

## **City of Minneapolis**

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

# **License Application Guidelines and Checklist**

For Office Use Only
DBA:
Expiration: April 1
License Code: 30
Rev Code: 311009
MCO: 188
Adm Issuance: YES
LICENSE ID #
CSR:

	License Type: Vending Machines		
DEFINITION: A self service device offered for public use which, upon the insertion of a coin, bill or token dispenses a serving of food or beverage. Bottled and canned soda machines are exempt.			
Staff Initials	Application Checklist Submit to Minneapolis Development Review 250 South 4 <sup>th</sup> Street - Room 300 Public Service Center Minneapolis, MN 55415 – Free Parking		
	1. License Application (Form #1)		
	□ 2. Health Addendum (Form #2)         □ New Construction       □ Remodeling       □ Equipment Replacement       □		
	3. Attach a List of Vending Machines (Form #3)		
	4. Fee: plus New License Surcharge:		
Date Sent EH Staff	This Section To Be Completed by Minneapolis Development Review Coordinator  DC: Temporary License Number:  Plumbing Permit		
Additional Information			
a. b. c. d. e. f.	r License Application Incomplete applications will be returned. All applications must be signed by an owner, partner or principal. No license will be issued for a period longer than one year. Licenses are not transferable. Make a duplicate copy of this packet for your personal records before submitting.  Minnesota Sales Tax ID Number or 651-296-6181. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.		
	rmation 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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	11 1
FOR OFFICE USE O	NLY:
LICENSE ID #:	
LIC CLERK:	
FEE: \$	
DATE:	-

### LICENSE APPLICATION

1. BACKGRO	UND INFORMATION			
Type(s) of License	As the Applicant/Lice Starting a new bus Starting a new bus Taking over an exi	iness in a new bu iness in an existir sting business (N	ng building (New bu	
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number	Name of existing business  Adding a new license to an existing business  Remodeling only			
Legal Corporate Name of Business	Trade Name (DBA)		<b>Business Telepho</b>	ne Number
<b>Business Address/Location</b>	City		State	Zip Code
Mailing Address (if Different than Business Address)	City		State	Zip Code
Name of Person Filling out this Application	Title		Telephone Numb	er
E-mail Address	Fax Number		Cell Phone Numb	er
Name of Manager and Home Address			Date of Birth	
Type of Ownership:  Sole Proprietor  Corporation LLC Partnership Non-Profit	Date of Incorporation	1	State of Incorpora	ation
Is this business publicly traded?				
2. LIST ALL OWNERS, PARTNERS AND CORP	ORATE MEMBERS (A			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb	er
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	er
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb	er
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	er
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 specific	<del></del>			

3. BUSINESS INFORMATION			
Square Footage for Business Use		Hours of Operation	
Describe in detail the principal produc	ts, types of entertainme	nt or services rendered.	
List any licenses currently or previously	ly held in Minneapolis (	Business or Individual).	
Have you ever had a husiness license d	enied or revoked by Mi	nneapolis or another government entity?	Ves No
If Yes, indicate date of denial/revocation			10
if res, marente ante or demarre vocation	, go vernment ugeney,	reason for definition revocations	
Are you planning or have you complete	ed any construction	Name of Contractor or Building Manag	ger
or remodeling?  Yes No			
Explain the scope of the remodeling or	construction:		
Workers' Compensation Company		Policy Number	Dates of Coverage
workers compensation company		1 oney Tumber	Dates of Coverage
		Or	
I certify that I am not required to carr		on insurance because:   I am self insur	ed. 🗌 I am the sole
		who are covered by workers' compensation	
		rkers' compensation law. These include	spouse, parents, and children
regardless of age. All other workers wh			
		VEHICLES	
Will there be vehicles used in the busin		Attach additional sheets if necessary)	
Year/Make/Model	Vehicle Company	VIN Number	License Plate Number
	ID Number		(State)
	5. VE	RIFICATION	
The data you furnish on this applicatio	on will be used by the Ci	ity of Minneapolis to assess your qualific	ations for licensure.
Disclosure of this information is volunt	tary. You are not legall	y required to provide this data; however	, if you fail to do so, the City
		closure of your Social Security number, l	
		270C.72 and your Social Security number	
		ibmission of this application, all informa	tion except your Social
Security Number will be public inform	ation pursuant to Minn	esota Statutes, Chapter 13.	
A SIGNAT	TURE IS REQUIRED IN (	ORDER TO PROCESS THIS APPLICATION	N
I (add a see )		**************************************	and an Abrilian College College
		ify or declare under penalty of perjury u	
winnesota that the foregoing is true an	iu correct. Ali informat	tion given is subject to verification by the	e State of Minnesota.
SIGNATURE OF APPLICANT		TITLE	DATE



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### **HEALTH ADDENDUM**

PART 1 – TO BE FILL	PART 1 – TO BE FILLED OUT BY APPLICANT		
1. BACKGROUND INFORMATION			
Name of Business	Address		
Proposed Date of Opening	Number of Customer Seats	□ N/A	
Gross Square Footage	Net Square Footage of the Retail Area	□ N/A	
License(s) Requested:			
As the Licensee, I am:  Starting a new business in a new buildi			
	ouilding. Name of previous tenant		
	owner) Name of existing business		
Remodeling.			
Equipment changes. Provide equipmen			
Adding new license to an existing busin			
	CHECK ALL THAT APPLY	1.	
Canning and pickling	Raw and undercooked proteins (eggs, meats, po	ultry,	
Curing and smoking using nitrates or nitrites (pink salt)	fish, and seafood)		
☐ Juice pressing or bottling	☐ Vacuum packaging		
Provide additional documentation and/or descriptions for any box of			
3. CERTIFIED	FOOD MANAGER		
Name of Certified Food Manager	Attach a copy of current MN Dept of He	alth certificate.	
	BUTION AND TRANSPORTATION		
If your business caters, distributes, or transports food from one loca		on in writing:	
Name and location of commissary kitchen	How food will be protected during transport	on in wining.	
Who and where food is distributed	Who and where food is distributed/transported t	0	
	<u> </u>		
Description and method of distribution (hot vs cold)	List and spec sheets of equipment for storing an	a transporting	
Description and method of transportation	foods (must be NSF or equivalent)		
	ION/REMODELING		
Is there any construction/remodeling in progress?   Yes   No			
What type of work will you be doing? General Building Pl	umbing Mechanical Electrical Other(E	(xplain)	
Have plans been submitted to: Minneapolis Development Review	Vos No Environmental Health Dlen Pavious	Voc DNo	
	Tes	res 🗀 NO	
Have you obtained the necessary permits? ☐Yes ☐No			
Signature of Applicant	Date		
	ENTAL HEALTH CODE COMPLIANCE OFFIC	ER	
Is a Plan Review required? Yes No			
Are there outstanding upgrades or compliance issues? Yes (Exp	olain) No See attached report.		
Final Inspection Required: Yes No			
Yes. I recommend to License Department to proceed.			
No. This application is not recommended to License Departme	nt to proceed. Reason for Hold:		
RISK LEVEL: 1 2 3			
C' ( CEII OFF' ! 1	D. C. IN		
Signature of EH Official	_Printed Name:Date	<b>:</b>	

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www.ci.minneapolis.mn.us/licensing

## **Vending Machine List**

License Holder (DBA):

Number of Machines	Type of Food/Items in Machines	Address	Name of Business