

License Application Guidelines and Checklist

License Type: Flower Cart Vendor	
<p>DEFINITION: Individuals who sell fresh cut flowers on the public sidewalks or public right-of-way of Nicollet Mall from a non-motorized pushcart. Carts may not use lights or noisemakers such as bells, horns or whistles unless they are battery operated lights with protective shielding for the purpose of illuminating merchandise are allowed. Flower carts may not be operational between 11 p.m. and 7 a.m. on any day.</p> <p>Each individual operating a cart must file a separate application for each separate flower cart.</p> <p>Vendors may sell fresh cut flowers from private property without a license if they have written permission from the private property owner.</p>	
Staff Initials	<p style="text-align: center;">Application Checklist</p> <p style="text-align: center;">Submit items below to: Minneapolis Development Review, 250 South 4th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking</p>
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Certificate of Liability Insurance (Sample Form #2) a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$10,000 per occurrence for property damage.
	<input type="checkbox"/> 3. Diagram: Attach cart plans and specifications drawn to scale.
	<input type="checkbox"/> 4. Location: Attach a list of the location(s) you intend to use for sales.
	<input type="checkbox"/> 5. _____ Fee plus new license surcharge

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the owner.
- 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.

2. Hours of Operation – 1 City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

3. Information in Other Languages: Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.

Business License Application

I. APPLICANT INFORMATION			
Legal Company Name		Business Name/DBA	
Business Address		City	State Zip Code
E-mail Address		Cell Phone Number	Business Telephone Number
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	
Mailing Address (if Different than Business Address)		City	State Zip Code
<u>Minnesota Sales Tax ID Number</u> , Social Security Number, or Individual Tax ID Number			
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	
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/Licensee, I am			
<input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business)		<input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Taking over an existing business (New Owner)	
Name of Previous Tenant _____		Name of existing business _____	
<input type="checkbox"/> Equipment Changes. Provide equipment info and photos.		<input type="checkbox"/> Remodeling Only	
3. Entertainment: Check all categories of entertainment you are planning to provide on your premises.			
<input type="checkbox"/> No entertainment. <input type="checkbox"/> Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below. <input type="checkbox"/> General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below. <input type="checkbox"/> Adult Entertainment: Persons who are unclothed or in in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.			
4. Company Operations			
Gross Square Footage for Business Use		Hours of Operation	
5. Describe in detail the principal products and/or services rendered.			

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

7. Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

8. 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.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title	Ownership %
Home Address	City	State	Zip
Full Name: Last, First, Middle	Telephone	Title	Ownership %
Home Address	City	State	Zip
Full Name: Last, First, Middle	Telephone	Title	Ownership %
Home Address	City	State	Zip

Have any of the people listed above been convicted of a crime? YES NO
If Yes, please provide or attach specific information about dates and conviction.

IV. VEHICLES

Will there be vehicles used in the business? YES NO

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

V. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----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.

VIII. 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 Minnesota Tax ID Number, Social Security 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. After issuance of a license, all information contained in this application, 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. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

City of Minneapolis Requirements for Insurance Certificates

#4

CERTIFICATE OF LIABILITY INSURANCE

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.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY † COMMERCIAL GENERAL LIABILITY † CLAIMS MADE † OCCUR † _____ † _____ GEN'L AGGREGATE LIMIT APPLIES PER: † POLICY † PROJECT † LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMPOP AGG \$
	AUTOMOBILE LIABILITY † ANY AUTO † ALL OWNED AUTOS † SCHEDULED AUTOS † HIRED AUTOS † NON - OWNED AUTOS † _____ † _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY † ANY AUTO † _____				AUTO ONLY - (Ea Accident) \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY † OCCUR † CLAIMS MADE † DEDUCTIBLE † RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

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

ADDITIONAL INSURED: INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.