Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
Expiration: Jan 1
AP: General
PetShop or PetTrk
MCO: 63
Adm Issuance: Yes

License Application: Animal Pet Care and Grooming

License types-

Animal Care Provider: A business which offers grooming, treatment, breeding, exhibition, or any other form of care for hire for any animal, reptile, fish or bird.

- Dog and pet daycare
- Dog and pet overnight care
- Rescue animals that are up for adoption

Mobile Pet Care Vehicle: Providing animal care or grooming from a vehicle but can't be parked on a public street.

- Does not include a vehicle used only for transporting animals, reptiles, fish or birds.
- No sales of animals, including reptiles, fish, birds or bait, shall be permitted from the vehicle.

- If applying for both license types, you will be charged for both and receive two license numbers.
- No person shall bring into the business, the city, or have in his/her possession for sale of any animal that is vicious, diseased, exotic or wild by nature.
- This license does not apply to:
  - Veterinarians
  - Persons or places selling only frogs, fish, worms or reptiles for use as live bait for fishing,
  - Scientific or educational institutions licensed by the State of Minnesota Livestock Sanitary Board.

Pet stores or businesses selling dogs, cats, and rabbits are not permitted in Minneapolis.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email businesslicenses@minneapolismn.gov, US mail, or drop it off at our office.
2. There is a license fee, plus and a new license processing charge for this application. You can pay by
   ☐ **Cash:** Do not mail cash, you must Drop off your application at our office.
   ☐ **Check**: Make checks payable to- Minneapolis Finance Department
   ☐ **Credit Card**: We will call you to securely charge your credit card. ***Do not add your credit card information on this application.***
3. **Certificate of Liability Insurance, Mobile Pet Care only:** You are required to have
   ☐ $100,000 per occurrence and $300,000 for personal injury or death for each occurrence.
   ☐ $10,000 per occurrence for property damage.
4. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.

2. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ Manager			
Business address	**Suite**	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**		**State**	**Zip code**
E-mail address	**Cell phone number**		**Business telephone number**	
Minnesota Sales Tax ID number *(Required)*	**Social Security number or Individual tax ID (ITIN) *(Required)***			
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit	**Date of incorporation**		**State of incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed opening date:**			

License type

- ☐ Animal Care Provider
- ☐ Mobile Animal Care Provider
- ☐ Both- requires 2 licenses

3. Business information

- ☐ Starting a new business in an existing building.
- ☐ Starting a new business in a new building.
- ☐ Changing or adding equipment
- ☐ Remodeling
- ☐ Adding a new license to an existing business.
  Name of business: _____
- ☐ Taking over an existing business.
  Name of previous business: _____

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	**Name of contractor or Building manager**

Are you adding or replacing equipment that requires gas, plumbing or mechanical connections ☐ Yes ☐ No

Explain the remodeling, construction or equipment.

4. Owners

List all owners, shareholders and partners, ownership must add up to 100%. Attach more sheets if needed.

Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	

Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	
Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip code
Title	Date of birth	Ownership %	

5. Company operations

List days and hours of operation

Give us a description of your business and services.

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 any government entity? ☐ **No** ☐ **Yes**
If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

6. Workers compensation

Workers' compensation company	Policy number	Dates of coverage

Or

I certify that I am not required to carry workers compensation insurance because

☐ **I am the only worker, 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.**

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ **I have read and agree to the Terms and Conditions for electronic signatures, records and payment.**

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

8. Additional information

1. **No license will be issued for longer than one year.**
2. **You cannot transfer your license to any other person or location.**
3. **Contact your License Inspector or call 612-673-2080 for any additional licenses. These licenses must be approved and issued before you can open and operate.**

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

City of Minneapolis
Requirements for Insurance Certificate

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Agency	PHONE (A/C, No, Ext):	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $
							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT $
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: **City of Minneapolis – Licenses and Consumer Services** **505 Fourth Ave S., Room 220** **Minneapolis, MN 55415**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.