

License Application: Hotel

Definitions:

- Hotel/Motel:** A business with more than 20 guest rooms for overnight rental.
- Boutique Hotel:** A business with 5 – 20 guest rooms for overnight rental.
- Extended Stay Hotel:** A business with guest rooms which have bed(s) and a full-sized kitchen.

Hotels may have restaurants, meeting rooms, entertainment, and recreational facilities.

Note: We are upgrading our website. Any item in *blue italics* can be found on the Minneapolis Business Licenses website. We are sorry for this temporary inconvenience. Underlined [words](#) in dark blue are active hyperlinks.

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:** 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. **Floor Plan:** Attach an 8.5" by 11", scaled diagram. Include the square footage, number of rooms, number of floors and label the areas for food service, other amenities, and interior and outdoor areas.
4. **Background Check:**
 - Attach a [Data Privacy Advisory](#) (Form #1): This is required for 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. Here is a list of all [state telephone numbers](#).
5. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.

2. Additional Licenses

Would you like to apply for another license?

1. Check all that apply and attach the documents listed. You do not have to attach duplicate documents.
2. You may not need to complete any additional applications.
3. You will be charged a fee for each additional license. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

- Catering:** A restaurant or food business preparing and/or serving food at an event.
 - [\(License Fee\)](#) Attach the following:
 - 8.5" x 11" scaled [Floor Plan](#)
 - A copy of your Minnesota Department of Health [Certified Food Protection Manager](#) certificate
 - A copy of the menu and/or list of food items for sale.
- Permits are required for equipment with gas, plumbing or mechanical connections. Email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review.

- Confectionery:** The sale of ready-to-eat, single-serving, pre-packaged snack items and beverages. **(License Fee)** Attach the following:
- 8.5" x 11" scaled **Floor Plan**
 - A copy of your Minnesota Department of Health **Certified Food Protection Manager** certificate
 - A copy of the menu and/or list of food items for sale.
 - Are you replacing or adding new kitchen or bar equipment? Yes No
 - If yes, attach a list of equipment and specifications.
- Permits are required for equipment with gas, plumbing or mechanical connections. Email a **Food Plan Review Form** to development@minneapolismn.gov. There is a **fee** for this review.
- No. I do not need any permits for my kitchen equipment.
- Restaurant/Food Manufacturer:** A food business preparing food and beverages for customers. A license is required for buffets, sit-down restaurants, fast food restaurants, and coffee shops. If you plan to serve liquor, wine, or beer, complete an **alcohol license application**. You will not need to fill out a restaurant application if you are serving alcohol. **(License Fee)** Attach the following:
- 8.5" x 11" scaled **Floor Plan**
 - A copy of your Minnesota Department of Health **Certified Food Protection Manager** certificate
 - A copy of the menu and/or list of food items for sale.
 - Are you replacing or adding new kitchen or bar equipment? Yes No
 - If yes, attach a list of equipment and specifications.
- Permits are required for equipment with gas, plumbing or mechanical connections. Email a **Food Plan Review Form** to development@minneapolismn.gov. There is a **fee** for this review.
- No. I do not need any permits for my kitchen equipment.
- Sidewalk Café:** An outdoor area of a restaurant where food and drinks are served to customers. A public hearing may be required. This will be scheduled by your Inspector. This will not delay opening your restaurant or hotel. **(License Fee)** Attach the following:
- Certificate of Liability Insurance
\$50,000 per occurrence and \$300,000 aggregate for personal injury or death
\$10,000 per occurrence for property damage.
The City of Minneapolis shall be named as an additional insured.
 - 8 ½" x 11" scaled sidewalk café plan that conforms to all of the city's **Sidewalk Café Standards**. Your plan must meet these standards before we can approve your license.
 - ___ # Tables and # Chairs
 - You need to send a letter to your **City Council Member**, **Neighborhood Organization**, and **Business Association**. Tell them your business name, address and type of license; your name, email address and telephone number. Describe your sidewalk café. A **sample letter** is on our website. Attach a copy of your letter.
- Swimming Pool:** Every pool, hot tub, or whirlpool, available for public use, needs a license. Pools can be inside or outside. **(License Fee)**
1. How many swimming pools do you have? _____
 2. How many whirlpools/hot tubs do you have? _____
 3. No public pool shall be constructed, installed, or materially altered until complete plans are submitted and approved by **Minnesota Department of Health (MDH)**. Contact Steve Klemm at steve.klemm@state.mn.us or 651-201-4503 if you have any questions.
- Tobacco:** The sale of tobacco and tobacco products in retail stores. **(Tobacco Dealer License Fee)**
- Attach a **Tobacco Supplemental Information Form**.
- Vending Machines**
- Attach a list with the type of food/items in each machine. **(License Fee)**

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	
Minnesota Sales Tax ID Number	Social Security Number or Individual Tax ID Number		
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. 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 %	

6. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
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Give us a description of the services, entertainment, 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? 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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Explain the scope of the remodeling or construction.

7. 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.

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 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. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



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:

- 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.

Last Name	First Name	Middle Name
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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: _____