

License Application Guidelines and Checklist

License Type: **Secondhand Goods**

DEFINITION: The selling or receiving of tangible personal items, excluding motor vehicles, previously owned, used, rented or leased.

Class A: 400 or more reportable transactions per year. Class B : 399 or fewer reportable transactions per year. See page 2.

A license is required for Antique Dealers, Antique Mall Operators and Auction House Dealers. One license is required for an establishment with multiple vendors utilizing a single cash register for all transactions.

A license is not required for the following: 1) Garage, yard or estate sales held on private property of the seller or property owned, leased or rented by a charitable organization; the occupant owns the items offered for sale and none of the items were purchased for resale or consignment; the owner conducts the sale and receives the proceeds; sales do not exceed seventy-two (72) consecutive hours; and there are no more than two (2) sales in any twelve (12) month period. 2) Sales of books, magazines, post cards, postage stamps or philatelic material; 3) Sales by licensed Precious Metals Dealers, Pawnbrokers, Used Auto Parts Dealers, Exhibitors or Municipal Market Operators.

Application Checklist

Submit completed items below to:

[Minneapolis Development Review](#)

250 South 4th Street, Room 300 Public Service Center, Minneapolis, MN 55415

[Free Parking](#)

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum (Form #2)
	<input type="checkbox"/> 3. Supplemental Affidavit (Form #3): Applicant; manager(s); and each owner, partner, officer and shareholder who owns 10% or more corporate stock unless the company is publicly traded must complete and <input type="checkbox"/> Attach a copy of their driver's license or government issued ID.
	<input type="checkbox"/> 4. \$5,000 Bond (Form #4) – See page 2 for requirements. <input type="checkbox"/> Not required for Class B.
	<input type="checkbox"/> 5. Ownership Information: <input type="checkbox"/> Proprietorship: Provide a copy of certificate of assumed trade name. <input type="checkbox"/> Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	<input type="checkbox"/> 6. True and complete copy of the executed lease agreement, contract for the business and/or building.
	<input type="checkbox"/> 7. Proof that real estate taxes are paid. Contact Hennepin County. (612)348-3011 taxinfo@co.hennepin.mn.us
	<input type="checkbox"/> 8. Fee: _____ plus New License Surcharge

Your License Application:

- a. Incomplete applications will be returned. All applications must be signed by an owner, partner or principal.
- b. Make a duplicate copy of this packet for your personal records before submitting. Licenses are not transferable.
- c. [Minnesota Sales Tax ID Number](#) or 651-296-6181. No license will be issued for a period longer than one year.
- d. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Hours of Operation – 1 City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

Information in Other Languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Reportable Transactions
Defined in the Minneapolis Code of Ordinances, Chapter 321.110

(a) Reportable transactions. Except for items received through consignment, or for which payment in full is made with a credit or voucher redeemable for merchandise from the dealer, every dealer shall report daily, to the police department, any recordable transaction in which one (1) or more of the following items is received, regardless of the purchase price, asking price if consigned or brokered, or value attributed to it if accepted in trade:

- (1) Any item with a unique identifier.
- (2) Items containing precious metals.
- (3) Items containing precious gems.
- (4) Firearms.
- (5) Any of the following items for which the dealer paid twenty-five dollars (\$25.00) or more, in cash or other consideration, or which the dealer intends to offer for sale, or broker, for fifty dollars (\$50.00) or more.
 - a. Electronic audio equipment.
 - b. Electronic video equipment.
 - c. Musical instruments.
 - d. Photographic and optical equipment.
 - e. Electronic office equipment.
 - f. Computers, monitors, printers, scanners and computer hardware.
 - g. Cellular telephones and pagers.
 - h. Outboard motors, inboard drives, and powered golf carts.
 - i. Electric and gas powered yard or garden equipment and tools.
 - j. Electric, pneumatic or hydraulic powered construction or mechanic's equipment or tools.
- (6) Sporting equipment limited to bicycles, golf clubs, snow boards, skis, ski boots and hockey goalie pads, regardless of the purchase price, asking price if consigned or brokered, or value attributed to them if accepted in trade, or any other item for which the secondhand dealer paid one hundred dollars (\$100.00) or more, in cash or other consideration, or which the secondhand dealer intends to offer for sale, or broker, for two hundred dollars (\$200.00) or more.
- (7) Architectural elements, lighting fixtures or lamps that are, or contain, stained, etched, leaded, beveled or art glass, limited to those which the secondhand dealer paid one hundred fifty dollars (\$150.00) or more, in cash or other consideration, or which the secondhand dealer intends to offer for sale, or broker, for three hundred dollars (\$300.00) or more.
- (8) Artist signed or artist attributed works of art, other than architectural elements, lighting fixtures or lamps, limited to those for which the secondhand dealer paid two hundred fifty dollars (\$250.00) or more, in cash or other consideration, or which the secondhand dealer intends to offer for sale, or broker, for five hundred dollars (\$500.00) or more.

