



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

Expiration: April 1
 AP: BLB&L
 Rev Code: 31008
[MCO: 244](#)
 Adm Issuance: No

License Application Guidelines and Checklist

Application Type:

- Lodging Establishment**
 Lodging Establishment with Boarding

DEFINITIONS

Lodging Establishment: A building where sleeping accommodations are furnished regularly to roomers, for a period of one week or more, and having five or more sleeping rooms or five or more beds for rent. Lodging establishments include fraternities and sororities. **(BL Lodging)**

Lodging Establishment with Boarding: A lodging establishment where meals are prepared and/or served to tenants. **(BLB&L)**

Guest Registry Required: The licensee must keep a register current at all times with the list of all tenants and other persons who have a lawful right of occupancy to a dwelling unit and the corresponding floor number and the unit number/letter/designation. The licensee shall designate the person who has possession of the register and shall inform the Director of Regulatory Services of the location at which the register is kept. The register shall be available for review by the Director of Regulatory Services of designee of their authorized representatives at all times.

Sleeping Units: Any room which is used as a place where roomers sleep.

Dwelling Unit: A habitable room located within a dwelling with access to facilities used for living, sleeping, cooking and/or eating.

Shared Bath Units: A dwelling unit/room which does not contain a bathroom/shower for the exclusive use of the occupants of the unit.

Staff Initials	APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW
	Minneapolis Development Review 250 South 4 th Street, Room 300 - Minneapolis, MN 55415 Free Parking .
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Board and Lodge Supplemental Application (Form # 2)
	<input type="checkbox"/> 3. Floor Plan: Attach an 8 1/2" by 11" copy of a floor plan/scaled diagram with square footage showing the design of the premises to be licensed. See sample Form #3.
	<input type="checkbox"/> 4. \$ _____ License Fee plus New License Surcharge

Additional Information

- 1. Your License Application:**
 - 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. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
 - d. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
- 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.

Business License Application

I. APPLICANT INFORMATION			
Legal Company Name		Business Name/DBA	
Business Address		City	State Zip Code
E-mail Address		Cell Phone Number	Business Telephone Number
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	
Mailing Address (if Different than Business Address)		City	State Zip Code
<u>Minnesota Sales Tax ID Number</u> , Social Security Number, or Individual Tax ID 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		Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proposed Opening Date	
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/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. (New Business)		<input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Taking over an existing business (New Owner)	
Name of Previous Tenant _____		Name of existing business _____	
<input type="checkbox"/> Equipment Changes. Provide equipment info and photos.		<input type="checkbox"/> Remodeling Only	
3. Entertainment: Check all categories of entertainment you are planning to provide on your premises.			
<input type="checkbox"/> No entertainment. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Adult Entertainment: Persons who are unclothed or in in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.			
4. Company Operations			
Gross Square Footage for Business Use		Hours of Operation	
5. Describe in detail the principal products and/or services rendered.			

6. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

7. 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.

8. 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.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth

Have any of the people listed above been convicted of a crime? YES NO
 If Yes, please provide or attach specific information about dates and conviction.

IV. VEHICLES

Will there be vehicles used in the business? YES NO

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

V. 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.

VIII. 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 _____

Lodging Establishment Supplemental Application

I. APPLICANT INFORMATION			
Legal Company Name		Business Name/DBA	
Business Address		City	State
		Zip Code	
II. TYPE OF LICENSE			
<input type="checkbox"/> Lodging Establishment		<input type="checkbox"/> Lodging Establishment w/ Boarding	
Is this application for a Fraternity or Sorority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
III. NUMBER OF ROOMS			
# Sleeping Rooms		# Beds	
# Floors		# Dwelling Units	
# Shared Bath Units			
IV. CONTACT PERSON			
Individual authorized to accept service of process and to receive and give receipt for notices.			
Name (Last, First, MI)			Date of Birth
Mailing Address (if Different than Business Address)		City	State
		Zip Code	
E-mail Address		Cell Phone Number	Business Telephone Number
V. PROPERTY MANAGER			
Name (Last, First, MI)			Date of Birth
Mailing Address (if Different than Business Address)		City	State
		Zip Code	
E-mail Address		Cell Phone Number	Business Telephone Number
<input type="checkbox"/> Property Manager is the owner. <input type="checkbox"/> Property manager is not the owner. A notarized signature is required.			Subscribed and sworn to before me on the ____ day of _____ of 20___.
I, _____, accept joint and several <small>(print name)</small> responsibility with the owner (including any potential criminal, civil, or administrative liability) for the maintenance and management of the premises.			_____ Notary Public
Signature		Date	
		County	
VI. REGISTRY			
Name of Individual Responsible for Registry: _____			
Address where Registry is kept: _____			

VII. ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized chief operating officer, partner or owner, hereby acknowledge and certify to the following:

- I have no delinquent property taxes, assessments, or judgments on this lodging establishment;
- There are no active arrest warrants for a Minneapolis Housing Maintenance Code or Zoning Code violation, permit violations, or outstanding fees owed to the City of Minneapolis pertaining to any property which the applicant or property manager has a legal or equitable ownership interest or is involved in management or maintenance;
- I have not had an interest in another license which has been revoked;
- I do not have any pending adverse license action;
- This Supplemental Application is a true and correct reflection of the undersigned's intentions.

Signature _____ Title _____ Date _____

Floor Plan Requirements / Sample Floor Plan

- Plans must be a professional, architectural, computer generated, or a scaled plan drawn using graph paper and a ruler.
- The following must be included:
 - Address and direction of North
 - Every room (living, sleeping, kitchen, bathroom, furnace, etc.) labeled with room number and floor number.
 - Shared bathrooms must be indicated.
 - Identify the number of beds.
 - Stairways, major appliances/fixtures, etc.
 - Room measurements must be represented accurately and to scale.

