

## License Application: Christmas Tree Dealers

**Definition:** The sale, barter, trade or giving away of cut evergreen fir, spruce or other similar trees for use as a Christmas tree. This does not apply to ornamental trees having a height of less than thirty-six (36) inches that are fireproofed and sprayed with a coloring and used by florists for decoration.

### Application Checklist

- 1. License Application (Form #1)

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- 2. Attach a detailed Diagram showing the location of Christmas tree sales. Include streets, sidewalks, and surrounding buildings. Indicate the North direction.

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- 3. \_\_\_\_\_ [Fee](#) plus new license surcharge
  - Cash: Drop off your application at our office.
  - Check: Mail or drop off your application at our office.
  - Credit Card: You may 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.

### Additional Information

**1. Your License Application**

- a. Incomplete applications may be returned.
- b. All applications must be signed by the owner.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.

**2. Fire Department Approval** - Approval of the Fire Department is required before a license will be granted. This will be requested by a License Inspector.

**3. Information in Other Languages:** Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadio aad Caawimaad u baahantahay 612-673-3500.

**4. Reasonable Accommodations or Alternative Formats:** Please call 612-673-2080 or an email to [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.

**5.** If you have any questions, call 612-673-2080 or send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov).

## Business License Application

### 1. Applicant Information

<b>Legal Company Name</b>		<b>Business Name/DBA</b>	
<b>Name (Last, First, MI)</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Partner	
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different than business address)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>E-mail Address</b>	<b>Cell Phone Number</b>	<b>Business Telephone Number</b>	
<b><u>Minnesota Sales Tax ID Number</u> (Required)</b>		<b>Social Security Number or ITIN (Required)</b>	
<b>Type of Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		<b>Date of Incorporation</b>	<b>State of Incorporation</b>
<b>Is this business publicly traded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Proposed Opening Date:</b>	

### 2. Business Information

<b>License(s) Requested:</b>	
<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.

### 3. Owners

<b>List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.</b>			
<b>Full Name: Last, First, Middle</b>		<b>Telephone</b>	
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Title</b>	<b>Date of Birth</b>	<b>Ownership %</b>	
<b>Full Name: Last, First, Middle</b>		<b>Telephone</b>	
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Title</b>	<b>Date of Birth</b>	<b>Ownership %</b>	
<b>Full Name: Last, First, Middle</b>		<b>Telephone</b>	

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 %	

#### 4. Company Operations

**Entertainment: Check all categories of entertainment you are planning to provide at your business.**

**No Live Entertainment: Radio, television, electronically reproduced music and jukebox. Describe:**

**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. Describe:**

**General Entertainment: All forms of entertainment described above and patron dancing. Describe:**

**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). Describe:**

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.

#### 5. 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.

## 6. Verification

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment. (*Electronic Signature Terms and Conditions* is also available on the Business Licenses' website.)

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 \_\_\_\_\_