



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Renewal: April 1
License Code: 294
Rev Code: 311008
MCO : 307
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Valet Parking

DEFINITION: A business where a patron’s vehicle is removed from a space on the public street to a private parking area for storage and subsequent retrieval upon the patron’s request.

Staff Initials	Application Checklist
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- | | |
|--|--|
| | <input type="checkbox"/> 1. License Application (Form #1) Submit a complete application (items 1 – 6) to:
<div style="text-align: center; font-size: small;"> Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316 </div> |
| | <input type="checkbox"/> 2. Certificate of Liability Insurance (Sample Form #2) <ul style="list-style-type: none"> a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have a public liability policy insuring against any and all liability incurred in the use or operation of vehicles in the course of providing valet parking services. <ul style="list-style-type: none"> <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. Attach contract(s) for the business(es) where you will provide valet parking services. |
| | <input type="checkbox"/> 4. A copy of the Valet Loading Zone Authorization issued by the Minneapolis City Council which specifies the authorized location, days and hours of operations. |
| | <input type="checkbox"/> 5. Submit proof of Availability of Off-Street Parking Spaces - Attach a written authorization or contract from the provider of the parking spaces. |
| | <input type="checkbox"/> 6. Fee: _____ New License Surcharge: _____ |

Additional Information

1. 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.

2. Information in Other Languages

Call 612-673-3737. 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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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

VALET PARKING LICENSE APPLICATION

1. BACKGROUND INFORMATION

Applicant (First Name, Middle Name, Last Name) Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business Trade Name (DBA)
Business Address Business Telephone Number
Mailing Address (if different than Business Address)
E-mail Address Fax Number Cell Phone Number
Type of Ownership: Corporation LLC Sole Proprietor Partnership 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

Have any of the above people been convicted of a crime? YES NO

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

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

3. WORKERS COMPENSATION INSURANCE

Workers' Compensation Company Policy Number Dates of Coverage

I certify that I am not required to carry worker's 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. LIST ALL ESTABLISHMENTS WHERE VALET PARKING IS PROVIDED.
PROVIDE A COPY OF THE CONTRACT OR AGREEMENT TO OPERATE VALET PARKING AT EACH LOCATION.**

Attach additional sheets if necessary.

1.Name of Business	Business Location	Telephone
Name of Manager or Owner		Telephone
Property Owner	Address	Telephone
Days / Hours of Operation: M	Tu	W Th F Sa Su
Vehicles are Parked at:		Owner of Parking Lot
From what Place will Valet Parking be Operated?		Where will Patron Keys be Stored?
2.Name of Business	Business Location	Telephone
Name of Manager or Owner		Telephone
Property Owner	Address	Telephone
Days / Hours of Operation: M	Tu	W Th F Sa Su
Vehicles are Parked at:		Owner of Parking Lot
From what Place will Valet Parking be Operated?		Where will Patron Keys be Stored?
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Name of Manager or Owner		Telephone
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Days / Hours of Operation: M	Tu	W Th F Sa Su
Vehicles are Parked at:		Owner of Parking Lot
From what Place will Valet Parking be Operated?		Where will Patron Keys be Stored?

5. VERIFICATON

The data which 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. 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, (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 _____

DATE _____

PRINT NAME _____

TITLE _____

City of Minneapolis Requirements for Insurance Certificates

#2

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. _____ INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
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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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ COM- \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				XWC 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.