

License Application: Dry Cleaner or Laundry

Definitions: Dry Cleaning is the process of removing dirt, grease, paints, or other stains from apparel, fabrics, or rugs with flammable or nonflammable liquid solvents. If your business provides both laundry and dry cleaning services, only one Dry Cleaning License is required.

- Dry Cleaning:** A place that cleans or dyes clothing with chemicals other than water. Licenses include
- Flammable Dry Cleaning (BLDryClean)** and
 - Non-Flammable Dry Cleaning (BLCryClnNF)**
- Coin Operated Dry Cleaning Machine Plant** A place which provides self-service dry cleaning machines operated by coin, chip or attendant. Each individual cleaning cylinder represents one machine.
- Flammable Dry Cleaning (BLDryClean)** and
 - Non-Flammable Dry Cleaning (BLCryClnNF)**
- Laundry** A place where clothing from the public is washed or cleaned for a fee. The work must be conducted on the licensed premises. This includes self-service laundries, laundrettes, and laundromats.
- Laundry (BLLaundry)**

Pick Up Station A business that accepts, from the public, clothing to be laundered, dry cleaned, dyed, or pressed for a fee. The laundering, dry cleaning, dyeing, or pressing cannot be conducted on the premises. **No license is required for Pick up Stations.**

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.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not mail cash, you must drop off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **[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)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	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: <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	Proposed Opening Date:		

3. Business information

<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____ <input type="checkbox"/> Changing equipment or remodeling	<input type="checkbox"/> Adding a new license to an existing business. (New License) <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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

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

5. Company operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
------------------------------	--

Give us a description of the services and products at your business.

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, Indicate the Date of Denial/Revocation, Government Agency, 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 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.

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 State of Minnesota. 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. Visit the City's website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

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. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.