



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: May 1
License Code: 300
Rev Code: 311008
MCO: 339
Adm Issuance: NO
LICENSE ID #
CSR

License Type: Body Art Establishments (Tattooing and Body Piercing)

DEFINITIONS: Establishment: Any structure or venue, whether permanent or temporary, where body art is performed. Individuals with a Body Art Establishment license who perform services must also obtain a [Minnesota Body Art Technician License](#). **Temporary Event:** A [Minneapolis Body Art Temporary Events License](#) is required for establishments or professional organizations that sponsor or participate in Temporary Events. Upon approval of the license, the City of Minneapolis will submit the State of Minnesota License Exemption documentation. **Guest Artist Events** are sponsored by a licensed body art establishment on their premises for up to 21 days. Guest Artists Events are limited to four times per calendar year. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license. **Convention Events** are held in buildings other than their licensed premises for up to seven days. Establishments or Professional Associations may sponsor up to two Convention Events per calendar year. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license.

Body Art: Physical body adornment including but not limited to tattooing and body piercing. Body art does not include procedures performed by licensed medical or dental professionals if the procedures are within the scope of their practice. **Body Art Technicians: (Body Piercer or Tattooist):** Artists are required to obtain a [Minnesota Body Art Technician License](#) which is valid at any licensed establishment or temporary event. **Guest Artist:** Individuals who perform body art procedures temporarily at body art establishments (Guest Artist Events) or body art conventions (Convention Events) for up to 30 days per calendar year. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license. This license may be used at multiple licensed events. **Temporary Artists:** Individuals who perform body art procedures under the direct supervision of a single licensed technician. A [Minnesota Temporary Body Art Technician License](#) is required.

Application Checklist

Submit to [Minneapolis Development Review](#) 250 South 4th Street, 300 Public Service Center
 Minneapolis, MN 55415 - [Free Parking](#)

- | | |
|-------------------|--|
| Staff
Initials | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Zoning Addendum (Form #2) |
| | <input type="checkbox"/> 3. Health Addendum (Form #3) Floor Plans may be required.
<input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> _____ |
| | <input type="checkbox"/> 4. Body Art Technicians: Attach a list of tattooists and body piercers who perform services at your establishment. |
| | <input type="checkbox"/> 5. SAC Determination Letter – attach copy. |
| | <input type="checkbox"/> 6. Fee: _____ 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 _____
 SAC Determination Letter Required: Yes No

Date Sent to EH _____	PCAB# _____
EH Staff Initials _____	EM Initials _____
Date Sent to EM _____	Date Returned to MDR _____

Additional License Requirements

- Body Art Establishments are required to be licensed by the State of Minnesota. An [Exemption Application](#) is available on our website. Complete and submit to the Minnesota Department of Health. There is no fee. You are required to submit it only once.
- \$100 Plan Review Fee payable to Minneapolis Environmental Health at time of review/submission of plans.

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.



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

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

Is this business publicly traded? Yes No

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 4th 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.



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: _____