

License Application Guidelines and Checklist

License Type: Carnival	
DEFINITION: A group of attractions, whether shows, acts, games, vending devices, or amusement rides, conducted independently or under one or more managements, that are temporarily set up in a public or private place, accessible to the public, with or without an admission fee. No games of chance or gambling are allowed at a carnival.	
Staff Initials	Application Checklist Submit items below to: Minneapolis Development Review , 250 South 4 th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum (Form #2)
	<input type="checkbox"/> 3. Certificate of Liability Insurance (Sample Form #3) a. This must be furnished by your Insurance Agent. b. You are required to have general liability that includes premises and operations insurance with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and \$500,000 aggregate for personal injury or death <input type="checkbox"/> \$25,000 for property damage.
	<input type="checkbox"/> 4. Additional Licenses/Permits may be required. Complete and attach Form #4.
	<input type="checkbox"/> 5. SAC Determination Letter – attach copy.
	<input type="checkbox"/> 6. Attach a list with the dates and times.
	<input type="checkbox"/> 7. Fee: _____ # Attractions _____ # Days _____ New License Surcharge _____ Total

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the owner.
- 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.

2. Fire Department and Building Department Approval

Approval of the Fire Department and the Building Department is required before a license will be granted. This will be requested by a License Inspector. No ride shall be placed in operation for public use until it has been inspected for mechanical, structural, electrical and other hazards by the Inspection Department.

3. Hours of Operation – 1 City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

4. Information in Other Languages: Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.



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
License # L
CSR:
Fee: \$
Date:

License Application

1. BACKGROUND INFORMATION			
Name of Person filling out this application (Last, First, Middle)	As an Applicant/Licensee, I am:		
MN Sales Tax ID, Social Security, or Individual Tax ID Number	<input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business) <input type="checkbox"/> Taking over an existing business (New Owner) Name of existing business: _____ <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Remodeling Only		
Legal/Corporate Name of Business	Trade Name(DBA)	Business Telephone	
Business Address	City	State	Zip Code
Mailing Address (If different than Business Address)	City	State	Zip Code
Name of Person Filling out the Application	Title	Telephone Number	
E-mail Address (Required)	Fax Number	Cell Phone 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	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Have any of the people listed above been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide or attach specific information about dates and conviction.			

3. COMPANY OPERATIONS

Square Footage for Business Use	Hours of Operation
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Describe in detail the principal products, types of entertainment, and/or services rendered.

List any licenses you currently have 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 the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

4. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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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.

5. VEHICLES

Will there be vehicles used in the business? YES NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

6. 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 Minnesota Tax ID Number, 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 issuance of a license, all information contained in this application, 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. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

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.

City of Minneapolis Requirements for Insurance Certificates

#3

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.

PRODUCER 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: _____
INSURED	

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
	GENERAL LIABILITY † COMMERCIAL GENERAL LIABILITY † CLAIMS MADE † OCCUR † _____ † _____ GEN'L AGGREGATE LIMIT APPLIES PER: † POLICY † PROJECT † LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY † ANY AUTO † ALL OWNED AUTOS † SCHEDULED AUTOS † HIRED AUTOS † NON - OWNED AUTOS † _____ † _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY † ANY AUTO † _____				AUTO ONLY - (Ea Accident) \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY † OCCUR † CLAIMS MADE † DEDUCTIBLE † RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

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 City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.

Additional Permits and Licenses

Frequently Used Permits and Licenses

- Alcohol:** The applicant agrees to not permit the sale or consumption of intoxicating liquors without first obtaining the appropriate liquor license. Contact the Licenses Division at 612-673-2080. Applications: [Temporary Liquor](#), [Temporary Wine](#), [Temporary Beer](#).
- Amplified Music:** Noise permit required. Contact the Environmental Services Division, 612-673-3867.
- Animal Permits:** Contact Minneapolis Animal Care and Control, 612-370-3892.
- Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354 or email www.electricity.state.mn.us.
- Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-335-3772.
- Heating Permit** for temporary heat or air conditioning. Contact the Inspections Division, 612-673-3000 or 311.
- MN DOT:** 651-234-7911.
- MTC Transit Detours:** 612-349-7400.
- Parades:** Must submit a map of the route. Contact the Transportation Division 612-673-2222.
- Park Board Permits:** 612-230-6441.
- Plaza Permit:** Required for Peavey Plaza, Loring Greenway, or Chicago Mall.
- Plumbing and Gas:** Inspections for potable water, gas burners and discharges to sewers. Contact the Inspections Division at 612-673-3000 or 311.
- Recycling Containers:** May be rented for a fee from Minneapolis Solid Waste and Recycling. Must be requested ten days in advance.
- Security and Off Duty Police:** Security plan must be approved before your event. Contact the Police Special Event Coordinator at 612-673-3942.
- Short Term Food Permits** and **Event Sponsor Permits** are required for the sale of food and/or beverages at community based events. Contact the Food, Pools, and Lodging Division, 612-673-2301.
- Street Closures** for block events, parade routes, detours, etc. Contact Transportation and Parking Services Division at 612-673-5750.
- Temporary Expansion of License:** On-Sale Liquor, Wine or Beer establishments may use unlicensed portions of their premises (indoor or outdoor) and/or provide additional entertainment.
- Temporary Extended Hours License:** Establishments that do not sell or serve alcohol may operate later than authorized hours.
- Temporary Toilets:** Must use a state of Minnesota licensed Service Company and provide an adequate number of units per industry guidelines. Contact vendors in the yellow pages.
- Tents:** A detailed plan must be approved by Building and Fire Inspectors. 612-673-5880.
- Traffic Control:** 612-673-5330. The Traffic Control hourly rate is \$81.75. If a service request is received less than 30 days before the event, the hourly rate is \$125 which is also charged for same day requests/changes.

Miscellaneous Licenses

- [Amusement Mechanical Device](#)
- [Amusement, Place of](#)
- [Amusement Rides](#)
- [Circus](#)
- [Children's Rides](#)
- [Shooting Gallery](#)