\$5,000 Bond

1. Information must be on the attached City of Minneapolis Bond Form. This is a continuous bond and valid until cancelled.
2. The amount of the bond must be the same as the amount listed above.
3. The name of the licensee and the principal on the bond must be the same.
4. Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
5. Bond must include an acknowledgement of surety and the agent's power of attorney.



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
License # L
CSR:
Fee: \$
Date:

License Application

1. BACKGROUND INFORMATION			
Name of Person filling out this application (Last, First, Middle)	As an Applicant/Licensee, I am:		
MN Sales Tax ID, Social Security, or Individual Tax ID Number	<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) <input type="checkbox"/> Taking over an existing business (New Owner) Name of existing business: _____ <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Remodeling Only		
Legal/Corporate Name of Business	Trade Name(DBA)	Business Telephone	
Business Address	City	State	Zip Code
Mailing Address (If different than Business Address)	City	State	Zip Code
Name of Person Filling out the Application	Title	Telephone Number	
E-mail Address (Required)	Fax Number	Cell Phone 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	State of Incorporation	Date of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Have any of the people listed above been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide or attach specific information about dates and conviction.			

3. COMPANY OPERATIONS

Square Footage for Business Use	Hours of Operation
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Describe in detail the principal products, types of entertainment, and/or services rendered.

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 Minneapolis or another 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.

4. 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.

5. VEHICLES

Will there be vehicles used in the business? YES NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

6. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing 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.

SIGNATURE OF APPLICANT _____ DATE _____

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
 - No entertainment.**
 - Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.
 - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.
 - Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: _____ Proposed land use(s): _____
6. Are there any existing land use approvals for this address which affect this license application? YES NO
If Yes, provide a brief description of any land use history relevant to the proposed licensure.

7. Comments: _____

8. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

9. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

 10. Comments: _____

- CPED Planning Staff Signature _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.

SUPPLEMENTAL AFFIDAVIT - SECONDHAND GOODS

This form must be completed, signed and sworn to by each applicant, manager, owner, partner, corporate officer and shareholder with more than ten (10) percent of the corporate stock unless stock is publicly traded. Make additional copies if necessary.

1. BACKGROUND INFORMATION				
Name of Business		Business Address		
NAME (Last, First, Middle):				
List all other last names, first names, or middle names you have ever used or been known by:				
Name	City, State, Zip Code		Dates	
Name	City, State, Zip Code		Dates	
Name	City, State, Zip Code		Dates	
2. FIVE YEAR RESIDENTIAL AND EMPLOYMENT HISTORY				
A. FIVE (5) YEAR RESIDENCE HISTORY				
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
ATTACH ADDITIONAL SHEETS IF NECESSARY				
B. FIVE (5) YEAR EMPLOYMENT HISTORY				
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
ATTACH ADDITIONAL SHEETS IF NECESSARY				

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C. FIVE (5) YEAR BUSINESS HISTORY: PROVIDE THE FOLLOWING INFORMATION REGARDING BUSINESSES YOU HAVE OWNED OR HAD A FINANCIAL INTEREST (OTHER THAN PUBLICLY TRADED STOCK)

Business Name	Role / % of Ownership	Dates
Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Business Name	Role / % of Ownership	Dates
Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code

ATTACH ADDITIONAL SHEETS IF NECESSARY

Address where Records are stored:

Are you a firearms dealer? Yes No If yes, Federal ID Number:

3. DATA PRIVACY

The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself which will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

4. VERIFICATION

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

I have read and understand the above Data Privacy Advisory.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY MINNEAPOLIS POLICE LICENSE INVESTIGATION DIVISION

Applicant(s) appear to meet the minimum licensing standards. Yes No

By: _____ Date: _____



STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS.

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City of Minneapolis, a municipal corporation in the County of Hennepin and State of Minnesota in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made to said City of Minneapolis or its assigns, we jointly and severally bind ourselves, or successors, heirs, executors and administrators, firmly by these presents.

The condition of this obligation are such that, whereas the above named principal, _____, has duly applied for a license to do business as a _____ in the City of Minneapolis, Minnesota during the license year ending the first day in _____, A.D. 20____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued, if said above bounden principal, _____, shall well and truly observe the ordinances of said City of Minneapolis in relation to _____ and conduct his business in conformity thereto and shall well and truly account for and deliver to any person legally entitled thereto any goods, wares or merchandise, article or things which may come into his hands through his business as such _____ or in lieu thereof shall well and truly pay in money to such person or persons the reasonable value thereof, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one of the license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, A.D. 20_____.

Signed, Sealed, and Delivered
in the Presents of:

_____	_____ (SEAL)
_____	_____ (SEAL)
As to Principal	Principal
_____	_____ (SEAL)
_____	_____ (SEAL)
As to Surety	Surety

ACKNOWLEDGEMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS

On this _____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (PARTNERSHIP)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (CORPORATION)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ATTACH ACKNOWLEDGEMENT OF SURETY