



City of Minneapolis  
 Licenses and Consumer Services  
 505 S. Fourth Ave, Room 220  
 Minneapolis, MN 55415-1391  
 Telephone: 612-673-2080

[www.minneapolismn.gov/licensing](http://www.minneapolismn.gov/licensing)

<b>For Office Use Only</b>
AP: BLGeneral
BYouth
Adm Issuance: Yes

## Youth Fundraising Registration for Organizations

**Definition:** Youth organizations (members age 17 or under) sponsoring fundraising programs must register with the City of Minneapolis. Examples include public or private schools, scouts, community sports, etc. Only one registration is required for each group. No fee is required for this registration.

Applications must be completed by the group leader (principal, troop leader, club president, etc.)

our Registration Number and Expiration Date will be sent to you by email after your application is approved.

### 1. Application Requirements

1. Complete the application below.

2. Identification Cards: Every individual participating in the fundraising is required to display an identification card at all times. A [sample](#) is available on our website. The following information must be included:

- Individual’s First Name
- Organization Name, Address, and Telephone Number
- Registration Number and Expiration Date (provided upon approval)
- City of Minneapolis Telephone Number: 612-673-2080

Attach a copy for our file.

3. Email your application to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). You may also mail or drop off your application in our office. If you have any questions, call us at 612-673-2080 or send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov).

### 2. Background Information

<b>Applicant Name (Last, First, MI)</b>	<b>Title</b>	<b>Telephone Number</b>	
<b>Organization/School Name</b>	<b>Email Address</b>		
<b>Organization/School Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Describe your fundraising in detail.**

**Who?** (Local Girl Scouts ages 7 – 12)

**What?** (Cookies)

**Where?** (Door to door, at local grocery stores)

**When?** (March 15 – 30)

**Why?** (Raise money for summer camp)

**Will participants wear a uniform?**  Yes  No - If yes, describe (team jersey, girl scout sash)

### 3. Verification

The date you furnish on this form will be used by the City of Minneapolis to assess your qualifications for registration. You are not legally required to provide this data. If you refuse, we cannot process your application. All information contained in this application is public information (Minnesota Statutes, Chapter 13.)

**A signature is required.**

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing 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 registration.

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: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

### 4. Additional Information

1. Incomplete applications may be returned.
2. No registration will be issued for longer than one year.
3. You cannot transfer your license to any other person or organization.
4. For reasonable accommodations or alternative formats, please send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call us at 612-673-2080. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
5. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.