

License Application: Farmers Market

Definition: A public market, usually outdoors, for selling farm products and other craft products directly to customers. This application is for market managers who oversee market vendors. Check the type of market you are applying for.

☐ **Farmers Market:** Vendors are primarily agricultural producers. Other vendors may include craft producers, farm processors, poultry processors, products of the farm vendors, meat processors, cottage food producers, wild harvesters, and individuals selling foods for both immediate and off-site consumption.

☐ **Produce and Craft Market:** Vendors are typically agricultural producers, craft producers, cottage food producers, and seasonal food permit holders.

☐ **Mini Market:** Vendors, five or fewer, are primarily of agricultural producers.

Complete information about requirements can be found on our [Farmers Market](http://www.minneapolismn.gov/farmersmarket) webpage.

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:** Drop off your application at our office.
 - ☐ **Check:** Mail or drop off your application at our office.
 - ☐ **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. [Certificate of Liability Insurance](#) (Sample form on page #5)
Is the Market on a public right-of-way, street or sidewalk ☐ Yes ☐ No If **yes**, submit the following:
☐ Attach a copy of the insurance certificate. You are required to have general liability that includes premises, operations, and products insurance with \$200,000/\$600,000 for property damage, personal injury, or death. The City of Minneapolis must be named as an additional insured.
4. ☐ **Market Managers:** Attach a list of vendors. Include both licensed and exempted vendors.
5. ☐ **Diagram:** Attach an 8.5" by 11", scaled detailed diagram of your market including: vendor stalls, toilets, handwashing, drinking water, garbage cans and any power source.
☐ Indoor diagram ☐ Outdoor diagram
6. **Lower Potency THC or Hemp products** (0.3% or lower) may be sold at Market if the vendors are registered with MN [Department of Health](#). Smoking any type of THC or Hemp products is not allowed.
7. Email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review. **This is a separate review and we cannot approve your license until it is completed.**
If you have questions, call 612-673-3000 or email development@minneapolismn.gov.

3. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Market 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 or ITIN Number (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:		

4. Business Information

License(s) Requested:	
<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant:	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business:
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

5. Market Manager

Full Name	Telephone		
Mailing Address	City	State	Zip
Email			

6. 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 %	

7. Company Operations

Interior	Exterior
Gross Square Footage for Business Use: _____	Gross Square Footage for Business Use: _____
<input type="checkbox"/> Indoor Market	<input type="checkbox"/> Outdoor Market
Days and Hours of Operation:	Days and Hours of Operation:

Is the Market located on a hard, smooth, cleanable surface? ☐ Yes ☐ No

Will there be any vendors cooking food? ☐ Yes ☐ No

Will there be any food sampling? ☐ Yes ☐ No

Give us a brief description of the vendors and products

Describe any entertainment- No live entertainment permitted without an amplified sound permit

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? ☐ Yes ☐ No
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
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Does this include adding/changing equipment that requires a gas or plumbing connection? ☐ Yes ☐ No

Explain the scope of the remodeling or construction.

7. 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.

8. 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 given 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 _____

9. 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. [Surveillance Cameras](#): Confectionary Stores, Gasoline Filling Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.
4. 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.
5. Para ayuda llame 311. Rau kev pab hu 311. Hadii aad Caawimaad u baahantahay wac 311.

City of Minneapolis Requirements for Market Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

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.

Property Damage, Personal
Injury or Death:
\$200,000 per occurrence/
\$600,000 aggregate

City of Minneapolis must be
listed as Additional Insured

Original signature or
stamp of agent.

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 Agency Address City, State, Zip					CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:				
INSURED					INSURER(S) AFFORDING COVERAGE				NAIC #
					INSURER A :				
					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 (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	GENERAL LIABILITY								EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY								TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR								MED EXP (Any one person) \$
									PERSONAL & ADV INJURY \$
									GENERAL AGGREGATE \$
									PRODUCTS - COM/OP AGG \$
									\$
	GEN'L AGGREGATE LIMIT APPLIES PER:								COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC								BODILY INJURY (Per person) \$
									BODILY INJURY (Per accident) \$
									PROPERTY DAMAGE (Per accident) \$
									\$
	AUTOMOBILE LIABILITY								EACH OCCURRENCE \$
	<input type="checkbox"/> ANY AUTO								AGGREGATE \$
	<input type="checkbox"/> ALL OWNED AUTOS								\$
	<input type="checkbox"/> HIRED AUTOS								WC STATU- TORY LIMITS
									OTH- ER
	UMBRELLA LIAB								E.L. EACH ACCIDENT \$
	EXCESS LIAB								E.L. DISEASE - EA EMPLOYEE \$
	<input type="checkbox"/> CLAIMS-MADE								E.L. DISEASE - POLICY LIMIT \$
	DED <input type="checkbox"/> RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)			Y/N	N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
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.