



License Application: Sidewalk Café

Definition: A restaurant serving customers at tables on the city sidewalk. A public hearing may be required before you can operate. Your [License Inspector](#) will schedule this. Use this form if you do not serve alcohol at your restaurant. If you serve alcohol, you also need to complete an [Expansion of Premises](#) application to add a Sidewalk Café.

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

1. Application Requirements
1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a fee , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> Cash: Drop off your application at our office. <input type="checkbox"/> Check: Mail or drop off your application at our office. <input type="checkbox"/> 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. <input type="checkbox"/> Attach a copy of your Restaurant/On Sale Alcohol Application or <input type="checkbox"/> List your Minneapolis Restaurant/On Sale Alcohol License Number: _____
4. <input type="checkbox"/> Attach an 8 ½" x 11" scaled sidewalk café plan that conforms to the Sidewalk Café Standards . # Chairs _____ # Tables _____ Square Footage _____ Maximum Capacity _____ Hours _____
5. Certificate of Liability Insurance (Sample form #1) <input type="checkbox"/> Attach a copy. This must be furnished by your insurance agent. You are required to have general liability that includes premises, operations, and products insurance with the following coverages: <input type="checkbox"/> \$50,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$10,000 per occurrence for property damage. <input type="checkbox"/> The City of Minneapolis shall be named as an additional insured. <input type="checkbox"/> The certificate must state "includes sidewalk café".
6. You need to send a letter to your City Council Member , Neighborhood Organization , and Business Association(s) . 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. <input type="checkbox"/> Attach a copy of your letter.
7. 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 . <input type="checkbox"/> Attach a copy of your SAC Determination Letter

2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> _____		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Business Telephone Number	Cell Phone Number	
Minnesota Sales Tax ID Number (Required)	Social Security Number or Individual Tax ID(ITIN) (Required)		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit			

3. Business Information

<input type="checkbox"/> Adding a new license to an existing business (New License)	<input type="checkbox"/> Changing or Adding Equipment
<input type="checkbox"/> Remodeling <input type="checkbox"/> Upgrading/downgrading a current license	<input type="checkbox"/> Other: _____
License Requested:	

4. Company Operations

Gross Square Footage for Business Use:	
Days and Hours of Operation:	
Give us a brief description of your business.	
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
Does this include adding/changing equipment that requires a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain the scope of the remodeling or construction.	

5. Entertainment

A. Entertainment: Check all categories of entertainment you are planning to provide at your business.
<input type="checkbox"/> No Live Entertainment: Radio, television, electronically reproduced music, and jukebox.
<input type="checkbox"/> Limited Entertainment: Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing.
<input type="checkbox"/> General Entertainment: All forms of entertainment described above and patron dancing.
<input type="checkbox"/> Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude).
B. Describe all the entertainment you are planning to provide:

6. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

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

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.

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

Signature of Applicant _____ Title _____ Date _____

7. 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 us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 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

Requirements for Insurance Certificates

Certificate of Liability Insurance

#1

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/OP/AGG \$ _____ 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.