



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
 AP: BLB&L/BLRental
 MCO: 351
 Adm Issuance: No

License Application Guidelines and Checklist

Application Type: Short-Term Rental Hosting Platforms	
<p>DEFINITION: A person or entity that participates in the short-term rental business by providing, and collecting or receiving a fee for, booking services through which an owner may offer a dwelling unit, or a portion thereof, for tourist or transient use. Hosting platforms usually, though not necessarily, provide booking services through an online platform that allows an owner to advertise the dwelling unit through a website provided by the hosting platform and the hosting platform conducts a transaction by which potential tourist or transient users arrange tourist or transient use and payment, whether the tourist or transient pays rent directly to the owner or to the hosting platform.</p>	
Staff Initials	<p>APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW Licenses and Consumer Services 350 South 5th Street – Room 1, Minneapolis, MN 55415–1391 Attach all documentation. Incomplete applications will be returned.</p>
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Personal Supplemental Affidavit (Form #2) This is required for each of the following with a copy of a government issued photo ID attached: <ul style="list-style-type: none"> <input type="checkbox"/> applicant <input type="checkbox"/> authorized agent/contact person <input type="checkbox"/> owners, partners, officers and shareholders who own 25% or more corporate stock; or the three members who own the highest percentage of interest in the company.
	<input type="checkbox"/> 3. Company Status Attach a Certificate of Good Standing from the State of Minnesota. www.sos.state.mn.us/index.aspx?page=94
	<input type="checkbox"/> 4. \$_____ License Fee plus New License Surcharge
Additional Requirements	
<p>1. Your License Application:</p> <ul style="list-style-type: none"> a. Incomplete applications will be returned. All applications must be signed by an owner, partner or principal. b. No license will be issued for a period longer than one year. Licenses are not transferable. c. Make a duplicate copy of this packet for your personal records before submitting. d. Minnesota Sales Tax ID Number or 651-296-6181. e. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center. <p>2. 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.</p>	

Short-Term Rental Hosting Platform License Application

BACKGROUND INFORMATION		
Applicant Name (Last, First, MI)	Title	
Legal Corporate Name	Trade Name (DBA)	
Business Address	Business Telephone Number	
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit	State of Incorporation	Date of Incorporation
Authorized Agent/Contact Person Name (Last, First , MI)	Title	
Email Address	Telephone	
The daily number of U dwelling units listed on your Short-Term Rental Hosting Platform: _____		
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. I understand all information given is subject to verification by the State of Minnesota. I am responsible for meeting all license requirements in Chapter 351 of the Minneapolis Code of Ordinances.		
SIGNATURE OF APPLICANT	TITLE	DATE



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#2

Personal Supplemental Affidavit – Short-Term Rental Hosting Platforms

This form must be completed by each of the following with a copy of driver's license or government issued photo ID attached.

- Applicant
- Authorized Agent/Contact Person
- Owners, Partners, Directors, Officers, and Shareholders who own 25% or more of corporate stock or the three members who own the highest percentage of interest in the company

BACKGROUND INFORMATION			
Legal Corporate Name of Establishment	Trade Name of Business (DBA)		
Business Address	City	State	Zip Code
Your Name (First, Middle, Last)	Your Business Phone Number	Your Cell Phone Number	
Residential Street Address	City	State	Zip Code
Social Security Number (SSN) or Individual Tax Identification Number (ITIN)	First, middle, or last names you have ever used or been known by:		Date of Birth
Business Email Address	Title	% of ownership	

LICENSE HISTORY				
Have you held a City of Minneapolis Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,				
Type of License		From	To	
Have you ever had a business license denied or revoked by Minneapolis or any other government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				
Have you ever been convicted of any ordinance violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses. This includes state, local, and federal offenses. Do not include parking violations. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,				
Offense	Fine/Penalty	City	State	Date

DATA PRIVACY ADVISORY
The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

VERIFICATION
The data which 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 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. After submitting 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. <input type="checkbox"/> I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.
SIGNATURE _____ TITLE _____ DATE _____