

License Application: Hotel

Any establishment offering or advertising lodging accommodations for paying guests for temporary or transient stays. Property owner or business owner must be the one applying for the license.

You must always keep a hotel guest registry onsite.

Hotels may have restaurants, meeting rooms, entertainment, swimming pools and recreational facilities but talk to the area License Inspector for additional applications.

Hotel/Motel: A business with more than 20 guest rooms for overnight rental by paying guests.

Boutique Hotel: A business with 5 – 20 guest rooms for overnight rental with a lobby or interior hallway.

Extended Stay Hotel: A business with guest rooms which all have bed(s) and a full-sized kitchen.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - ☐ **Cash:** Do not mail cash, 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:** Attach a detailed 8.5" by 11", scaled diagram. Include the number of rooms, number of floors and label the areas for food service, other amenities, and inside and outdoor areas.
4. **Background information:**
 - ☐ **Data Privacy Advisory (Form #1):** This is required for the applicant and each owner and/or partner.
 - ☐ **Valid driver's license** or 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.
5. **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 ☐ Onsite manager			
Hotel 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 opening date:			

- ☐ **Hotel/Motel:** A business with more than 20 guest rooms for overnight rental by paying guests.
- ☐ **Boutique Hotel:** A business with 5 – 20 guest rooms for overnight rental with a lobby or interior hallway.
- ☐ **Extended Stay Hotel:** A business with guest rooms which all have bed(s) and a full-sized kitchen.

Total number of sleeping rooms: _____ Total occupancy of hotel: _____

3. Building information

☐ Starting a new business in a new building. ☐ Starting a new business in an existing building. Name of previous business: _____ ☐ Changing equipment	☐ Adding another license to an existing business. Name of business: _____ ☐ Taking over an existing business. Name of business: _____ ☐ Remodeling only.
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, officers and partners, 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		Telephone	
Address	City	State	Zip code
6. Company operations			
List the days and hours of operation:		Total square footage for business use:	
Give us a description of the hotel and the rooms available for guests			
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, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

7. 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.

8. 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 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 _____

9. 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.



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 manager, owner, 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: _____