



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

| |
|-----------------------|
| DBA: |
| Expiration: Sept 1 |
| License Code: 129-133 |
| Rev Code: 311008 |
| MCO: 349 |
| Adm Issuance: Yes |
| CSR: |
| Inspector: |

License Application Guidelines and Checklist

License Type: Motor Vehicle Towing/Service – Class A

DEFINITIONS: **Class A Motor Vehicle Service:** Private property towing at the request of a person who is not the owner or operator of the vehicle, and vehicle towing and car starting at the request of the owner or agent of the vehicle for hire. **Class B Motor Vehicle Service:** Towing and car starting at the request of the owner or agent of the vehicle for hire. **Class C Motor Vehicle Service:** Car starting for hire. **Class D Motor Vehicle Service:** Towing or car starting, without compensation, for private or individual purposes.

| Staff Initials | Application Checklist Submit completed items below to: Minneapolis Development Review 250 South 4 th Street , Room 300, Minneapolis, MN 55415 |
|----------------|---|
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Zoning Addendum (Form #2) |
| | <input type="checkbox"/> 3. Certificate of Liability Insurance (Sample Form #3) - This must be furnished by your Insurance Agent with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$25,000 per occurrence for property damage. |
| | <input type="checkbox"/> 4. \$10,000 Bond (Form #4) |
| | <input type="checkbox"/> 5. Attach the following from the applicant and each owner, partner, officer, shareholder & on-site manager. <input type="checkbox"/> Residential and employment history (Form #5 attached) <input type="checkbox"/> A copy of a driver's license or state identification card <input type="checkbox"/> Criminal history report <i>This report must be dated within 30 days of receipt of this application.</i> A criminal history report may be obtained from the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400 or www.cch.state.mn.us /New Criminal History Search. Anyone who is not a resident of MN must contact the state in which they reside to obtain a criminal history. <input type="checkbox"/> N/A – Criminal history reports are not required because company is publicly traded. |
| | <input type="checkbox"/> 6. Vehicle Drivers: Attach the following for each driver: <input type="checkbox"/> A list of the names and addresses of all drivers. <input type="checkbox"/> Application for Tow Driver Permit – (Form #6 Attached) <input type="checkbox"/> Copy of Minnesota Drivers License |
| | <input type="checkbox"/> 7. Attach the following: <input type="checkbox"/> A list of all contracted private property towing locations and the individuals authorized to sign tow orders. <input type="checkbox"/> A statement that an office on the premises of storage lot(s) will be maintained for the release of vehicles. Include the exact location of each lot. <input type="checkbox"/> The sites/addresses where towing vehicles will be parked when not in use. Residential parking is prohibited. Attach sheets if necessary. <input type="checkbox"/> DOT Inspection Form completed within the past 12 months for each vehicle. |
| | <input type="checkbox"/> 8. Service Charges/Fees: Attach a copy of all services and fees charged. |
| | <input type="checkbox"/> 9. Fee: _____ plus New License Surcharge: _____ |

Your 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 Identification 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.

Bond

- Information must be on the attached City of Minneapolis Bond Form. This is a continuous bond and valid until cancelled.
- The amount of the bond must be the same as the amount listed above.
- The name of the licensee and the principal on the bond must be the same.
- Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
- Bond must include an acknowledgement of surety and the agent's power of attorney.

Information 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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#1

| |
|----------------------|
| FOR OFFICE USE ONLY: |
| LICENSE ID #: |
| LIC CLERK: |
| FEE: \$ |
| DATE: |

LICENSE APPLICATION

| 1. BACKGROUND INFORMATION | | | |
|---|---|---------------------------|------------------|
| Type of License | As the 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"/> Taking over an existing business (New owner) Name of existing business _____ <input type="checkbox"/> Remodeling only | | |
| Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number | | | |
| Legal Corporate Name of Business | Trade Name (DBA) | Business Telephone Number | |
| 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: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit | Date of Incorporation | State of Incorporation | |
| Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide (or attach) dates and conviction specifics. | | | |

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

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

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.

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:

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.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

| Year/Make/Model | Vehicle Company ID Number | VIN Number | License Plate Number (State) |
|-----------------|---------------------------|------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

5. 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 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 4th 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 before an official license will be approved by the Minneapolis City Council.

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

1. Name of Business: _____
2. Proposed Business Address: _____

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

3. Zoning district: _____ Proposed land use(s): _____
4. 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. _____

5. Comments: _____
- _____
- _____

6. Is an inspection by Zoning Enforcement Staff required? YES NO

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

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

8. 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.

