Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: Nov 1
AP: BLB&L/B&B
MCO: 297A
Adm Issuance: Yes

License Application: Bed and Breakfast

A bed and breakfast is a private home that provides overnight lodging and breakfast to guests for a fee.

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.
2. There is a fee, plus a new license processing charge, for this application. You can pay by
   - ☐ **Cash:** Do not mail cash, drop off in person.
   - ☐ **Check**: Make checks payable to- Minneapolis Finance Department
   - ☐ **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 card.
3. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connection. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
   - ☐ Attach your SAC Determination letter.

2. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On-site manager			
Bed and breakfast address	**Suite**	**City**	**State**	**Zip code**
Business address	**Suite**	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**		**State**	**Zip code**
E-mail address	**Cell phone number**		**Business phone number**	
Minnesota Sales Tax ID number *(Required)*	**Social Security Number or Individual Tax ID (ITIN) *(Required)***			
Type of ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit	**Date of incorporation**		**State of incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed opening date:**			

3. Building information

☐ **Starting a new business in a new building**

☐ **Starting a new business in an existing building**

☐ **Changing or adding kitchen equipment**

☐ **Remodeling only**

☐ **Adding a license to an existing business.**
Name of the business:
_____

☐ **Taking over an existing business.**
Name of existing business:
_____

Total square footage for business use _____	**Fire occupancy** _____
Are you planning or have you completed any construction or remodeling? ☐ No ☐ Yes	**Name of contractor or building manager**
Explain the scope of the remodeling or construction.	

4. Owners-

List all owners and partners and ownership must add up to 100%. Attach additional sheets if needed.

Full name: Last, First, Middle			**Telephone**
Home Address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle			**Telephone**

Home Address	City	State	Zip code
Title	Date of birth	Ownership %	

Full name: Last, First, Middle	Telephone

Home address	City	State	Zip code
Title	Date of birth	Ownership %	

Full name: Last, First, Middle	Telephone

Home address	City	State	Zip code
Title	Date of birth	Ownership %	

5. Manager

Full name: Last, First, Middle	Date of birth

Home address	City	State	Zip code
Email	Cell phone number		

6. Employees

Full name: Last, First, Middle	Date of birth

Home address	City	State	Zip code
Email	Cell phone number		

Full name: Last, First, Middle	Date of birth

Home address	City	State	Zip code
Email	Cell phone number		

7. Company operations

List days and hours of operation.

Give us a description of all the rooms available for guests.

List the guest rooms with the occupancy.

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, list the date of denial/revocation, city and state, and reason for denial or revocation.

8. 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 the only worker, 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 spouses, parents, and children regardless of age.**

9. 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 City of Minneapolis. 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 _____

10. Additional information

- **No license will be issued for longer than one year.**
- **You cannot transfer your license to any other person or location.**

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.