Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: April 1
AP: General/Dance
MCO: 285
Adm Issuance: Yes

License Application: Dancing School

Any building, room, enclosure, premises, or place where dance lessons are given to paying customers.

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 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. ☐ **Personal Information Form:** Required for each owner, shareholder or partner.
4. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. 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 ☐ Manager		
Address of dance school	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**	**State**	**Zip code**
E-mail address	**Cell phone number**	**Business telephone 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 an existing building.**

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

☐ **Changing or adding equipment.**

☐ **Remodeling**

☐ **Adding a new license to a current business.**
Name of business:

_____

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

_____

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	**Name of contractor or building manager**
Explain the type of remodeling and construction.	

4. Owners

List all owners and partners. Ownership must add up to 100%, attach more 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. Company operations

Days and hours of operation:

Total square footage of dance school:

Give us a detailed description of services and how the business operates.

List any licenses you currently have or previously held in Minneapolis (business or individual).

6. 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 spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.**

7. 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 _____

8. Additional information

1. **No license will be issued for longer than one year.**
2. **You cannot transfer your license to any other person or location.**
3. **Contact your License Inspector or call 612-673-2080 for any additional licenses. These licenses must be approved and issued before you can open and operate.**
4. **Visit the City's website-** www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

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.

Personal Information Form
Dance School License

This form must be completed by each owner, partner or shareholder.

Background information			
Legal corporate name of business	**Business name (DBA)**		
Address of dance school	**Suite number**	**City**	**Zip Code**
Business phone number	**Cell phone number**		
Your full name	**Other names you have ever used or been known by**		
Email address	**Title**		**% of ownership**

List your home address for the past ten (10) years. Attach more sheets if needed.

Street address	City	State	Zip code	From:	To:

List employers, occupations, and addresses for the past ten (10) years. Attach more sheets if needed.

Employer and occupation	Street address and city	State	Zip code	From:	To:

Have you ever had a license denied, revoked, or suspended? ☐ No ☐ Yes

If yes, list the type of license, date of denial/ revocation or suspension, city and state and the reason.

Data privacy advisory

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

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. 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 understand the above Data Practices Advisory.**

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 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 _____