



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

## License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: Dec 31
License Code: 289(A), 295(B), 296(C)
Rev Code: 311008
<b>MCO:</b> 321
Adm Issuance: YES
LICENSE ID #
CSR:

### License Type: Exhibition and Temporary Market (Flea Market)

DEFINITION: A temporary exhibition, sale, flea market, or show of arts, crafts, antiques or secondhand goods sold at tables, stalls, or booths at a fixed location. A separate license is required for each location. Each market must have a minimum of 10 vendors. Food vendors and agricultural products cannot exceed 25% of all vendors, up to a maximum of 10 per market. A license is not required for the following sales: 1) Receipt of used merchandise donated to a recognized non-profit organization and for which no compensation is paid; 2) Books, magazines, post cards, postage stamps or philatelic material; Philatelic material includes postage stamps, revenue stamps, stamped envelopes, postmarks, postal cards, covers, and similar material relating to postal or fiscal history. 3) Goods sold at the public market and farmer's markets as defined in Chapter 202 of the Minneapolis Code of Ordinances; 4) Used motor vehicles by licensed dealers; 5) Numismatic related articles, including but not limited to coins, currency, tokens, medals and other such related collectibles if the temporary market exhibition operator is a nationally recognized non-profit numismatic society or association and the exhibition is held at the Minneapolis Convention Center. Numismatic refers to coins, medals, paper money, etc; 6) An exclusive sale of arts and crafts where a commercial block event permit or Park Board permit has been issued for the event and no secondhand goods are displayed for sale.

Staff Initials	Application Checklist
	<input type="checkbox"/> <b>1. License Application</b> (Form #1)
	<input type="checkbox"/> <b>2. Zoning Addendum</b> (Form #2)
	<input type="checkbox"/> <b>3. Health Addendum</b> (Form #3) <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/>
	<input type="checkbox"/> <b>3. Attach the following from the applicant and each owner, partner, officer, and shareholder.</b> <input type="checkbox"/> <b>Data Privacy Form</b> authorizing the release of criminal history information (Form #4 attached) <input type="checkbox"/> <b>Residential and Employment History</b> (Form #5 attached) <input type="checkbox"/> <b>A copy of a driver's license or state identification card</b> <input type="checkbox"/> <b>Criminal history Report</b> which may be obtained from <a href="http://www.cch.state.mn.us">www.cch.state.mn.us</a> /New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. <i><b>This report must be dated within 30 days of receipt of this application.</b></i> Anyone who is not a resident of Minnesota must contact the <a href="#">state</a> in which they reside to obtain a criminal history.
	<input type="checkbox"/> <b>4. Certificate of Liability Insurance</b> (Sample Form #6) furnished by your insurance agent with the following general liability coverages: <input type="checkbox"/> \$50,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$25,000 for property damage. <input type="checkbox"/> The City of Minneapolis shall be named as an additional insured.
	<input type="checkbox"/> <b>5. Scaled and Dimensioned Site Plan</b> of the entire market layout including on-site placement of booths, tables, loading and unloading zones, trash receptacles, sanitary toilets, on-site and off-site parking areas for vendors and visitors, and signage indicating location.
	<input type="checkbox"/> <b>6. Ownership Information</b> _____ Sole Proprietorship: Provide a copy of certificate of assumed trade name. _____ Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. _____ Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	<input type="checkbox"/> <b>7. Fee:</b> _____ plus <b>New License Surcharge:</b> _____ <input type="checkbox"/> Class A: More than 75 Vendors <input type="checkbox"/> Class B: 50 – 74 Vendors <input type="checkbox"/> Class C: Less than 50 Vendors

#### Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

**Information in Other Languages** - Call 612-673-3737. 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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DATE:

### TEMPORARY MARKET LICENSE APPLICATION

#### 1. BACKGROUND INFORMATION

Name of Applicant (Last, First, MI)		Social Security Number, Minnesota Sales Tax ID Number, or Individual Tax ID Number	
E-mail Address	Title	Cell Phone Number	
Legal Corporate Name of Business	Trade Name (DBA)		
Business Address		Business Telephone Number	
Mailing Address (if different than Business Address)		Fax Number	
Location where business records are maintained:			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit			
Is this business publicly traded? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Incorporation	State of Incorporation
Do you have any of the following licenses? <input type="checkbox"/> Secondhand Dealer <input type="checkbox"/> Precious Metal Dealer <input type="checkbox"/> Antique Dealer <input type="checkbox"/> Pawnbroker			
Name of city/governmental unit: _____			
License number: _____			
List any additional licenses currently or previously held in Minneapolis (Business or Individual). <input type="checkbox"/> N/A			
Have you ever had a business license denied or revoked by Minneapolis or another government entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Indicate Date of Denial/Revocation, Government Agency, Reason for Denial or Revocation			
Describe your experience operating temporary markets. <input type="checkbox"/> Attach business plan or other promotional materials.			
Website Address:		Social Media Accounts:	

#### 2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach Additional Sheet if necessary.)

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

**3. MARKET INFORMATION**

**Market Address/Location:**

Date(s)	Times
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10	10

Attach additional sheets if necessary. You are required to keep this list up-to-date in the Business Licenses office. Send an email to [BusinessLicenses@minneapolismn.gov](mailto:BusinessLicenses@minneapolismn.gov) at least one week before your event.

