



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

License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: May 1
License Code: 320
Rev Code: 311008
MCO : 306
Adm Issuance: NO
LICENSE ID #
CSR:

License Type: Commercial Pedal Car Company

DEFINITIONS:

Commercial Pedal Car: A non-motorized, four (4) or more wheeled bicycle-like vehicle that is human powered, transports passengers on bicycle-like seats, and is propelled by five or more passengers not including the operator. A pedal car may not be power assisted.

Commercial Pedal Car Company: The business of operating one or more commercial pedal car vehicle(s) for profit or not-for-profit.

Commercial Pedal Car Driver: Any person who is responsible for the safe operation of a commercial pedal car. Must be at least 18 years old. A Minneapolis Pedal Car Driver License is required. [Applications](#) are available on our website.

Application Checklist

Staff
Initials

To expedite approval, contact Business Licenses at 612-673-3911 prior to submitting your application.

- | | |
|--|---|
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Zoning Addendum (Form #2) <ul style="list-style-type: none"> <input type="checkbox"/> Complete one Zoning Addendum for each Assembly Site and Commercial Pedal Car Storage Location. <input type="checkbox"/> Attach an arial map of each Assembly Site location. Include address/location, customers' parking spots, pedal car parking spot, and restrooms. <input type="checkbox"/> Attach signed and dated Parking and Restroom Agreements for each Assembly Site. These should include names of property owner and Pedal Car company, contact person and telephone number of property owner, site address/location, number of parking spots, and dates and times. Exception: Assembly sites located outside Downtown Business District B-4 do not require parking or restrooms. See map on the last page of this application. |
| | <input type="checkbox"/> 3. Certificate of Liability Insurance with a minimum coverage amount of \$2,000,000. This must be furnished by your Insurance Agent. (Sample Form #3) |
| | <input type="checkbox"/> 4. Vehicle Information Form (Form #4) |
| | <input type="checkbox"/> 5. Business Plan
Attach a copy of your company business plan. Include staff training, emergency procedures, rates, and restrictions. |
| | <input type="checkbox"/> 6. Customer Contract
Attach a copy of your customer agreement, release and/or waiver. |
| | <input type="checkbox"/> 7. Vehicle Drivers
<input type="checkbox"/> Attach a list of the names, addresses and telephone numbers of all drivers. |
| | <input type="checkbox"/> 8. Vehicle Color Scheme and Insignia <ul style="list-style-type: none"> <input type="checkbox"/> Attach an accurate and detailed description, including name, inscriptions, and monogram. <input type="checkbox"/> Attach a photograph. |
| | <input type="checkbox"/> 9. Fee per vehicle: _____ plus New License Surcharge : _____ |

ADDITIONAL INFORMATION

Pedal Car Drivers' Licenses - Any person operating a commercial pedal car in Minneapolis must obtain a license. Upon approval of the Pedal Car Company license, drivers may submit this application (Form #5). Additional [copies](#) are available on our website.

Your License Application

1. Incomplete applications will be returned.
2. All applications must be signed by an owner, partner or principal.
3. No license will be issued for a period longer than one year.
4. Licenses are not transferable.
5. Make a duplicate copy of this packet for your personal records before submitting.
6. [Minnesota Sales Tax ID Number](#) or 651-296-6181.

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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FOR OFFICE USE ONLY: LICENSE ID #:
CSR:
FEE: \$
DATE:

Pedal Car Company License Application

BACKGROUND INFORMATION			
Name of Applicant		Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number	
Legal/Corporate Name		Trade Name (DBA)	
Business Address/Location		Business Telephone Number	
Mailing Address (if different than business address)		Fax Number	
Email address		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		Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LIST ALL PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: First, Middle, Last	Title/% of Ownership	Telephone	Date of Birth
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Title/% of Ownership	Telephone	Date of Birth
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Title/% of Ownership	Telephone	Date of Birth
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Title/% of Ownership	Telephone	Date of Birth
Home Address	City	State	Zip Code
Have any of the individuals above been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide (or attach) dates and conviction specifics.			
List any license currently or previously held in Minneapolis (Business or Individual).			
Have you had a business license denied/revoked by Minneapolis or another government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the Date of Denial/Revocation, Government Agency, and Reason for Denial/Revocation.			

WORKERS' COMPENSATION

Workers Compensation Company

Policy Number

Coverage Dates

--Or--

I certify that I am not required to carry worker's 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 worker's compensation law. Only employees who are specifically exempted by statute are not covered by the worker's compensation law. These include: Spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

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 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 _____ TITLE _____ DATE _____



City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
Telephone 612-673-3000 or 311 Fax 612-673-2526

#2

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 or live music by not more than three persons, using non-amplified musical instruments, with no patron dancing. Examples include tv, radio, jukebox or karaoke. Describe below.
 - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include one or more comedians, bands with amplified musical instruments, 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

#5

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. _____ INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
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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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ COM- \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED A <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				XWC 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-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.



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Company Name _____

Manufacturer	Serial # or VIN	Legal Holder of Title	Maximum Passenger Limit	Length of Vehicle	Width of Vehicle	Office Use Only Vehicle #



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For Office Use Only
Date:
License #: 321
CSR:
Fee:

Commercial Pedal Car Driver License Application

BACKGROUND INFORMATION

Name of Driver (Last, First, MI) Cell Phone Number
Email Address Social Security Number

FIVE (5) YEAR RESIDENTIAL HISTORY

Table with 5 columns: Home Address, City, State, Zip Code, From: to. Contains 5 rows for residential history.

Have you ever been convicted of any crime except driving violations? Yes No
If yes, give details (date, conviction, etc.) False or incomplete information is cause for denial of this application.

Attach a copy of your Driver's License. Is this a Minnesota Driver's license? Yes No
If no, attach a certified copy of your three year Criminal History Report AND three year Driving History Report from your home state.

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a Minneapolis business license, 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, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, the Minnesota Department of Revenue, and/or the general public. 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. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

I have read and understand the above Data Practices Advisory. Signature Date

VERIFICATION

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 Date

THIS SECTION TO BE COMPLETED BY SERVICE COMPANY

I verify that the provisions of Section 306.60 of the Minneapolis Code of Ordinances have been complied with and the statements made by the applicant in this application are true to the best of my knowledge and belief.
Printed Name Name of Pedal Car Company
Signature Date

EXPIRATION: All licenses expire on May 1st. If you leave employment with any licensed pedal car company, for any reason, your license expires and you are required to return it to the Licenses Office.

License Fee: New Renewal Transfer DVS CH KIVA Approved Denied
Inspector: Date

B-4 Zoning District - Downtown Business District

