



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Expiration: April 1
License Code: 31
Rev Code: 311002
<u>MCO</u> : 231
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Swimming Pool – Public

DEFINITION: Any structure, basin, chamber, or tank constructed or designed to contain an artificial body of water for swimming, diving, relaxation or recreational bathing, and having a depth of two (2) feet or more at any point, and a surface area exceeding one hundred fifty (150) square feet, available for public use, whether or not a fee is charged. This includes hotels, health clubs, apartments and other pools available for use by the public. This license applies to hot tubs and whirlpools. Every location requires an application and certificate.

Staff Initials	Application Checklist Submit completed items below to: Minneapolis Development Review 250 South 4 th Street Room 300 Public Service Center Minneapolis, MN 55415
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- | | |
|--|--|
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Zoning Addendum (Form #2) |
| | <input type="checkbox"/> 3. Health Addendum (Form #3) Floor plans may be required.
<input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> _____ |
| | <input type="checkbox"/> 4. \$ _____ Service Availability Charge (SAC) - A fee may be imposed by Metropolitan Council Environmental Services for new connections or increased volume discharged to the metropolitan wastewater system. This fee must be paid at the Minneapolis Development Review Office before you license will be issued.
<input type="checkbox"/> SAC Determination Letter – attach copy. |
| | <input type="checkbox"/> 5. Fee: _____ New License Surcharge: _____ |

This Section To Be Completed by Minneapolis Development Review Coordinator	
DC: _____	Temporary License Application Number: _____
<input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Mechanical Permit <input type="checkbox"/> Building Permit <input type="checkbox"/> SAC <input type="checkbox"/> Sidewalk Inspection <input type="checkbox"/> PDR Review <input type="checkbox"/> _____	
SAC Determination Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Sent to EHFS _____	PCAB # _____
EHFS Staff Initials _____	EM Staff Initials _____
Date Sent to EM _____	Date Returned to MDR _____

Additional Information

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

Information in Other Languages

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type of License
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non-Profit
Date of Incorporation
State of Incorporation

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
 If Yes, indicate date of denial/revocation, government agency, 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:

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.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Minneapolis Development Review Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Planning Department and/or City Planning Commission is required before an official license will be approved by the Minneapolis City Council.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

- 1. Name of Business: _____
- 2. Proposed Business Address: _____

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

- 3. Zoning district: _____ Proposed land use(s): _____
- 4. Are there any existing land use approvals for this address which affect this license application? YES NO

If Yes, provide a brief description of any land use history relevant to the proposed licensure. _____

- 5. Comments: _____

- 6. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

- 7. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

- 8. Comments: _____

CPED Planning Staff Signature: _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.



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HEALTH ADDENDUM

PART 1 - TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business, Address, Proposed Date of Opening, Number of Customer Seats, Gross Square Footage, Square Footage of the Seating Area. As the Licensee, I am: Starting a new business in a new building (New business), Starting a new business in an existing building (New business), Taking over an existing business (New owner) Name of existing business, Remodeling only

2. TYPE OF LICENSE - See Definitions

Caterer, Community Kitchen, Confectionary, Food Cart, Food Distributor, Food Manufacturer, Grocery, Institutional Food, Meat Market, Milk Delivery Vehicle, Milk and Grocery Delivery Vehicle, Milk Distributor, Mobile Food Unit, Public Market: Market Distributor, Market Manufacturer, Restaurant, Vending, Off-Sale Liquor/Malt Liquor/Beer, On-Sale Liquor/Wine/Beer, Type of Liquor License, Restaurant(full service food), Club (limited food), Sunday Sales, Outdoor Area, Hotel/Motel, Sunbanning, Tattooing/Piercing Establishment, Laundry/Dry Cleaning, Swimming Pools

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager, Attach a copy of current MN Dept of Health certificate.

4. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No, What type of work will you be doing? General Building, Plumbing, Mechanical, Electrical, Other(Explain), Have plans been submitted to: Minneapolis Development Review Yes No, Environmental Health Plan Review Yes No, Have you obtained the necessary permits? Yes No, All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order. Signature of Applicant, Date

PART II - TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No, Are there outstanding upgrades or compliance issues? Yes (Explain) No, See attached report.

Yes. I recommend to License Department to proceed. No. This application is not recommended to License Department to proceed. Reason for Hold:

Signature of EH Official, Printed Name, Date