



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](http://www.minneapolismn.gov/business-licensing)

## License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: Sept 1
License Code: 57, 10
Rev Code: 311010
<b>MCO:</b> 319
Adm Issuance: Yes
LICENSE ID #
CSR:

### License Type: Parking Lots

#### DEFINITIONS:

**Parking Lot:** Any open air place with ten (10) or more parking spaces used for the parking or storing of motor vehicles.

**Commercial Parking Lot:** A parking lot that charges a fee for parking or storing motor vehicles.

**Free Parking Lot:** A parking lot for which no fee is charged for parking or storing motor vehicles and is operated for the benefit of persons who are employees, members, customers, patrons, clients, or visitors. A license is not required.

#### Licenses Available:

**Class A Parking Lot (L57):** A commercial parking lot that may charge customers by the hour, day, week, month, or for special events.

**Class B Parking Lot (L10):** A commercial parking lot that is limited to charging customers for parking on a month-to-month contractual basis only. No other type of fee can be charged.

**Class C Parking Lot – Temporary Events (L57):** A commercial parking lot, located in the geographical area near the TCF stadium, that may charge customers a fee for event parking for up to 24 days per year. Additional days may be approved for special events. Talk to your [License Inspector](#). No new license surcharge.

#### Application Checklist

Submit completed items below to: [Minneapolis Development Review](#) 250 South 4<sup>th</sup> Street, Room 300 Minneapolis, MN 55415

**1. License Application (Form #1)**

**2. Zoning Addendum (Form #2)**

**3. Certificate of Liability Insurance (Sample Form #3)** This must be furnished by your Insurance Agent. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages:  
 \$25,000 per occurrence and \$50,000 aggregate for personal injury or death.  
 \$5,000 per occurrence for property damage.

**4. Plot Plan** approved by the Department of Inspections – 300 Public Service Center

**5. How is this lot operated?**  Attendant  Pay Boxes  Other (Explain)

**6. Are customers required to leave their keys at the lot?**  YES  NO  
 If yes, do you have a suitable place within 150 feet distance from your lot where owners can pick up the keys to their vehicles when an attendant is not on duty?  YES  NO If you do not have a suitable place within 150 feet, specify the location of the nearest suitable place where vehicle owners can pick up their keys when an attendant is not on duty:

ACTUAL NUMBER OF VEHICLE PARKING SPACES	MONTHLY PARKING FEES	WEEKLY PARKING FEES	BI-WEEKLY PARKING FEES
DAILY PARKING FEES	HOURLY PARKING FEES	SPECIAL EVENT PARKING FEES	OTHER PARKING FEES

**7. Class C Temporary Event Parking Lots:** Attach a list of dates of operation, up to 24 days/year.

**8. Fee:** \_\_\_\_\_ [plus new license surcharge](#) for Class A or Class B only.

#### 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 and licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID 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.

**Parking and Transportation Services Approval** is required before a license will be granted. A License Inspector will request this.

**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.



City of Minneapolis
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350 South 5th Street - Room 1C
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Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

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

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Form section 1 containing fields for License Type, Applicant Information, Business Details, and Ownership Information.

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Table with 4 columns: Full Name, Date of Birth, % of Ownership, Telephone Number. Includes Home Address fields for each owner.

Have any of the above people been convicted of a crime? Yes 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 4<sup>th</sup> 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.

# City of Minneapolis Requirements for Insurance Certificates

**#3**

## 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.

<b>PRODUCER</b> 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.
<b>INSURED</b>	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
	<b>GENERAL LIABILITY</b> <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- \$ _____
	<b>AUTOMOBILE LIABILITY</b> <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) \$ _____
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				XWC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>OTHER</b>				

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.**