

al 612-673-2700.

#### 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**

License Type: Bulk Oil and Gas Storage			
<b>DEFINITION</b> : A business engaged in the dispensing, handling or sale of gasoline, fuel oil or other flammable liquids in bulk quantities of thirty (30) gallons or more.			
Staff Initials	Application Checklist Submit completed items below to:  Minneapolis Development Review 250 South 4 <sup>th</sup> Street Room 300 Public Service Center Minneapolis, MN 55415		
	1. License Application (Form #1)		
	2. Zoning Addendum (Form #2)		
	3. Fee: plus New License Surcharge:		
a. Inco b. All a c. No l d. Lice e. Mak f. Mini	e Application complete applications will be returned. complete applications must be signed by an owner, partner or principal. complete applications must be signed by an owner, partner or principal. complete applications must be signed by an owner, partner or principal. complete applications must be signed by an owner, partner or principal. complete applications must be signed by an owner, partner or principal. complete applications must be signed by an owner, partner or principal. complete applications must be signed by an owner, partner or principal. complete applications will be returned. complete		
	ment Approval  l of the Fire Department is required before a license will be granted. This will be requested by a License Inspector.		
A PCAB PCAB# _	ntrol Annual Billing/PCAB number is required before a license will be granted. This will be requested by a License Inspector.  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



#### City of Minneapolis Licenses and Consumer Services 350 South 5<sup>th</sup> Street – Room 1C

350 South 5" Street – Room 1C
Minneapolis, MN 55415–1316
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www.minneapolismn.gov/business-licensing

11 1
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,	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)					
or Individual Tax ID Number	Name of existing business Remodeling only					
Legal Corporate Name of Business	Trade Name (DBA)		<b>Business Telephone Number</b>			
Business Address/Location	City		State	Zip Code		
Mailing Address (if Different than Business Address)	City		State	Zip Code		
Name of Person Filling out this Application	Title		Telephone Number			
E-mail Address	Fax Number		Cell Phone Number			
Name of Manager and Home Address			Date of Birth			
Type of Ownership: Corporation LLC Sole Proprietor Partnership Non-Profit	Date of Incorporation		State of Incorporation			
Is this business publicly traded?						
2. LIST ALL OWNERS, PARTNERS AND CORP						
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	s.					

	3. BUSINE	SS INFORMATION				
<b>Square Footage for Business Use</b>		Hours of Operation				
Describe in detail the principal produc	ts, types of entertainme	ent or services rendered.				
Describe in detail the principal produc	o, types of entertainment					
List any licenses currently or previousl	v held in Minneanolis (	(Rusiness or Individual)				
	-					
		inneapolis or another government entity?	P ∐ Yes ∐ No			
If Yes, indicate date of denial/revocation	on, government agency,	reason for denial or revocation.				
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	<b>Dates of Coverage</b>			
		Or				
proprietor and I have no employees. are specifically exempted by statute are	I have no employees ve not covered by the wo	on insurance because:  I am self insur- who are covered by workers' compensation orkers' compensation law. These includes	on law. Only employees who			
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			
2001/2/2020/	ID Number	12111000	(State)			
	5 VE	PRIFICATION				
5. VERIFICATION  The date was formicle on this amplication will be used by the City of Mirror will be assess your qualifications for licensum.						
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 4<sup>th</sup> St. Room 300 Minneapolis MN 55415-1316 612-673-3000 or 311 Fax 612-673-2526

### **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 <u>before</u> an official license will be approved by the Minneapolis City Council.

=======================================	THIS SECTION IS TO BE COMP	LETED BY THE APPLICANT ====	
1. Name of Business:			
2. Proposed Business Address	S:		
	= THIS SECTION IS TO BE COM	PLETED BY CITY PLANNER ====	
3. Zoning district:	Proposed land use(	s):	
4. Are there any existing land u	use approvals for this address whi	ich affect this license application?	□YES □NO
If Yes, provide a brief descripti	on of any land use history relevan	nt to the proposed licensure.	
5. Comments:			
, , ,	Enforcement Staff required?   THE SECTION IS TO BE COMPL		
		<u>ETED BY ZONING INSPECTOR</u> = ral? ☐YES ☐NO If No, List requ	
8. Comments:			
	re:		EXT
		LETED BY LICENSE INSPECTOR	_
		0 am to 10:00 pm; Fri - Sat, 6 0 am; Fri - Sat, 6:00 am - 2:0	·