

License Application: Rental Hall

Definition: A building, facility, room, or portion thereof, which is rented, leased or otherwise made available to any person or group for a private event or function (weddings, baby showers, etc.) that is not open to the general public, whether or not a fee is charged.

Rental Halls cannot be used as a nightclub, concert venue or events hosted by the owner.

Public events, pre-purchased tickets and/or ticket sales at the door are not allowed.

Any alcohol must be provided by the host, the person renting the space. It may not be sold during the event. A Temporary Alcohol Permit is available or hire a licensed liquor caterer.

No subletting of the Rental Hall.

A public hearing is required before you can operate. Your License Inspector will schedule this.

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", detailed 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. Include bathrooms and kitchen areas.
 - d. Show all tables and seating
 - e. Identify Fire Occupancy (interior) and Maximum Capacity (exterior).
3. **Would you like to apply for an Extended Hours License?** ☐ Yes ☐ No
If yes, you will 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. ☐ A designated manager, who is an employee, must always be on-site for all events.
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.
6. **Do you have a valid Certificate of Occupancy to open and operate?** ☐ yes ☐ No
If not, please contact Construction Code Services at 612.673-5890.
The certificate of occupancy, occupant load certificate, hours of operation and the license certificate issued must be posted in a conspicuous place on the premises.

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	
<u>Minnesota Sales Tax ID Number</u> (Required)	<u>Social Security Number or Individual Tax ID (ITIN)</u> (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

Describe the Rental Hall business		
Square footage	Total Occupancy	Number of Seats
Days and Hours the business is available for renting		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____ <input type="checkbox"/> Changing Equipment. </div> <div style="width: 48%;"> <input type="checkbox"/> Adding a new license to an existing business. (New License) <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____ <input type="checkbox"/> Remodeling Only. </div> </div>		
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of contractor or building mangager
Explain the scope of the remodeling or construction:		
Will you have a kitchen facility for food service: <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe		

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	Email	Date of Birth	Ownership %

Full Name: Last, First, Middle			Telephone	
Home Address		City	State	Zip
Title	Email	Date of Birth	Ownership %	

Full Name: Last, First, Middle			Telephone	
Home Address		City	State	Zip
Title	Email	Date of Birth	Ownership %	

5. On-site manager				
Full Name: Last, First, Middle			Telephone	
Home Address		City	State	Zip
Title	Email	Date of Birth	Ownership %	

6. Company operations				
List any licenses you currently have or previously held in Minneapolis (business or individual).				
<p>Have you ever had a business license denied or revoked by any government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.</p>				

7. Workers compensation		
Workers' Compensation Company	Policy Number	Dates of Coverage
<p>-----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>		

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. City's website- 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. 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.

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.

7. ☐ **Attach a [Data Privacy Advisory](#)** (Form #1) for the applicant, on-site manager(s), and all owners and partners.
☐ **Include a copy of driver's license** or government issued ID for applicant for each owner and/or partners and a 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 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.
8. ☐ **[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.
9. ☐ **[Police Safety Plan Review](#)** (Form #3) Contact your Police Precinct Crime Prevention Specialist to review plan
10. ☐ **Business Plan**(Form #4)
11. ☐ **[Source of Funds](#)**: (Form #5) complete and provide documents with the funds to begin operating the business. Include lease, contracts, expenses, equipment, payroll, insurance, remodeling, and funding sources (bank statements, credit/loan documents, etc.).
12. **[Certificate of Liability Insurance](#)** (Sample Form #6)
☐ 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
13. **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.
14. ☐ **Send a notification letter to your [City Council Member](#), [Neighborhood Organizations](#) and [Business Association\(s\)](#)**. Include the type of license(s); business address; your name, address and telephone number; and approved Business Plan. Attach a copies of your [letter](#) or emails.
15. ☐ **Attach a copy:** signed copy of the Lease Agreement for the property
16. ☐ **Rental Hall Lease Agreement-** Submit copy of your rental hall agreement that includes: renter's name, telephone number, email, nature of event, number of attendees, hours of use, hours of event, type of entertainment and all the rules they must follow including alcohol policies. There is no subleasing. These lease agreements must remain of file for at least one year.



