

License Application: Institutional Food

The owner of the facility, who is the lease holder, must be the one to apply for this license.

Businesses that serve food primarily to a defined group of people in a congregate setting, such as-

- charitable dining halls
- commercial daycare centers
- emergency shelters with dining rooms
- hospital cafeterias
- public, private and charter schools and after school programs
- senior independent living facilities

An Institutional Food license is not required for

- home-based daycare
- residential homes with a Minneapolis Board and Lodging license
- veteran homes, nursing homes or group homes licensed by the state, county or federal government.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements	
1.	Complete the application and 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: Attach a detailed diagram. Include the square footage as well as labels of all areas of the business: indoor and outdoor, kitchen and food prep areas, equipment, all dining areas, all seating areas where food is served, and people eat food.
4.	Certified Food Protection Manager: The Minnesota Food Code requires every food business to hire one (1) full-time Certified Food Protection Manager within 45 days of opening. ☐ Attach a copy of your Minnesota Department of Health certificate. ☐ I currently do not have a Certified Food Protection Manager.
5.	Background information- ☐ Data Privacy Advisory: (form #1) This is required for the applicant and all owners, and partners. ☐ 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 website or at 651-793-2400. No one can have a conviction in the last five (5) years related to operating a food business, food subsidy program or controlled substances violation.
6.	☐ Menu: Attach a copy of the detailed menu of food that will be served.
7.	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 a copy of current SAC determination letter
8.	☐ Certificate of Legal Business Name: Attach from the Minnesota Secretary of State's Office. ☐ Certificate of Assumed Name, DBA: Attach from the Minnesota Secretary of State's Office.
9.	☐ Lease: Attach a copy of the signed lease for this business.

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 <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:		

3. Business information

☐ Starting a new business in an existing building. ☐ Starting a new business in a new building. ☐ Changing or adding kitchen equipment ☐ Remodeling	☐ Adding a new license to an existing 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 scope of the remodeling, construction or kitchen equipment.

4. Owners

List all owners 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. Company operations

List the type of business and services you provide.

Give a detailed description of how the business operates.

List days and hours of operation:

Total square footage must include the kitchen, food preparation areas, and the seating or dining areas where food is served and consumed:

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? ☐ No ☐ Yes
If Yes, list the date of denial/revocation, city and state and reason for denial or revocation.

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 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.

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, 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
-----------	------------	-------------

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: _____