



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)

For Office Use Only
DBA:
Expiration: June 1
License Code: L142
Rev Code: 311011
<u>MCO</u> : 332
Adm Issuance:
LICENSE ID #
CSR:

## License Application Guidelines and Checklist

### License Type: Transient Merchant

**Definition:** A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of selling goods. Individuals may not remain in one location for more than 14 consecutive days. Delivery and payment occur immediately. (L142)

**Similar Licenses:**

**Peddler:** A person who offers merchandise or services for sale door-to-door, including house-to house, business-to-business, street-to-street, or any other type of place-to-place movement. Delivery and payment occur immediately. (L035)

**Solicitor:** A person who obtains orders for merchandise or services for future delivery. Registration required. No fee. (L039)

**Non-Commercial Advocate:** A person who disseminates religious, political, social, or other ideological beliefs. No registration, license, or identification card is required.

**Youth Fundraiser:** A person, age 17 and under, selling merchandise or services or seeking donations on behalf of a school, church, sports or scouting organization. One registration is required per group and individuals must display a city approved identification badge. No fee. (L039)

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. <b>License Application (Form #1)</b>
	<input type="checkbox"/> 2. <b>Zoning Addendum (Form #2)</b>
	<input type="checkbox"/> 3. <b>Hennepin County License</b> – Attach a copy available from the Government Center Service Center. This is required for all out of state businesses and is valid for one location. <a href="http://www.hennepin.us/transient-merchant">www.hennepin.us/transient merchant</a> <input type="checkbox"/> N/A – My business is located in the state of Minnesota.
	<input type="checkbox"/> 4. <b>Photo ID:</b> Attach a copy of a driver’s license or government issued photo identification card.
	<input type="checkbox"/> 5. <b>Criminal Background Report</b> – Available from <a href="http://www.cch.state.mn.us/New-Criminal-History-Search">www.cch.state.mn.us/New Criminal History Search</a> or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN 651-793-2400. If you have lived in another state within the past five years, you must attach a report from the other states you lived. Use the <a href="#">Criminal Record Contact List by State</a> on our website. <i>These reports must be dated within 30 days of receipt of this application.</i>
	<input type="checkbox"/> 6. <b>Locations of Sales</b> - Attach a list of the dates and locations (name and address) of sales.
	<input type="checkbox"/> 7. <b>Letters of Consent</b> from the private property owners for each location. Sales are prohibited on public property.
	<input type="checkbox"/> 8. <b>Fee:</b> _____ plus <b>New License Surcharge:</b> _____

**1. Your License Application**

- a. Incomplete applications will be returned.
- b. Licenses are not transferable.
- c. Make a duplicate copy of this packet for your personal records before submitting.

**2. Identification Cards**

Each peddler, solicitor and transient merchant will be issued an identification card from the division of Licenses and Consumer Services which expires on June 30<sup>th</sup> each year unless otherwise indicated on your identification badge. You are required to display your identification card at all times while engaged in solicitation and present upon request.

**3. Information in Other Languages**

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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www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Form section 1 containing fields for License Type, Minnesota Sales Tax ID Number, Legal Corporate Name, Business Address, Mailing Address, Name of Person Filling out this Application, E-mail Address, Name of Manager and Home Address, Type of Ownership, Date of Incorporation, and State of Incorporation.

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Table with 4 columns: Full Name, Date of Birth, % of Ownership, Telephone Number. Includes Home Address fields for each owner.

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

**3. BUSINESS INFORMATION**

Square Footage for Business Use \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently 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 date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling?  Yes  No

Name of Contractor or Building Manager \_\_\_\_\_

Explain the scope of the remodeling or construction:

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.

**4. VEHICLES**

Will there be vehicles used in the business?  Yes  No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

**5. 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 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. Upon submission of this application, all information 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.

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_ 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.