

## License Application: Place of Amusement and Devices

**Definition:** Mechanical, electronic and video games for customers to play with by inserting money or token. Amusement Mechanical Devices are prohibited in grocery stores. ***Every machine must have a decal.***

Examples include:

- baseball, basketball, hockey and similar games
- bowling machines
- card games
- electric rifle, target or gun ranges
- miniature pool tables
- non-commercial recording machines
- photo machines
- pinball machines
- shuffleboards

A **Place of Amusement** is a business that has amusement device machines for customers to use and play.

- ☐ **Class A** Any business, not licensed for on-sale alcohol, with seven or more amusement mechanical devices.
- ☐ **Class B-1** Any restaurant, with an on-sale alcohol license, with six or fewer amusement mechanical devices.
- ☐ **Class B-2** Any restaurant, with an on-sale alcohol license, with seven or more amusement mechanical devices  
or  
Any business which is not a restaurant, with on-sale alcohol license, with one or more amusement mechanical devices.
- ☐ **Class C** Any business, not licensed for on-sale alcohol, with four to six amusement mechanical devices.
- ☐ **No license required** Any business, not licensed for on-sale alcohol, with three or fewer amusement mechanical devices  
Any business owned and operated by a public corporation.  
Any business, with an on-sale alcohol license, that does not allow individuals under the age of 18 unless they are with a parent or guardian.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto: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, 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](mailto:businesslicenses@minneapolismn.gov). ***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.
3. ☐ Attach a list of amusement devices machines. Include the following:
  - Number of machines
  - Type of machines
  - Location of machines
  - Address of buildings

This list must be updated and notify your License Inspector when machines are added or relocated.

#### 4. Background Check

☐ Attach a [Data Privacy Advisory](#) (Form #1) for the applicant, manager, and all owners and partners. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. No one can have a conviction related to the operation of this type of business.

## 2. Place of Amusement license

**Would you also like to apply for a Place of Amusement license?** ☐ No ☐ Yes

1. If yes, complete the requirements below.
2. You will be charged an additional license [fee](#) for this license.
3. The business must always have a manager on premises, and they must be at least 21 years old.

#### Place of Amusement:

1. Check one:

- ☐ Class A Any business, not licensed for on-sale alcohol, with seven or more amusement mechanical devices.
- ☐ Class B-1 Any restaurant, with an on-sale alcohol license, with six or fewer amusement mechanical devices.
- ☐ Class B-2 Any restaurant, with an on-sale alcohol license, with seven or more amusement mechanical devices  
or  
Any business which is not a restaurant, with on-sale alcohol license, with one or more amusement mechanical devices.
- ☐ Class C Any business, not licensed for on-sale alcohol, with four to six amusement mechanical devices.
- ☐ No license required Any business, not licensed for on-sale alcohol, with three or fewer amusement mechanical devices or  
Any business, with an on-sale alcohol license, that does not allow individuals under the age of 18 unless they are with a parent or guardian.  
Any business owned and operated by a public corporation.

2. [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](mailto:development@minneapolismn.gov).

☐ Attach your SAC Determination letter.

### 3. 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 |          |
| <b><u>Minnesota Sales Tax ID Number (Required)</u></b>  | <b><u>Social Security Number or Individual Tax ID (ITIN) (Required)</u></b>                              |                           |          |
| Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC<br><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:   |                           |          |

### 4. Business information

|  |  |
|--|--|
| <input type="checkbox"/> Starting a new business in an existing building.<br>Name of Previous Tenant: _____<br><br><input type="checkbox"/> Changing equipment or remodeling | <input type="checkbox"/> Adding a new license to an existing business.<br>Business Name: _____<br><br><input type="checkbox"/> Taking over an existing business. (New Owner)<br>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.

### 5. 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 %                            |     |
| <b>6. On site manager</b>   |                              |  |     |
| Full Name: Last, First, Middle  |                              | Office phone                           |     |
| Home Address  | City                         | State                                  | Zip |
| Email   | Date of Birth                | Cell phone                             |     |
| <b>7. Company operations</b>  |                              |  |     |
| Days and Hours of Operation:  | Number of amusement devices: | Gross Square Footage for Business Use: |     |
| Give us a description of the services and products at your business.  |                              |  |     |
| Describe your policy regarding minors on premises and how you will enforce curfew laws.   |                              |  |     |
| 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? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.  |                              |  |     |
| <b>8. Workers compensation</b>  |                              |  |     |
| Workers' Compensation Company   | Policy Number                | Dates of Coverage                      |     |
| <p style="text-align: center;">-----Or-----</p> <p>             I certify that I am not required to carry workers compensation insurance because <input type="checkbox"/> I am self-insured. <input type="checkbox"/> I am the sole proprietor, and I have no employees. <input type="checkbox"/> 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.           </p> |                              |  |     |

## 9. 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 \_\_\_\_\_

## 10. 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/](http://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](mailto: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.

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

## Data Privacy Advisory

Complete the information below and attach the following for each owner, partner and manager:

- ☐ A copy of your driver's license or state identification card
- ☐ Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

## Authorization for Release of Information

**This Authorization for Release of Information will expire two years from the date you signed it.**

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Last Name

First Name

Middle Name

Also Known As: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_

- ☐ I have read and understand the above Data Privacy Advisory.
  - ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_