

License Application: Carnival

A group of attractions, such as shows, acts, games, vending devices, or amusement rides, temporarily set up for the public. No games of chance or gambling are permitted at a carnival.

The license fee is based on the number of attractions and number of days, limited to no more than five days per event.

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, you must drop it 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 credit card.
3. ☐ **Diagram:** detailed diagram showing the location of carnival including rides, food vendors, enclosure, games, label streets and any other part of the event.
4. ☐ **Certificate of Liability Insurance:** (sample form #1) attach a copy with the following coverage:
 - \$100,000 per injury or death and \$500,000 for each occurrence
 - \$25,000 for property damage

2. Applicant information

Legal business name	Business name/DBA			
Address of carnival	Suite	City	State	Zip code
Business address	Suite	City	State	Zip code
MN Tax ID number:	Social security number or ITIN:			
Contact person			Title	
Email address	Cell phone			

3. Event information

How many days is the carnival? _____	How many attractions will be at the carnival? _____
Name of event	Estimated total attendance:
List the days and dates of the carnival.	List the hours of the carnival.
Description of the carnival area	

Will you have beer or alcohol at the carnival? ☐ No ☐ Yes, you will need a separate license.

Will there be any food or drinks? ☐ No ☐ Yes

If Yes, submit a [Short Term Permit](#) and an [Event Food Sponsor Permit](#) at least two (2) weeks before the event.

4. Security

If you hire an outside professional security company, they must be licensed by the Minnesota Board of Private Detective and Protective Agent Services.

Describe security for your carnival, including the number of staff and job duties

5. Entertainment

Event will have: ☐ Indoor entertainment ☐ Outdoor entertainment ☐ No entertainment

Will there be a ☐ Band ☐ DJ ☐ Speakers

Will the entertainment be amplified? ☐ No ☐ Yes, you may need an Amplified Sound Permit.

Describe all types of entertainment and activities to be provided at the carnival, including indoor and outdoor.

List days, dates and times of entertainment during the carnival.

6. Additional permits– check all that apply

If you have questions, contact your area License Inspector.

- ☐ **Amplified Sound Permit:** Contact the Environmental Services Division, 612-673-3516 or 311.
- ☐ **Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354.
- ☐ **Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-673-3000 or 311.
- ☐ **Heating (Mechanical) Permit:** Temporary heat or air conditioning. Contact the Inspections Division, 612-673-3000 or 311.
- ☐ **Park Board Permits:** 612-230-6441.
- ☐ **Plaza Permit:** Required for Peavey Plaza, Loring Greenway, or Chicago Mall. Please contact Green Minneapolis at info@greenminneapolis.org.
- ☐ **Plumbing and Gas:** Inspections for potable water, gas burners and discharges to sewers. Contact the Inspections Division at 612-673-3000 or 311.
- ☐ **Recycling Containers:** May be rented for a fee from Minneapolis Solid Waste and Recycling.
- ☐ **Special Event Permit:** Amusement Buildings, Bonfires, Canopies, Exhibit/Tradeshows, Fireworks, Liquid or Gas filled Vehicle in an Assembly Area, LP/Propane, Open Flames/Candles in an Assembly Area, Private Hydrants, Rooftop Heliports, Temporary Assemblies, and Tents/Temporary Membrane Structures. Call 612-673-3000 or 311.
- ☐ **Temporary toilets:** Must use a state of Minnesota licensed Service Company and provide an adequate number of units per industry guidelines.
- ☐ **Tents:** A detailed plan must be approved by Building and Fire Inspectors. Call 311 or 612-673-3000.
- ☐ **Short Term Food Permits and Event Food Sponsor Permits** are required for the sale of food and/or beverages at public events. Contact Minneapolis 311 at minneapolis311@minneapolismn.gov or call 311 within Minneapolis, (612) 673-3000 outside Minneapolis.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a permit. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your permit, all information 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 permit.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

Additional information

1. You cannot transfer this license to any other event, person or location.
2. 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.

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

The Legal/Corporate name
must match exactly
(word for word) to the
Approved License Name
(including Inc. or LLC),
Trade Name (DBA),
and address of premises.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED	NAIC #

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					EXCESS TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE ☐ OCCUR ☐					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$
	POLICY ☐ PRO-JECT ☐ LOC ☐					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED ☐ RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH)	Y/N ☐	N/A ☐			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:						

City of Minneapolis as
certificate holder and
additional insured

Original signature or
stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.