

## License Application Guidelines and Checklist

<b>License Type: Sun Tanning Facility</b>	
<b>DEFINITION:</b> A place that provides ultraviolet lamps or products containing such lamps intended for the irradiation of any part of the living human body for cosmetic or non-medical related purposes.	
Staff Initials	Application Checklist
Submit items below to: <a href="#">Minneapolis Development Review</a> , 250 South 4 <sup>th</sup> Street Room 300 Public Service Center, Minneapolis, MN 55415 - <a href="#">Free Parking</a>	
	<input type="checkbox"/> <b>1. License Application (Form #1)</b>
	<input type="checkbox"/> <b>2. <a href="#">Zoning Addendum</a> (Form #2)</b>
	<input type="checkbox"/> <b>3. <a href="#">Health Addendum</a> (Form #3)</b> Floor plans may be required. <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> _____
	<input type="checkbox"/> <b>4. Machines:</b> Attach a separate sheet with the following information for each machine. a) type of equipment b) year c) number of machines.
	<input type="checkbox"/> <b>5. <a href="#">SAC Determination Letter</a></b> – attach copy.
	<input type="checkbox"/> <b>6. _____ <a href="#">Fee</a> plus <a href="#">new license surcharge</a></b>
This Section To Be Completed by Minneapolis Development Review Coordinator	
DC: _____ Temporary Application Number: _____	
<input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Mechanical Permit <input type="checkbox"/> Building Permit <input type="checkbox"/> SAC <input type="checkbox"/> Sidewalk Inspection <input type="checkbox"/> PDR Review <input type="checkbox"/> _____	
SAC Determination Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Sent to EH _____	PCAB # _____
EH Staff Initials _____	EM Staff Initials _____
Date Sent to EM _____	Date Returned to MDR _____

### 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. Hours of Operation – 1 City Hall:** Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

**3. Information in Other Languages:** Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadio aad Caawimaad u baahantahay 612-673-3500.



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 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)

**#1**

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

## License Application

1. BACKGROUND INFORMATION			
Name of Person filling out this application (Last, First, Middle)	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 \_\_\_\_\_

**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.

**HEALTH ADDENDUM**

<b>PART 1 – TO BE FILLED OUT BY APPLICANT</b>	
<b>1. BACKGROUND INFORMATION</b>	
Name of Business _____	Address _____
Proposed Date of Opening _____	Number of Customer Seats _____ <input type="checkbox"/> N/A
Gross Square Footage _____	Net Square Footage of the Retail Area _____ <input type="checkbox"/> N/A
License(s) Requested: _____	
As the 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. Name of previous tenant _____	
<input type="checkbox"/> Taking over an existing business. (New owner) Name of existing business _____	
<input type="checkbox"/> Remodeling.	
<input type="checkbox"/> Equipment changes. Provide equipment information and photos.	
<input type="checkbox"/> Adding new license to an existing business.	
<b>2. FOOD PROCESSES – CHECK ALL THAT APPLY</b>	
<input type="checkbox"/> Canning and pickling	<input type="checkbox"/> Raw and undercooked proteins (eggs, meats, poultry, fish, seafood)
<input type="checkbox"/> Curing and smoking using nitrates or nitrites (pink salt)	<input type="checkbox"/> Vacuum packaging
<input type="checkbox"/> Juice pressing or bottling	
Provide additional documentation and/or descriptions for any box checked.	
<b>3. CERTIFIED FOOD MANAGER</b>	
Name of Certified Food Manager _____	<input type="checkbox"/> Attach a copy of current <a href="#">MN Dept of Health certificate</a> .
<b>4. FOOD CATERING, DISTRIBUTION AND TRANSPORTATION</b>	
If your business caters, distributes, or transports food from one location to another, please provide the following information in	
<input type="checkbox"/> Name and location of commissary kitchen	<input type="checkbox"/> How food will be protected during transport
<input type="checkbox"/> Who and where food is distributed	<input type="checkbox"/> Who and where food is distributed/transported to
<input type="checkbox"/> Description and method of distribution (hot vs cold)	<input type="checkbox"/> List and spec sheets of equipment for storing and transporting foods (must be <b>NSF</b> or equivalent)
<input type="checkbox"/> Description and method of transportation	
<b>5. CONSTRUCTION/REMODELING</b>	
Is there any construction/remodeling in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work will you be doing? <input type="checkbox"/> General Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other(Explain) _____	
Have plans been submitted to: Minneapolis Development Review <input type="checkbox"/> Yes <input type="checkbox"/> No Environmental Health Plan Review <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you obtained the necessary permits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant _____	Date _____
<b>PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER</b>	
Is a Plan Review required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there outstanding upgrades or compliance issues? <input type="checkbox"/> Yes (Explain) _____ <input type="checkbox"/> No <input type="checkbox"/> See attached report.	
Final Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes. I recommend to License Department to proceed.	
<input type="checkbox"/> No. This application is not recommended to License Department to proceed. Reason for Hold: _____	
RISK LEVEL: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Signature of EH Official _____	Printed Name: _____ Date: _____