

License Application Guidelines and Checklist

License Type: Amusement Mechanical Devices	
<p>DEFINITIONS: Amusement Mechanical Device: Each machine must be licensed. These are machines or devices that upon the insertion of a coin, slug, token, or paper currency; at a fee charged by the establishment; or equipped to permit a free play or game; 1. Operate mechanically, electronically, by means of a video display or a combination thereof; 2. Operate as a game, contest or other amusement and do not have an automatic payoff device for the return of money, coins, merchandise, checks, tokens or any item of value, including pinball machines or mechanical miniature pool tables, bowling machines, shuffleboards, electric rifle or gun ranges, miniature mechanical devices or games patterned after baseball, basketball, hockey and similar games, played solely for amusement and not as gambling devices. Amusement Mechanical Devices also include amusement devices, photo machines, non-commercial recording machines, machine operated target shooting, bowling games, baseball games, and card games. Amusement Mechanical Devices are prohibited in grocery stores. Place of Amusement (L227 – L230): In addition to the Amusement Mechanical Devices license, any place where three (3) or more amusement mechanical devices are used or displayed for use requires a Place of Amusement license. Places where such devices are held in storage or for sale and are not actually in use or displayed for use do not require licenses or decals. Prohibitions: Prizes, awards, merchandise gifts, or anything of value given to any player or operator; Gambling; Devices that have been converted into automatic payoff machines that discharge coins, checks or other tokens; and Establishments holding on-sale licenses for the sale of liquor, wine or beer that exclude all persons under the age of eighteen years of age unless accompanied by a parent/guardian.</p>	
Staff Initials	<p>Application Checklist Submit items below to: Minneapolis Development Review, 250 South 4th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking</p>
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Attach a list of machines. Include the following: a. Number of machines b. Type of machines c. Location of machines d. Address of buildings. This list needs to be updated any time machines are added or relocated. Contact your License Inspector.
	<input type="checkbox"/> 3. Fee : _____

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. Approval of the Fire Department - This is required before a license will be approved and will be requested by a License Inspector.

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

#1

For Office Use Only
License # L
CSR:
Fee: \$
Date:

License Application

1. BACKGROUND INFORMATION			
Type of License	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"/> 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		
MN Sales Tax ID, Social Security, or Individual Tax ID Number			
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 _____