

License Application: Rental Hall

Definition: A building or room rented for private events such as a wedding or Jen’s birthday party. A fee may or may not be charged for private events. Rental Halls cannot be used as a nightclub or concert venue. No public events are allowed. A public hearing is required before you can operate. Your [License Inspector](#) will schedule this.

[Chapter 266](#) of the Minneapolis Code of Ordinances defines when a license is not required.

Operating Requirements:

1. You must have a signed lease for every event at your rental hall. This must remain on file for one year with the client’s name, telephone, address, nature of event, number of attendees, hours of use, hours of event, and the type and amount of entertainment.
2. You must have a designated manager.
3. You must provide adequate security. One security person is recommended for 50 guests if alcohol is served or dancing occurs.
4. No subletting of your rental hall.
5. You must notify the police five days in advance of any event with dancing, live music and/or recorded music.
6. No pre-purchased tickets or ticket sales at the door unless the event is a political or charitable fund raiser.
7. Alcohol must be provided by host. It may not be sold during the event. A [Temporary Alcohol Permit](#) is available. Talk to your [License Inspector](#).

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

Part One

This application has two parts. **Part One:** Complete the application and include all the requirements listed below. **Part Two:** After we review Part One, your [License Inspector](#) will contact you about completing the rest of your application.

1. Application Requirements

1. **Application Form**
2. **Floor Plan:** Attach an 8.5” by 11”, scaled diagram.
 - a. Include the square footage as well as labels of the interior and outdoor areas.
 - b. Label the area available for customers.
 - c. Identify Fire Occupancy (interior) and Maximum Capacity (exterior).
3. **Would you like to apply for an Extended Hours License?** Yes No
If yes, you do not need to complete another application. You do not have to pay an additional new processing charge. You will be charged an additional [license fee and investigation charge](#). This license allows you to stay open later than the hours defined in the Minneapolis Code of Ordinances and Zoning Code.
4. **Are you applying for any other licenses?** Yes No
If yes, please list: _____
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.
 Attach your SAC Determination letter.

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

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.

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.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

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.

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. 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.

Part Two

Begin completing the forms listed in **Part Two**. After your [License Inspector](#) contacts you, submit them for review. Attach all documentation. Incomplete applications may be returned.

6. **Attach a [Data Privacy Advisory](#)** (Form #1) for the applicant, on-site manager(s), 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. Here is a list of all [state telephone numbers](#). No one can have a felony conviction, two misdemeanors, a license revocation or adverse license action in the past five years related to the operation of a rental hall.
7. **[Residential and Employment History](#)** (Form #2) completed by the applicant, on-site manager(s) and all owners and partners. For corporations, include officers, directors and shareholders with 10% or more ownership.
8. **[Business Plan](#)** (Form #3)
9. **[Source of Funds](#)**: Complete Form #4 and provide documents with the funds to begin operating the business. Include expenses (equipment, payroll) and funding resources (bank statements, credit/loan documents, etc.).
10. **[Certificate of Liability Insurance](#)** (Sample Form #5)
 - Attach a copy.
 - a. This must be furnished by your Insurance Agent.
 - b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages:
 - \$200,000 per occurrence and \$600,000 aggregate for personal injury or death
 - \$50,000 for property damage
11. **Ownership Information** – Attach one of the following:
 - Sole Proprietorship: Provide a copy of certificate of assumed trade name.
 - Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement.
 - Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
12. **Attach a copy of the Lease Agreement**, Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, and/or Promissory Notes for the business and/or building.
13. **You need to send a letter to your [City Council Member](#)** [Neighborhood Organizations](#) and [Business Association\(s\)](#). Include the type of license(s); address; your name, address and telephone number; and Business Plan. Attach copies of letters or emails. Attach a copy of your [letter](#).
14. There is a [fee](#), plus a new license processing charge, for this application. You can pay by cash, check or credit card. We will contact you.



City of Minneapolis
Licenses and Consumer Services

505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

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: _____

Residential and Employment History

Each applicant and all owners, partners and on-site managers must complete the information below.

