Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: April 1
Rev Code: 311009
MCO: 188
Adm Issuance: Yes

License Application

Guidelines and Checklist

License Type: Drive-In Restaurant	
DEFINITION: A food facility that sells food to customers in automobiles from a window. **Drive-In (L160):** A full service food facility providing frozen, confectionary, and/or hot foods. **Drive-In, Restricted (L103):** A limited service food facility selling popcorn and/or ice cream. No hot food service.	
Staff Initials	**Application Checklist** **Submit items below to: Minneapolis Development Review,** 250 South 4th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking
	☐ **1. License Application (Form #1)**
	☐ **2. Zoning Addendum (Form #2)**
	☐ **3. Health Addendum (Form #3)** ☐ New Construction ☐ Remodeling ☐ Equipment Replacement ☐ _____
	☐ **4. SAC Determination Letter** – attach copy.
	☐ **5. Food Plan Review Fee**: _____ ☐ Not required for Drive-in, Restricted
	☐ **6.** _____ Fee plus new license surcharge

This Section To Be Completed by Minneapolis Development Review Coordinator

DC:_____ Temporary Application Number:_____

☐ Plumbing Permit ☐ Mechanical Permit ☐ Building Permit ☐ SAC ☐ Sidewalk Inspection ☐ PDR Review ☐ _____

SAC Determination Letter Required: ☐ Yes ☐ No

Date Sent to EH _____	PCAB # _____
EH Staff Initials _____	EM Staff Initials _____
Date Sent to EM	Date Returned to MDR _____

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. Vending Machines - This license permits two (2) free vending machines located on the premises if they are owned and maintained by the licensee. Additional machines require a vending machine license.

3. Fire Department and Building Department Approval - Approval of the Fire Department and the Building Department is required before a license will be granted. This will be requested by a License Inspector.

4. Pollution Control Annual Billing/PCAB - A PCAB Number is required before a license will be granted. This will be requested by a License Inspector. PCAB# _____.

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

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

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For Office Use Only
License # L
CSR:
Fee: $
Date:

License Application

1. BACKGROUND INFORMATION

Name of Person filling out this application (Last, First, Middle)	As an Applicant/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: _____ ☐ Adding a new license to an existing business (New License) ☐ Remodeling Only		
MN Sales Tax ID, Social Security, or Individual Tax ID Number			
Legal/Corporate Name of Business	Trade Name(DBA)	Business Telephone	
Business Address	City	State	Zip Code
Mailing Address (If different than Business Address)	City	State	Zip Code
Name of Person Filling out the Application	Title	Telephone Number	
E-mail Address (Required)	Fax Number	Cell Phone Number	
Type of Ownership: ☐Corporation ☐LLC ☐Sole Proprietor ☐Partnership ☐Non Profit	State of Incorporation	Date of Incorporation	
Is this business publicly traded? ☐Yes ☐No			

2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)

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

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.

3. COMPANY OPERATIONS

Square Footage for Business Use	Hours of Operation

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

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 Minneapolis or another government entity? ☐ **YES** ☐ **NO**
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and 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.

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. VEHICLES

Will there be vehicles used in the business? ☐ **YES** ☐ **NO**

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

6. 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 _____

Minneapolis
Community Planning and Economic Development

City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
Telephone 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 **Development Review Customer Service 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 Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

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

1. Legal Corporate Name of Business_____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
   - ☐ **No entertainment.**
   - ☐ **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.
   - ☐ **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.
   - ☐ **Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

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

5. Zoning district:_____ Proposed land use(s):_____
6. 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.

   _____

   _____

   _____
7. Comments: _____

   _____

   _____
8. Is an inspection by Zoning Enforcement Staff required? ☐YES ☐NO

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

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

   _____

   _____
10. 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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#3

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 ☐ 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 building. (New business)
- ☐ Starting a new business in an existing building. Name of previous tenant _____
- ☐ Taking over an existing business. (New owner) Name of existing business _____
- ☐ Remodeling.
- ☐ Equipment changes. Provide equipment information and photos.
- ☐ Adding new license to an existing business.

2. FOOD PROCESSES – CHECK ALL THAT APPLY

- ☐ Canning and pickling
- ☐ Curing and smoking using nitrates or nitrites (pink salt)
- ☐ Juice pressing or bottling
- ☐ Raw and undercooked proteins (eggs, meats, poultry, fish, seafood)
- ☐ Vacuum packaging

Provide additional documentation and/or descriptions for any box checked.

3. CERTIFIED FOOD MANAGER

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

4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION

If your business caters, distributes, or transports food from one location to another, please provide the following information in

- ☐ Name and location of commissary kitchen
- ☐ Who and where food is distributed
- ☐ Description and method of distribution (hot vs cold)
- ☐ Description and method of transportation
- ☐ How food will be protected during transport
- ☐ Who and where food is distributed/transported to
- ☐ List and spec sheets of equipment for storing and transporting foods (must be **NSF** or equivalent)

5. 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

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.

Final Inspection Required: ☐ Yes ☐ No

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

RISK LEVEL: ☐1 ☐2 ☐3

Signature of EH Official _____**Printed Name:** _____**Date:**_____