

## License Application: Street Café

**Definition:** A restaurant serving customers at tables on the public roadway. Street cafes are placed on a platform next to a curb in an unrestricted parking lane. 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 the [Expansion of Premises](#) application.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto: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](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. Determine if you are eligible to place a café in the street. Complete the [Confirmation of Eligibility Checklist](#) on our website. We cannot process your application until this is approved.
3. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
  - ☐ **Cash:** Drop off your application at our office.
  - ☐ **Check:** Mail or drop off your application at our office.
  - ☐ **Credit Card:** Mail, drop off or email your application to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
4. ☐ Attach a copy of your Restaurant/On Sale Alcohol Application or  
☐ List your Minneapolis Restaurant/On Sale Alcohol License Number: \_\_\_\_\_
5. ☐ Attach an 8 ½" x 11" scaled street café plan that conforms to the [Street Café Design Standards](#).  
 # Chairs \_\_\_\_\_ # Tables \_\_\_\_\_  
 Square Footage \_\_\_\_\_ Maximum Capacity \_\_\_\_\_  
 Hours \_\_\_\_\_
6. [Certificate of Liability Insurance](#) (Sample form #1)
  - ☐ 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:
    - ☐ \$50,000 per occurrence and \$300,000 aggregate for personal injury or death.
    - ☐ \$10,000 per occurrence for property damage.
    - ☐ The City of Minneapolis shall be named as an additional insured.
    - ☐ The certificate must state "includes street café".
7. 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 street café. A [sample letter](#) is on our website.  
☐ Attach a copy of your letter.
8. **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](mailto:development@minneapolismn.gov).  
☐ 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
<b>Minnesota Sales Tax ID Number (Required)</b>	<b>Social Security Number or Individual Tax ID(ITIN) (Required)</b>		
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

<b>A. Entertainment: Check all categories of entertainment you are planning to provide at your business.</b>
<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>B. Describe all the entertainment you are planning to provide:</b>

## 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](mailto: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.

<b>PRODUCER</b> 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.
<b>INSURED</b>	<b>INSURERS AFFORDING COVERAGE</b>  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
	<b>GENERAL LIABILITY</b>  <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> _____  <input type="checkbox"/> _____				<b>EACH OCCURRENCE</b> \$ _____  <b>FIRE DAMAGE (Any one fire)</b> \$ _____ <b>MEDEXP (Any one person)</b> \$ _____ <b>PERSONAL &amp; ADV INJURY</b> \$ _____ <b>GENERAL AGGREGATE</b> \$ _____
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS				<b>PRODUCTS - COMPO/PAAGG</b> \$ _____  <b>COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY</b> \$ _____  (Per person) \$ _____ <b>BODILY INJURY (Per accident)</b> \$ _____  <b>PROPERTY DAMAGE</b> \$ _____  (Per accident) \$ _____  <b>AUTO ONLY - (Ea Accident)</b> \$ _____ <b>OTHER THAN AUTO ACC</b> \$ _____  <b>ONLY: AGG</b> \$ _____
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS  <input type="checkbox"/>				
	<input type="checkbox"/>				
	<b>GARAGE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				<b>EACH OCCURRENCE</b> \$ _____ <b>AGGREGATE</b> \$ _____ \$ _____ \$ _____
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				W/C STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>OTHER</b>				

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