Background Information				
Your Name (First, Middle, Last)	Place of Birth (City, State)	Date of Birth		
First, middle, or last names you have ever used or been known by				
List your home addresses for the past ten (10) years. Attach additional sheets if necessary.				
Street Address	City	State Zip	From	To
List your employment for the past ten (10) years. Attach additional sheets if necessary.				
Employer and Address	City	State Zip	From	To



Business Plan Requirements

The Minneapolis Code of Ordinances, Chapter 259.30, requires applicants to describe in detail your business operations. Attach a typed report that includes all the following items. You may attach extra documents to your report. Answer every question that is relevant.

1. **Safety**

Attach your [Safety Plan](#) to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.

2. **Noise**

Attach your [Sound Management Plan](#) which details how you will manage sound from your business. A Sound Plan is not required for Off Sale Alcohol businesses.

3. **Litter Removal**

You are required to clean litter within a 100 foot radius from your business. Describe your plans for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather months.

4. **Entertainment**

Describe the following:

- type of entertainment at your business
- days and hours of the entertainment and
- age group which the entertainment is directed

Acknowledgement and Agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct; and
- Any material change in the business plan must be submitted to an approved by the Business Licenses Division before implementation; and
- Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

By typing your name, you are electronically signing this application.

Signature of Applicant: _____ Title: _____ Date: _____

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. **Attach documentation for all sources of your financing.**

1. Tax Records: Required

Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture or corporate tax records, if applicable.

2. Costs Reporting Form: Required

Attach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses and revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings: Required

Attach copies of three months of full official bank statements that show the money being used is available in the first month's statement that is provided.
 Alcohol Establishments: Must additionally attach copies of three months of full official bank statements from twelve months prior to the first month's bank statement that is provided.

4. Loans from the Lending Institution

Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; or
 Individuals may be eligible for a loan, but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.
 N/A

5. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well as tax records.

Attach a copy of each lender's source of funds and tax records; and
 Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); and
 If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.
 N/A

6. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); and
 Attach a statement about payment terms.
 N/A

Acknowledgement

I (printed name) _____ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

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

By typing your name, you are electronically signing this application.

Signature _____ Title _____ Date _____

Source of Funds Costs Reporting Form

An applicant must report all costs and fund sources associated with pursuing this license to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** your specific costs and sources of funds. Attach additional sheets if necessary.

Applicant's Name: _____		Business Name: _____	
Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Professional Expenses (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Start Up Costs (insurance, license fees, inventory, etc.)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Other Expenses (payroll, insurance, SAC charges, other)			
\$ _____	for _____		
\$ _____	for _____	Subtotal \$ _____	
Total Costs for pursuing this License:		\$ _____	

Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

Complete and submit with your license application. A sample is listed below.

Applicant's Name:		Business Name (DBA):	
Total Cost to Start the Business (from items listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
	TOTAL:		

Here is a sample of your documentation.

Applicant's Name: A. A. Smith		Business Name (DBA): The Company Business	
Total Cost to Start the Business (from items listed above.) \$ 30,000			
	Fund Source	Amount	Documentation Attached
<input type="checkbox"/>	Savings Account Money	\$10,000	Bank Statements from Jan, Feb, Mar 2013 and 2014
<input type="checkbox"/>	Bank Loan	\$10,000	Loan Closing Documents from First Bank and Trust
<input type="checkbox"/>	Loan from Parents	\$10,000	Stock Dividend Statement 2013 and 2014 Tax Records 2013 and 2014 Promissory Note Notarized Statement of Loan Terms
<input type="checkbox"/>	TOTAL:	\$30,000	

City of Minneapolis

Requirements for Insurance Certificates

Certificate of Liability Insurance

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS				PRODUCTS - COMPO/PPAGG \$ _____ COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY \$ _____ (Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				W/C STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

Original signature or stamp of agent

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
 ADDITIONAL INSURED; INSURER LETTER
 CERTIFICATE HOLDER
 City of Minneapolis
 Licenses and Consumer Services
 505 Fourth Ave. S., Room 220
 Minneapolis, MN 55415
 AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.