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
BLGeneral/BLFlower
MCO: 331
Adm Issuance: Yes

License Application: Flower Cart Vendor

Anyone who sells only fresh cut flowers from a pushcart at approved locations on a public sidewalk or right-of-way needs a license.

- Flower carts can't operate between 11:00 p.m. and 7:00 a.m.
- Each cart needs a separate license.
- Vendors can sell fresh cut flowers on private property without a license if they have written permission from the property owner.

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 for each cart, 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. ☐ **Diagram:** Attach detailed cart plans for each flower cart that shows how it meets all requirements.
4. ☐ **Certificate of Liability Insurance:** (sample form #1) Submit insurance certificate with coverage-
   - ☐ $10,000 per occurrence for property damage.
   - ☐ $100,000 per occurrence and $300,000 aggregate for personal injury or death.
   - ☐ City of Minneapolis named as additional insurer
5. ☐ **Certificate of Legal Business Name:** Attach a copy from the Minnesota Secretary of State's Office.
   ☐ **Certificate of Assumed Name, DBA:** Attach a copy from the Minnesota Secretary of State's Office.

2. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ Manager			
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 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 starting date:**			

How many flower carts do you want to license? _____

3. 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 %**	

4. Company operations

Days and hours of operation:

☐ **List all locations where your cart will be selling flowers.**

Address location
1.
2.
3.
4.
5.
6.

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).

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 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.**

6. 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 _____

7. Additional information

1. **No license will be issued for longer than one year.**
2. **You can't 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.

City of Minneapolis
Requirements for Insurance Certificate

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.

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT NAME:	
Agency	PHONE (A/C, No, Ext):	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 CLAIM

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLIC (MM/DD/Y	POLICY (MM/DD/	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						E TO RENTED MISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) 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:

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.