City of Minneapolis Requirements for Insurance Certificates

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. |
| INSURED | INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ |

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) \$ _____ PERSONAL & ADV \$ _____ _____ \$ _____ _____ \$ _____ CO _____ |
| | 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 \$ _____ \$ _____ \$ _____ \$ _____ |
| | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | | | NWC 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

| | |
|---|--|
| CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415 | AUTHORIZED REPRESENTATIVE _____ |
|---|--|

Original signature or stamp of Agent.

Applications will be returned if requirements are not complete.

City of Minneapolis, Minnesota
Department of Regulatory Services
Division of Licenses & Consumer Services

**STATE OF MINNESOTA
COUNTY OF HENNEPIN**

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City of Minneapolis, a municipal corporation in the County of Hennepin and State of Minnesota in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made to said City of Minneapolis or its assigns, we jointly and severally bind ourselves, or successors, heirs, executors and administrators, firmly by these presents.

The condition of this obligation are such that, whereas the above named principal, _____, has duly applied for a license to do business as a _____ in the City of Minneapolis, Minnesota during the license year ending the first day in _____, A.D. 20____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued, if said above bounden principal, _____, shall well and truly observe the ordinances of said City of Minneapolis in relation to _____ and conduct his business in conformity thereto and shall well and truly account for and deliver to any person legally entitled thereto any goods, wares or merchandise, article or things which may come into his hands through his business as such _____ or in lieu thereof shall well and truly pay in money to such person or persons the reasonable value thereof, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one of the license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, A.D. 20_____.

Signed, Sealed, and Delivered

in the Presents of:

| | |
|-----------------|--------------|
| _____ | _____ (SEAL) |
| _____ | _____ (SEAL) |
| As to Principal | Principal |
| _____ | _____ (SEAL) |
| _____ | _____ (SEAL) |
| As to Surety | Surety |

ACKNOWLEDGEMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss

On this _____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (PARTNERSHIP)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss

On this _____ day of _____, A.D. 20_____, before me appear _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (CORPORATION)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ATTACH ACKNOWLEDGEMENT OF SURETY

Residential And Employment History

Provide the following information for each Partner, Owner and Corporate Member

Check here if your company is publicly traded. You do not have to complete this form.

Attach additional sheets if necessary.

| | | | | |
|---|-------------------------|--------------|-----------------|--------------|
| Name | | | | |
| Ten (10) Year Residence History | | | | |
| Home Address | City | State | Zip Code | Dates |
| Home Address | City | State | Zip Code | Dates |
| Home Address | City | State | Zip Code | Dates |
| Ten (10) Year Employment History | | | | |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Name | | | | |
| Ten (10) Year Residence History | | | | |
| Home Address | City | State | Zip Code | Dates |
| Home Address | City | State | Zip Code | Dates |
| Home Address | City | State | Zip Code | Dates |
| Ten (10) Year Employment History | | | | |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Name | | | | |
| Ten (10) Year Residence History | | | | |
| Home Address | City | State | Zip Code | Dates |
| Home Address | City | State | Zip Code | Dates |
| Home Address | City | State | Zip Code | Dates |
| Ten (10) Year Employment History | | | | |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |
| Business Name | Type of Business | | Title | |
| Address | City | State | Zip Code | Dates |

_____ Room 22

City of Minneapolis
Licenses and Consumer Services
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Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

Date: _____
Permit #: _____
CSR: _____
Fee: _____

Towing Driver Permit Application - Class A Towing

False or incomplete information on this application is cause for denial or delay of this application.

BACKGROUND INFORMATION

| | | | |
|--|------------------------|---------------|----------|
| Name of Driver (Last, First, Middle Initial) | | Date of Birth | |
| Street Address | City | State | Zip Code |
| Cell Phone Number | Social Security Number | | |

Attach a copy of your Driver's License. This will be placed in your file.

Have you ever been convicted of any crime except driving violations? Yes No If yes, give details (date, conviction, disposition, etc.)
Give complete information. False or incomplete information is cause for denial of this application.

THIS SECTION TO BE COMPLETED BY SERVICE COMPANY

I verify that the provisions of Section 349.130 of the Minneapolis Code of Ordinances have been complied with and the statements made by the applicant in this application are true to the best of my knowledge and belief.

Printed Name _____ Name of Towing Company _____
Signature _____ Date _____

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, the Minnesota Department of Revenue, and/or the general public. 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. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

I have read and understand the above Data Practices Advisory. **Signature** _____

VERIFICATION

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 _____ Date _____

EXPIRATION: All permits expire on September 1st. If a driver's leaves employment with any licensed tow company, for any reason, your permit expires and you are required to return this permit to the Licenses Office.

-----For Office Use Only -----

Permit Fee: New Renewal Transfer DVS CH KIVA Approved Denied

Inspector: _____ Date _____