Tax ID(ITIN)** *(Required)*		
Type of Ownership: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Non-Profit			

3. Business information

☐ Adding Sidewalk Cafe to an existing business, License Number_____
☐ Adding Sidewalk Café to a new license

4. Company operations

Gross Square Footage of Sidewalk Cafe: _____ Maximum Capacity: _____	Sidewalk Café, number of: Chairs _____ Tables _____
Days and Hours of Sidewalk Café:	
Give us a brief description of your business.	
Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	Name of Contractor or Building Manager
Does this include adding/changing equipment that requires a gas or plumbing connection? ☐Yes ☐No	
Explain the scope of the remodeling or construction.	

6. 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 given 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 _____

7. 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.**

For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at 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.**

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

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.

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

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.

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 INSR	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

City of Minneapolis as certificate holder and additional insured

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: 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

Original signature or stamp of agent.

Applications will be returned if requirements are not complete.