

License Application: Valet Parking

Definition: A business where a customer's vehicle is removed from a space on the public street to a private parking area then returned when the customer is ready.

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](#) and 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. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. [Certificate of Liability Insurance \(Form #1\)](#)
 - ☐ Attach a copy. This must be furnished by your insurance agent. You are required to have
 - ☐ \$100,000 per occurrence and \$300,000 aggregate for personal injury or death.
 - ☐ \$10,000 per occurrence for property damage.
4. ☐ **Attach contracts** for the businesses you will provide valet parking services.
5. ☐ **Attach a copy of the Valet Loading Zone Authorization** issued by the Minneapolis City Council which identifies who will provide the provider of the parking spaces.
6. ☐ **Submit proof of Availability of Off-Street Parking Spaces** – Attach a written authorization or contract from the provider of the parking spaces.

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</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. 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 | 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 % | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation. | | | |

4. Workers Compensation

Workers' Compensation Company

Policy Number

Dates of Coverage

-----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. 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 _____

6. 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. 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.

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 <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 AUTOMOBILE LIABILITY <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"/> | | | | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ | | | | |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ |
| A | 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.