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 on-site 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 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

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



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

Police Department Safety Plan Review

Rental Hall License

All businesses licensed by the City of Minneapolis must provide adequate security to prevent criminal activity, loitering, lurking and disorderly conduct at their business, including parking areas, per MCO 259.250 (4).

Not providing adequate security to make your business safe could have an impact on the success of your business and your ability to continue to operate. Adequate security is not “one size fits all”, even a well-vetted plan does not fit every circumstance.

It is important that this review happens with the Minneapolis Police Department. Business owners meeting face to face with Police representatives is a way to develop a positive connection.

This portion to be completed by applicant

Name of Business: _____ Address _____

Contact Person: _____ Phone Number: _____

Business Safety Plan Requirements and Process

1. Please review the following components of a Rental Hall business safety plan.
2. Create and write a plan that will best ensure the safety of your business, customers and the surrounding community, according to your business model.
3. Schedule a review of your plan by MPD Personnel to be determined by the Precinct Commander. The review should occur at the proposed business, if possible.
4. You must include copies of your License Application, Business Plan and Safety Plan with this form.

Rental Hall Business Safety Plan

Based on industry best practices, a successful business will have a safety plan that includes the following components-

A. Staffing and Procedures-

- a. Who will do the hiring and how many employees will you have working for rental events? Will you complete background checks on all employees?
- b. A manager, who is an employee, must be on site during all events.
- c. Describe your security personnel and job duties as you must have at least 1 security person per 50 people if alcohol is present, or if guests dance to live or recorded music.
- d. Will security be in a uniform or recognizable clothes? Will they be armed with a firearm or other weapon?
- e. **Note-** if you hire an outside professional security company, or contract with security personnel that are not your W-2 employees, they must be licensed by the Minnesota Board of Private Detective and protective Agent Services. Any company can hire someone as an employee (W-2) to protect their own property (326.3381 sub 1a. Proprietary Employees). However, any individual or company who offers this service as a contractor (1099), or offers this service to another company, needs to be licensed by the State of MN (326.338 Sub 4. Persons Engaged as Protective Agents)
- f. Incident logs- how will you communicate and share policies, incidents and update employees?
- g. Do you plan on creating a “No Rental List” for people that you will not allow to rent to again. How is this documented and who is responsible to manage the list? Will you share this list with Police and Business Licensing?
- h. Alcohol Server Training- educate employees on the rules and laws of alcohol and prevent over serving.

B. Exit Strategies

- a. How will you notify guests that the event will be ending soon?
- b. Describe how you will assist people to leave the rental hall on time?
- c. How will you ensure people leaving aren't being loud and disruptive to the neighbors? If you have a parking lot, how will you prevent people from loitering?
- d. Will you have a valet service which requires a license?
- e. Explain how you will work with traffic management?
- f. What are the plans for emergency evacuation, sheltering in place and active shooter?

C. Crime Prevention Through Environmental Design

- a. Have enough exterior and interior lighting levels to promote safety, describe the lighting for your rental hall.
- b. Describe the video surveillance system at the rental hall. Where are the cameras located and who has access to the video. How long are they stored for and will you provide them to Business Licensing or the Police to assist in an investigation?
- c. To prevent a crime from happening, how will you ensure private spaces are only accessible to staff and prevent guests from going into those areas.

This portion to be completed by MPD

Police Representative _____ Badge # _____

Comments:

MPD Signature _____ Date _____

Applicant Signature _____ Date _____

The Minneapolis Police Department does not approve safety plans or endorse license applicants or applications.

Business Plan Requirements Rental Hall Applications

Attach a typed report that includes all the following items that explains the business plan for your Rental Hall. You may attach extra documents to your report.