Describe in detail the items for sale.

**4. WORKERS COMPENSATION**

Workers' Compensation Company	Policy Number	Dates of Coverage

-----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 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. VERIFICATON**

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 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. 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, (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.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**TO BE COMPLETED BY MINNEAPOLIS POLICE LICENSE INVESTIGATION DIVISION**

Applicant(s) appear to meet the minimum licensing standards.  Yes  No

By: \_\_\_\_\_ Date: \_\_\_\_\_



**City of Minneapolis**  
**Community Planning & Economic Development**  
**Planning Division**  
**250 South 4<sup>th</sup> 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, 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.



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FOR OFFICE USE ONLY
LICENSE ID #
LICENSE CLERK
DATE

HEALTH ADDENDUM

PART 1 - TO BE FILLED OUT BY APPLICANT

1. BACKGROUND INFORMATION

Name of Business Address
Proposed Date of Opening Number of Customer Seats
Gross Square Footage Square Footage of the Seating Area
As the Licensee, I am: Starting a new business in a new building (New business)
Starting a new business in an existing building (New business)
Taking over an existing business (New owner) Name of existing business
Adding new license to an existing business
Remodeling only

2. TYPE OF LICENSE - See Definitions

Caterer Grocery Mobile Food Unit
Community Kitchen Institutional Food Public Market
Confectionary Meat Market Market Distributor
Food Cart Milk Delivery Vehicle Market Manufacturer
Food Distributor Milk and Grocery Delivery Vehicle Restaurant
Food Manufacturer Milk Distributor Vending
Off-Sale Liquor/Malt Liquor/Beer On-Sale Liquor/Wine/Beer Type of Liquor License
Restaurant(full service food) Club (limited food) Sunday Sales Outdoor Area
Hotel/Motel Massage/Bodywork Swimming Pools
Laundry/Dry Cleaning Suntanning Tattooing/Piercing Establishment

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager Attach a copy of current MN Dept of Health certificate.

4. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? Yes No
What type of work will you be doing? General Building Plumbing Mechanical Electrical Other(Explain)
Have plans been submitted to: Minneapolis Development Review Yes No Environmental Health Plan Review Yes No
Have you obtained the necessary permits? Yes No
All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order.
Signature of Applicant Date

PART II - TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? Yes No
Are there outstanding upgrades or compliance issues? Yes (Explain) No See attached report.
Final Inspection Required: Yes No
Yes. I recommend to License Department to proceed.
No. This application is not recommended to License Department to proceed. Reason for Hold:

Signature of EH Official Printed Name: Date:

# Minneapolis Police Department

## 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 which will be used to check criminal history, arrest records and warrant information. These checks will include the Minnesota Bureau of Criminal Apprehension, Criminal Justice Information System.

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 will be used by the **Minneapolis Police Department, License Inspection Unit** and/or the **Minneapolis Department of Licenses and Consumer Services**.

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION (ONLY PRINT OR TYPE LEGIBLY)

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire one year from the date you signed it.

Applicant \_\_\_\_\_  
Last Name First Name Middle Name

Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised 1-18-07

## Residential And Employment History

**#5**

Provide the following information for each Partner, Owner and Corporate Member

Check here if your company is publicly traded. You do not have to complete this form.

Attach additional sheets if necessary.

<b>Name</b>				
<b>Ten (10) Year Residence History</b>				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
<b>Ten (10) Year Employment History</b>				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
<b>Name</b>				
<b>Ten (10) Year Residence History</b>				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
<b>Ten (10) Year Employment History</b>				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
<b>Name</b>				
<b>Ten (10) Year Residence History</b>				
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
Home Address	City	State	Zip Code	Dates
<b>Ten (10) Year Employment History</b>				
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates
Business Name	Type of Business		Title	
Address	City	State	Zip Code	Dates

# City of Minneapolis Requirements for Insurance Certificates

#6

## 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.

<b>PRODUCER</b> 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.  _____ <b>INSURERS AFFORDING COVERAGE</b> 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
	<b>GENERAL LIABILITY</b> <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... \$ _____
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>OTHER</b>				

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.**