



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Expiration: April 1
License Code: 294
Rev Code: 311008
MCO : 307
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Valet Parking – Additional Zone(s)

DEFINITION: A business where a patron’s vehicle is removed from a space on the public street to a private parking area for storage and subsequent retrieval upon the patron’s request.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Attach the contract for the business you will provide valet parking services.
	<input type="checkbox"/> 3. A copy of the Valet Loading Zone Authorization (for the New Zone only) issued by the Minneapolis City Council which specifies the authorized location, days and hours of operations.
	<input type="checkbox"/> 4. Availability of Off-Street Parking Spaces - Attach a written authorization or contract from the provider of the parking spaces.
	<input type="checkbox"/> 5. Fee: _____

Additional Information

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.

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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#1

VALET PARKING ADDITIONAL ZONE(S) APPLICATION

1. BACKGROUND INFORMATION		
Applicant (First Name, Middle Name, Last Name)	Tax ID Number	
Legal Corporate Name of Business	Trade Name (DBA)	
Business Address	Business Telephone Number	
Mailing Address (If Different than Business Address)		
E-mail Address	Fax Number	Cell Phone Number
2. LIST THE ESTABLISHMENT WHERE VALET PARKING IS PROVIDED. PROVIDE A COPY OF THE CONTRACT OR AGREEMENT TO OPERATE VALET PARKING.		
Name of Business where Valet Parking	Business Address	Telephone
Name of Manager or Owner		Telephone
Property Owner	Address	Telephone
Days / Hours of Operation: M _____ Tu _____ W _____ Th _____ F _____ Sa _____ Su _____		
Name/Address Where Vehicles are Parked Off-Street		Owner of Parking Lot
From What Place (Name and Address) Will Valet Parking be Operated?		Where Will Patron Keys be Stored?
3. VERIFICATON		
<p>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.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>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.</p> <p>SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____</p>		