

License Application: Emergency Shelter

Any place that provides sleeping rooms and restrooms for individuals who are homeless. Services are provided on a day-to-day basis for a period of 30 days or less.

An Institutional Food license is required if meals are served at the shelter.

A complete set of requirements is available in the Minneapolis Code of Ordinances, Chapters 236.50 and 236.60. 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.	☐ Floor Plan: (sample form #1)- Attach an 8.5" by 11", detailed scaled diagram with square footage and labels of the premises to be licensed. Include all floors, bedrooms, bathrooms, showers, laundry facilities, kitchen area and any other area used for the shelter.
4.	☐ Proof of Ownership or Lease: Attach a signed executed copy of the Lease Agreement, Bill of Sale, Purchase Agreement, or Contract for Deed.
5.	Background information: ☐ Data Privacy Advisory (form #2): This is required for the applicant and all owners, partners and managers. ☐ Driver's license or valid government issued photo ID for each person. ☐ Background report- This report must be dated within 30 days of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. No one can have a conviction in the last five years relating to Housing Codes, Zoning Codes or any type of felony.
6.	☐ Hennepin County property tax record: Attach documentation showing all property taxes for the licensed premises are paid.

2. Applicant information

Legal company name	Business name/DBA		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On-site manager		
Shelter 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 <i>(Required)</i>	Social Security Number or Individual Tax ID (ITIN) <i>(Required)</i>		
Type of ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit	Date of Incorporation		State of Incorporation
Is this business publicly traded? ☐ Yes ☐ No	Proposed starting 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: _____
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. Property manager- Accepts joint responsibility with the owner, including any potential criminal, civil, or administrative liability for the maintenance and management of the premises.					
Full name: Last, First, Middle				Date of birth	
Home address		City		State	Zip code
Email		Cell phone number			
6. Contact person- who is authorized to accept service of process and to receive/give receipt for notices					
Full name: Last, First, Middle				Date of birth	
Mailing address		City		State	Zip code
Email		Cell phone number			
7. Company operations					
☐ Emergency Shelter, lodging only ☐ Emergency Shelter with food service- must apply for an Institutional Food license					
List days and hours of operation:					
Total square footage for business use _____			Fire occupancy _____		
Number of beds _____	Number of floors _____		Number of shared bath units _____		
Give a description of shelter operations:					

Name of person responsible for the registry _____

Address where registry is kept _____

Are there delinquent property taxes, assessments, or judgments on this lodging establishment. ☐ No ☐ Yes
If yes, list them-

Does the owner or manager have active Minneapolis Housing Maintenance warrants? ☐ No ☐ Yes
If yes, list the warrant information-

Are there any Zoning Code violations, permit violations, or outstanding fees owed to the City of Minneapolis for any property that the applicant or property manager owns, manages, maintains, or has an ownership interest in?
☐ No ☐ Yes, list violations and fees owed-

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 spouse, 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 _____

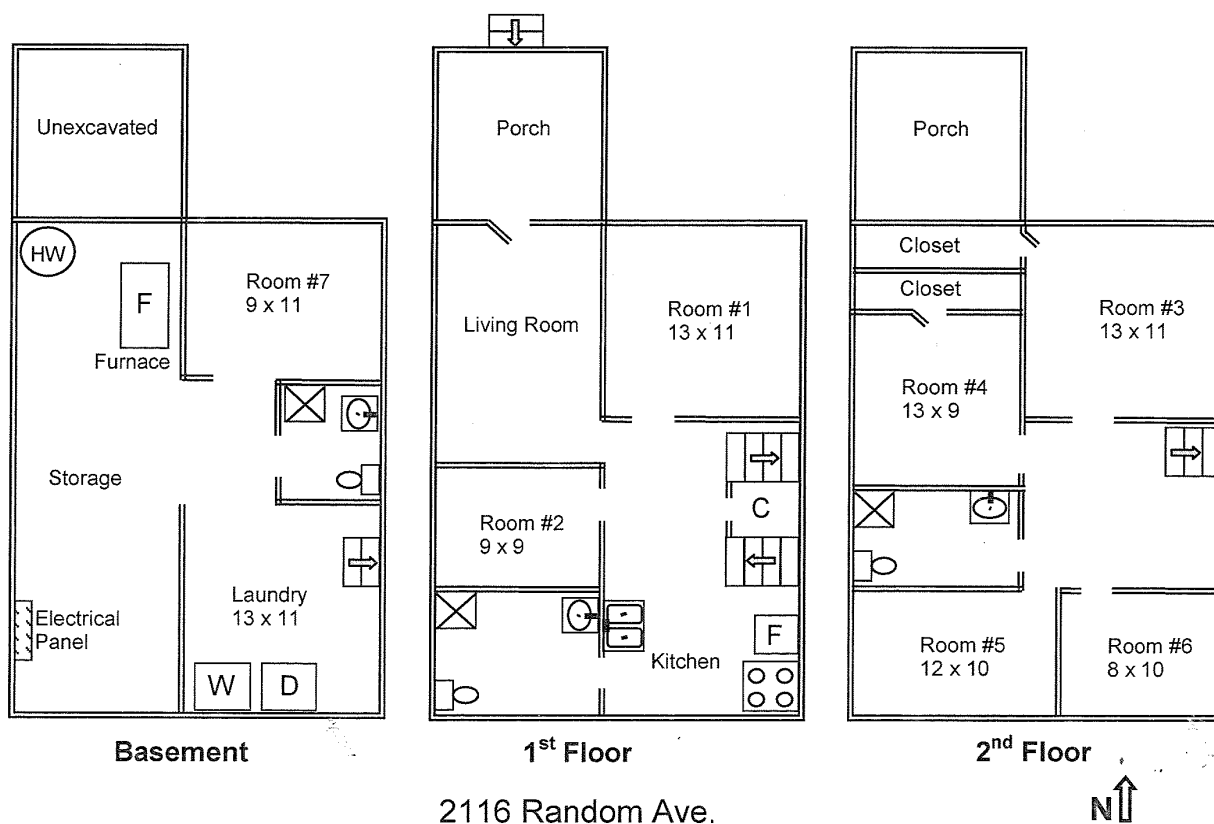
10. Additional information

1. No license will be issued for longer than one year.
2. 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.

Floor Plan Requirements / Sample Floor Plan

1. Plans must be a professional, architectural, computer generated, or a scaled plan drawn using graph paper and a ruler.
2. The following must be included:
 - a. Address and direction of North
 - b. Every room (living, sleeping, kitchen, furnace, etc.) labeled with room number and floor number.
 - c. Bathrooms, showers, and laundry facilities must be indicated.
 - d. Identify the number of beds.
 - e. Stairways, major appliances/fixtures, etc.
 - f. Room measurements must be represented accurately and to scale.
 - g. Emergency exits.





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

Data Privacy Advisory

Complete the information below and attach the following for each owner, manager, officer, partner:

- ☐ A copy of your valid driver's license or government issued photo ID.
- ☐ Background Report: This report must be dated ***within 30 days*** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

Last name	First name	Middle name
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Also Known As: _____ Date of birth: _____

Title: _____

- ☐ I have read and understand the above Data Privacy Advisory.
 - ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____