

## License Application: Theater

**Definition:** A place for live stage entertainment or movies.

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.
2. There is a <u>fee</u> , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> <b>Cash:</b> Drop off your application at our office. <input type="checkbox"/> <b>Check:</b> Mail or drop off your application at our office. <input type="checkbox"/> <b>Credit Card:</b> Mail, drop off or email your application to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . <b>Do not add your credit card information on this application.</b> We will call you to securely charge your credit card.
3. <input type="checkbox"/> Attach your <a href="#">Business Plan</a> (Form #1)
4. <b>Background Check</b> <input type="checkbox"/> Attach a <a href="#">Data Privacy Advisory</a> (Form #2) for the applicant, manager, and all owners and partners. Include a copy of your driver's license and background report. This report must be dated <b>within 30 days</b> of receipt of this application and is available from the <a href="#">State of Minnesota</a> Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all <a href="#">state telephone numbers</a> . No one can have a conviction within the past three years or any law relating to zoning, health, fire, building, or safety in the operation of a theater.
4. <input type="checkbox"/> Attach a detailed floor plan of the interior of your premises.
5. <b><a href="#">Certificate of Liability Insurance</a></b> (Sample Form #3) <input type="checkbox"/> Attach a copy. a. This must be furnished by your Insurance Agent. b. You are required to have general liability which includes premises, operations, and products insurance with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and \$500,000 aggregate for personal injury or death <input type="checkbox"/> \$50,000 for property damage
6. <b><a href="#">Sewer Availability Charge (SAC)</a>:</b> The Metropolitan Council charges a fee for new or upgraded sewer connections. You can <a href="#">find out online</a> if a SAC is due for your address. If you have questions, call 612-673-3000 or email <a href="mailto:development@minneapolismn.gov">development@minneapolismn.gov</a> . <input type="checkbox"/> 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	
<b><u>Minnesota Sales Tax ID Number</u> (Required)</b>	<b>Social Security Number or Individual Tax ID (ITIN) (Required)</b>		
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
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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? ☐ Yes ☐ No

Name of Contractor or Building Manager

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](mailto: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.

## 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: \_\_\_\_\_



**City of Minneapolis  
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220

Minneapolis, MN 55415

Telephone: 612-673-2080

[www.minneapolismn.gov/businesslicenses](http://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](http://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

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: \_\_\_\_\_

# City of Minneapolis

## Requirements for Insurance Certificates

### Certificate of Liability Insurance

#3

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"/> _____				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 <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS				PRODUCTS - COMPROP 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"/> _____				
	<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				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	<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>				

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.**