

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

License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: Nov 1
License Code: 75
Rev Code: 311008
MCO: 296
Adm Issuance: Yes
LICENSE ID #
CSR:

	CSR.		
License Type: Hospital			
DEFINITION: An institution that provides medical, surgical or psychiatric care and treatment for the sick or injured.			
Staff Initials	Application Checklist Submit completed items below to: Minneapolis Development Review 250 South 4 th Street Room 300 Public Service Center Minneapolis, MN 55415 Free Parking		
1. License Application (Form #1)			
	2. Zoning Addendum (Form #2) Floor plans and/or site plans may be required.		
	3. Health Addendum (Form #3) Floor plans may be required. New Construction Remodeling Equipment Replacement		
4. SAC Determination Letter – attach copy.			
	5. <u>Fee:</u> plus <u>New License Surcharge</u> :		
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			
EH Staff I	Date Sent to EH PCAB# EH Staff Initials EM Initials Date Sent to EM Date Returned to MDR		
Additional Information 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.
- g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

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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	11 1
FOR OFFICE USE O	NLY:
LICENSE ID #:	
LIC CLERK:	
FEE: \$	
DATE:	-

LICENSE APPLICATION

1. BACKGROUND INFORMATION				
Type(s) of License	As the 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)			
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number	Name of existing business Adding a new license to an existing business Remodeling only			
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 To		Telephone Number	
E-mail Address	Fax Number		Cell Phone Number	
Name of Manager and Home Address			Date of Birth	
Type of Ownership: Sole Proprietor Corporation LLC Partnership Non-Profit	Date of Incorporation	1	State of Incorpora	ation
Is this business publicly traded?				
2. LIST ALL OWNERS, PARTNERS AND CORP	ORATE MEMBERS (A			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb	er
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	er
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb	er
Home Address	City	State	Zip Code	
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number	er
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 specific				

3. BUSINESS INFORMATION				
Square Footage for Business Use		Hours of Operation		
Describe in detail the principal produc	ts, types of entertainme	ent or services rendered.		
	, , ,			
List any licenses currently or previousl	ly held in Minneapolis (Business or Individual).		
yy p	, (
Have you ever had a business license de	enied or revoked by Mi	inneapolis or another government entity?	Yes No	
If Yes, indicate date of denial/revocation	on, government agency,	reason for denial or revocation.		
	1	N CC 4 A D III M		
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	Dates of Coverage	
1			8	
		Or		
		on insurance because: 🔲 I am self insur		
		vho are covered by workers' compensation		
		orkers' compensation law. These include	spouse, parents, and children	
regardless of age. All other workers wh				
***************************************		VEHICLES		
Will there be vehicles used in the busin		(Attach additional sheets if necessary)	T' DI (NI I	
Year/Make/Model	Vehicle Company	VIN Number	License Plate Number	
	ID Number		(State)	
	5. VE	RIFICATION		
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				
		closure of your Social Security number, I		
		270C.72 and your Social Security number		
		ubmission of this application, all informa	tion except your Social	
Security Number will be public inform	ation pursuant to Minn	iesota 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 Telephone 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 **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 <u>before</u> the Business Licensing Division will accept your application.

======================================	SECTION IS TO BE COMPLETED BY THE APPLICANT ==============
Legal Corporate Name of Busine	Trade Name (DBA)
2. Proposed Business Address	
3. Contact Person	Telephone
 Entertainment: Check and desc No entertainment. 	Telephone all categories of entertainment you are planning to provide on your premises.
non-amplified musical instrumer General Entertainment: Oth more comedians, bands with an Adult Entertainment: Pers	d to literary readings, storytelling or live music by not more than three persons, uwith no patron dancing. Examples include tv, radio, jukebox or karaoke. Describe be orms of entertainment which do not meet the definition above. Examples include or led musical instruments, plays, shows, contests, etc. Describe below. who are unclothed or in attire/costume which exposes any portion of female bree or semi-nude). Describe below.
	SECTION IS TO BE COMPLETED BY CITY PLANNER ===================================
5. Zoning district:	Proposed land use(s):
	rovals for this address which affect this license application? TYES NO any land use history relevant to the proposed licensure.
7. Comments:	
, ,	nent Staff required?
·	sting Conditions of Approval?
10. Comments:	
CPED Planning Staff Signature_	DATEEXT
======================================	ED HOURS TO BE COMPLETED BY LICENSE INSPECTOR ==========
\square R, OR, C1, C2, C3S, C4, and	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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HEALTH ADDENDUM

PART 1 – TO BE FILL	ED 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		
License(s) Requested:			
As the Licensee, I am: Starting a new business in a new buildi			
	ouilding. Name of previous tenant		
	owner) Name of existing business		
Remodeling.			
Equipment changes. Provide equipment			
Adding new license to an existing busing			
	CHECK ALL THAT APPLY		
Canning and pickling	Raw and undercooked proteins (eggs, meats, poultry,		
Curing and smoking using nitrates or nitrites (pink salt)	fish, and seafood)		
☐ Juice pressing or bottling	☐ 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, DISTRII	BUTION AND TRANSPORTATION		
	ation to another, please provide the following information in writing:		
☐ Name and location of commissary kitchen	How food will be protected during transport		
Who and where food is distributed	Who and where food is distributed/transported to		
	-		
☐ Description and method of distribution (hot vs cold) ☐ Description and method of transportation	List and spec sheets of equipment for storing and transporting foods (must be NSF or equivalent)		
Is there any construction/remodeling in progress? Yes No	ION/REMODELING		
What type of work will you be doing? General Building	umbing Mechanical Electrical Other(Explain)		
Have plans been submitted to: Minneapolis Development Review	Voc No. Environmental Health Dlan Paviavy Voc No.		
	Tes INO Environmental Health Flan Review I Tes INO		
Have you obtained the necessary permits? ☐Yes ☐No			
Signature of Applicant	Date		
PART II – TO BE FILLED OUT BY ENVIRONM	ENTAL HEALTH CODE COMPLIANCE OFFICER		
Is a Plan Review required? Yes No			
Are there outstanding upgrades or compliance issues? Yes (Exp	olain) 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 Departme	nt to proceed. Reason for Hold:		
RISK LEVEL: 1 2 3			
Signature of FH Official	Printed Name: Date:		
Signature of EH Official	_1 inited ivalue;Date;		