

## License Application: Vending Machine

**Definition:** A self-service device which, upon insertion of a coin, token or bill, dispenses food or beverage item. Bottled and canned soda machines do not need a license.

The person or company that owns and maintains the machine must apply for the license, not the business where the machine is located.

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 ( <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> ), US mail, or drop it off at our office.
2.	There is a <b>fee</b> , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> <b>Cash:</b> Do not mail cash, must pay in person. <input type="checkbox"/> <b>Check:</b> Make checks payable to: Minneapolis Finance Department <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.	<b>Vending Machines</b> <input type="checkbox"/> Attach a list (Form #1) with the type of food/items in each machine.
4.	If you have a Minneapolis food license, this license allows for two (2) free vending machines on your license premises but only if you own and maintain the vending machines. You must list them on Form #1. <input type="checkbox"/> <b>Minneapolis food license number</b> _____
2. Additional information	
1. No license will be issued for longer than one year. 2. You cannot transfer your license to any other person, machine or location. 3. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.	

### 3. 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>Minnesota Sales Tax ID Number (Required)</b>	<b>Social Security or ITIN Number (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 Operating Date:	

### 4. Business information

Are you planning or have you completed any construction? <input type="checkbox"/> No	
<input type="checkbox"/> Yes, list Contractor or Building Manager _____	
Does this include changing or adding equipment that requires gas or plumbing connection? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Explain scope of any remodeling or construction?	
<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) Name of Previous Tenant: _____ <input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Adding a new license to an existing business. (New License) <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____ <input type="checkbox"/> Remodeling Only.

### 5. 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 %	

## 6. Company operations

List days and hours the business will be open where the vending machine is located

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.

## 7. 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.

## 8. 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 \_\_\_\_\_

**License Holder (DBA):** \_\_\_\_\_

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