



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1C  
 Minneapolis, MN 55415-1316  
 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

DBA:
Expiration: Sept 1
License Code: 129-133
Rev Code: 311008
<a href="#">MCO</a> : 349
Adm Issuance: YES
LICENSE ID #
CSR:

### License Type: Motor Vehicle Towing-Servicing – Class B, C, D

**DEFINITIONS:**

- 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.
- 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. Applicants must complete a Motor Vehicle Towing- Servicing Class A License Application.

Staff Initials	Application Checklist
	<input type="checkbox"/> <b>1. License Application</b> (Form #1)
	<input type="checkbox"/> <b>2. Certificate of Liability Insurance</b> (Sample Form #2) <ul style="list-style-type: none"> <li>a. This must be furnished by your Insurance Agent with the mandatory changes.</li> <li>b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages:               <ul style="list-style-type: none"> <li><b>Class B</b></li> <li><input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for personal injury or death.</li> <li><input type="checkbox"/> \$25,000 per occurrence for property damage.</li> <li><b>Class C and Class D</b></li> <li><input type="checkbox"/> \$25,000 per occurrence and \$50,000 aggregate for personal injury or death.</li> <li><input type="checkbox"/> \$10,000 per occurrence for property damage.</li> </ul> </li> </ul>
	<input type="checkbox"/> <b>3. Vehicle Parking Locations</b> – List the site/address where towing vehicles will be parked when not in use. Residential parking is prohibited. Attach additional sheets if necessary.
	<input type="checkbox"/> <b>4. Attach a DOT Inspection Form completed for each vehicle completed within the last 12 months.</b>
	<input type="checkbox"/> <b>5. Fee:</b> _____ plus <a href="#">New License Surcharge</a> : _____

**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 License 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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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, 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 Requirements for Insurance Certificates

#2

## 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.  <hr/> INSURERS AFFORDING COVERAGE  INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
<b>INSURED</b>	

**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 A <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	

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.**