

License Application:

Lodging Establishment Lodging Establishment with Boarding

Definitions:

Lodging Establishment: A building that provides sleeping rooms for a one week or more. A lodging establishment must have five or more sleeping rooms or beds. Lodging establishments include fraternities and sororities.

(BLodging)

Lodging Establishment with Boarding: A lodging establishment where meals are prepared and/or served to tenants.
(BLB&L)

Sleeping Units: Any room used for roomers to sleep.

Dwelling Unit: A set of rooms for living, sleeping, cooking and/or eating.

Shared Bath Units: A bathroom/shower available to several tenants.

Guest Registry Required: You must keep a register with the list of all people who have a lawful right to enter. This registry must include the dwelling unit, floor number, and the unit number/letter. You must assign a person to keep the registry. The registry must be available for review by a City of Minneapolis representative at any time.

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 [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not mail cash, 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. **Lodging Establishment Supplemental Application** (Form #1)
4. **Floor Plan:** Attach an 8.5" by 11", scaled diagram with square footage and labels of the premises to be licensed. See Sample Form #2.

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:
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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
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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.

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.

Lodging Establishment Supplemental Application

#1

I. Applicant information			
Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code
II. Type of license			
<input type="checkbox"/> Lodging Establishment <input type="checkbox"/> Lodging Establishment w/ Food Service			
Is this application for a Fraternity or Sorority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
III. Number of rooms			
_____ # Sleeping Rooms _____ # Beds _____ # Floors _____ # Dwelling Units _____ # Shared Bath Units			
IV. Contact person			
Individual authorized to accept service of process and to receive and give receipt for notices.			
Name (Last, First, MI)		Date of Birth	
Mailing Address (if Different than Business Address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
V. Property manager			
Name (Last, First, MI)		Date of Birth	
Mailing Address (if Different than Business Address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<input type="checkbox"/> Property Manager is the owner. <input type="checkbox"/> Property Manager is not the owner.		Subscribed and sworn to before me on the _____ day of _____ of 20___.	
I, _____, accept joint responsibility <small>(print name)</small> with the owner (including any potential criminal, civil, or administrative liability) for the maintenance and management of the premises.		_____ Notary Public	
Signature	Date	County	
VI. Registry			
Name of Individual Responsible for Registry: _____			
Address where Registry is kept: _____			
VII. Acknowledgement and approval			
I, (print name) _____, an authorized chief operating officer, partner or owner, hereby acknowledge and certify to the following:			
<input type="checkbox"/> I have no delinquent property taxes, assessments, or judgments on this lodging establishment.			
<input type="checkbox"/> There are no active arrest warrants for a Minneapolis Housing Maintenance Code or Zoning Code violation, permit violations, or outstanding fees owed to the City of Minneapolis related to any property which the applicant or property manager has a legal or equitable ownership interest or is involved in management or maintenance.			
<input type="checkbox"/> I have not had an interest in another license which has been revoked.			

I do not have any pending negative actions against a business license.

This Supplemental Application is a true and correct.

By typing your name, you are electronically signing this application

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

Signature _____ Title _____ Date _____

Floor Plan Requirements / Sample Floor Plan

1. Plans must be a professional, architectural, computer generated, or a scaled plan drawn using graph paper and a ruler.
2. The following must be included:
 - a. Address and direction of North
 - b. Every room (living, sleeping, kitchen, furnace, etc.) labeled with room number and floor number.
 - c. Bathrooms, showers, and laundry facilities must be indicated.
 - d. Identify the number of beds.
 - e. Stairways, major appliances/fixtures, etc.
 - f. Room measurements must be represented accurately and to scale.
 - g. Emergency exits.

