



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.ci.minneapolis.mn.us/business-licensing](http://www.ci.minneapolis.mn.us/business-licensing)

For Office Use Only
DBA:
Expiration: Nov 1
License Code: 80
Rev Code: 311008
<b>MCO:</b> 297
Adm Issuance: Yes
LICENSE ID #
CSR:

## License Application Guidelines and Checklist

### License Type: Hotel / Motel

**DEFINITION:** Every building or structure kept, used, maintained, or advertised as a place where sleeping or rooming accommodations are furnished to the general public for a shorter period of time than one week, with or without meals, shall be deemed a "hotel."

#### Application Checklist

Submit completed items below to:

[Minneapolis Development Review](#)

250 South 4<sup>th</sup> Street  
 300 Public Service Center  
 Minneapolis, MN 55415

[Free Parking](#)

Staff  
Initials

- 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. \$ \_\_\_\_\_ **License Fee plus New License Surcharge**

#### This Section To Be Completed by Minneapolis Development Review Coordinator

DC \_\_\_\_\_ Temporary License Number \_\_\_\_\_  
 Plumbing Permit     Mechanical Permit     Building Permit     SAC     Sidewalk Inspection     PDR Review     \_\_\_\_\_

Date Sent to EH \_\_\_\_\_  
 EH Staff Initials \_\_\_\_\_  
 Date Sent to EM \_\_\_\_\_

PCAB# \_\_\_\_\_  
 EM Initials \_\_\_\_\_  
 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.



City of Minneapolis
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www.minneapolismn.gov/business-licensing

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

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type(s) of License
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non-Profit
Date of Incorporation
State of Incorporation

Is this business publicly traded? Yes 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? 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 or live music by not more than three persons, using non-amplified musical instruments, with no patron dancing. Examples include tv, radio, jukebox or karaoke. Describe below.
  - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include one or more comedians, bands with amplified musical instruments, 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.



**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 <input type="checkbox"/> N/A
Gross Square Footage	Net Square Footage of the Retail Area <input type="checkbox"/> N/A
License(s) Requested:	
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. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	

**2. FOOD PROCESSES – CHECK ALL THAT APPLY**

<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, and seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	

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 writing:

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

**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: \_\_\_\_\_