- 1) Describe your Rental Hall business operations.**
 - a) How do you plan to operate, what types of events will be at the Rental Hall?
 - b) What is your occupancy?
 - c) What type of events will be at the Rental Hall?
 - d) Include details like number of tables, chairs and the approved occupancy number.
- 2) Entertainment.** You must notify your Police Precinct Crime Prevention Specialist at least 5 days in advance of any events with dancing, live music or pre recorded music.
- 3) Safety.** Attach your Police Safety Plan Review Form to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.
- 4) Alcohol Policy.**
 - a) Describe your policy regarding alcohol at events.
 - b) Alcohol can't be sold, only provided by the host that is renting for the private event. (ex: bride and groom may bring champagne for the guests)
- 5) Noise.** Attach your [Sound Management Plan](#) which details how you will manage sound from your business.
- 6) Litter Removal.** You are required to clean litter within a 100-foot radius from your business.
 - a) Describe your plans for litter, graffiti, and garbage cleanup.
- 7) Days and Hours of rental- do you need an Extended Hours license?**
 - a) Specify the hours for every day of the week
 - b) Include both inside and outside hours
- 8) Food Service Policy.**
 - a) Do you have a kitchen area in the Rental Hall?
 - b) What is the food policy
- 9) Applicant's Experience and Background with operating a Rental Hall.**
 - a) Include a resume or summary of your work experience.

9) Advertising. Attach a copy of all the sites you will advertise, such as social media, website, flyers or coupons.

Acknowledgement and Agreement

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

- ☐ The attached Rental Hall business plan is true and correct; and
- ☐ All events must be conducted in strict compliance with all applicable federal, state and local laws and ordinances including, but not limited to, any law relating to zoning, building maintenance, fire prevention, liquor, health or safety.
- ☐ Any changes in the business plan must be submitted and 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.) :			
	Fund Source	Amount	Documentation Attached	
	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 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.

<p>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.</p> <p>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).</p>																																																																																																																																																					
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<p>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.</p> <table border="1"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR INSR WVD</th> <th>POLICY NUMBER</th> <th>POLICY (MM/DD/YY)</th> <th>POLICY (MM/DD/YY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td></td> <td>GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>EXCESS TO RENTED PREMISES (Ea occurrence) \$</td> </tr> <tr> <td></td> <td>CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>MED EXP (Any one person) \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PERSONAL & ADV INJURY \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>GENERAL AGGREGATE \$</td> </tr> <tr> <td></td> <td>GEN'L AGGREGATE LIMIT APPLIES PER:</td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COM/OP AGG \$</td> </tr> <tr> <td></td> <td>POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>AUTOMOBILE LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>COMBINED SINGLE LIMIT (Ea accident) \$</td> </tr> <tr> <td></td> <td>ANY AUTO</td> <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person) \$</td> </tr> <tr> <td></td> <td>ALL OWNED AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per accident) \$</td> </tr> <tr> <td></td> <td>HIRED AUTOS</td> <td></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE (Per accident) \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>UMBRELLA LIAB</td> <td></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td></td> <td>EXCESS LIAB</td> <td></td> <td></td> <td></td> <td></td> <td>AGGREGATE \$</td> </tr> <tr> <td></td> <td>DED <input type="checkbox"/> RETENTION \$</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/></td> </tr> <tr> <td></td> <td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH)</td> <td>Y/N <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td></td> <td>If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> </tbody> </table>										INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS		GENERAL LIABILITY					EACH OCCURRENCE \$		COMMERCIAL GENERAL LIABILITY					EXCESS TO RENTED PREMISES (Ea occurrence) \$		CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$							PERSONAL & ADV INJURY \$							GENERAL AGGREGATE \$		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					\$		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$		ANY AUTO					BODILY INJURY (Per person) \$		ALL OWNED AUTOS					BODILY INJURY (Per accident) \$		HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$							\$		UMBRELLA LIAB					EACH OCCURRENCE \$		EXCESS LIAB					AGGREGATE \$		DED <input type="checkbox"/> RETENTION \$					\$		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A <input type="checkbox"/>			E.L. EACH ACCIDENT \$		If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$							E.L. DISEASE - POLICY LIMIT \$
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City of Minneapolis as
certificate holder and
additional insured

Original signature or
stamp of agent.

Applications will be returned if requirements are not complete.