

License Application: Valet Parking

Definition: A business where a customer's vehicle is removed from a space on the public street to a private parking area then returned when the customer is ready.

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 and 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. **Certificate of Liability Insurance (Form #1)**
 Attach a copy. This must be furnished by your insurance agent. You are required to have \$100,000 per occurrence and \$300,000 aggregate for personal injury or death. \$10,000 per occurrence for property damage.
4. **Attach contracts** for the businesses you will provide valet parking services.
5. **Attach a copy of the Valet Loading Zone Authorization** issued by the Minneapolis City Council which identifies who will provide the provider of the parking spaces.
6. **Submit proof of Availability of Off-Street Parking Spaces** – Attach a written authorization or contract from the provider of the parking spaces.

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	
<u>Minnesota Sales Tax ID Number</u> <i>Required</i>	<u>Social Security Number Required</u>		
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. 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 %	

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.

4. 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.

5. 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 _____

6. 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.

City of Minneapolis
Requirements for Insurance Certificates
Certificate of Liability Insurance

#1

**Certificate cannot be pending,
binder or TBA.**

The Legal/Corporate Name
must match exactly
(word for word) to the
Approved Licensee Name
(including Inc. or LLC),
Trade Name (DBA),
and address of premises.

**Original signature or stamp of
agent**

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

**DESCRIPTION OF OPERATIONS/LOCATION
ADDITIONAL INSURED: INSURER LETTER**

**ADDITIONAL INSURED;
CERTIFICATE HOLDER**

CERTIFICATE OF
City of Minneapolis

City of Minneapolis Licenses and Consumer Services

Licenses and Consumer Services
505 Fourth Ave. S., Room 220

505 Fourth Ave. S., P.
Minneapolis, Minn. 55455

Minneapolis, MN 55415

AUTHORIZED REPRESENTATIVE

Last updated 4/1/23

Applications will be returned if requirements are not complete.

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