Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: Nov 1
AP: BLB&L/BLodging
MCO: 244
Adm Issuance: Yes

License Application: Lodging Establishment

Lodging Establishment: A building that provides sleeping rooms for guests to rent.

- Guests stay for one week or more.
- It must have five or more sleeping rooms or beds.
- Lodging establishments include fraternities and sororities.
- This license is not required if the lodging establishment has a health care license issued by the MN Department of Health.

Lodging Establishment with Food Service (boarding): A lodging establishment where meals are prepared and/or served to tenants in a sperate room from where they sleep.

Sleeping units: Any room used for people to sleep.
Dwelling unit: A set of rooms for living, sleeping, cooking or eating.
Shared Bath units: A bathroom or shower available to several tenants.

Guest Registry required: You must have someone assigned to a registry and it must be available for review by a City of Minneapolis representative at any time.
This registry must include:

- Real name of person renting the room
- Room number
- The date and time when they start renting the rooms.

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. You may send your application by email businesslicenses@minneapolismn.gov, US mail, or drop it off at our office.
2. There is a fee, plus a new license processing charge, for this application. You can pay by
   ☐ **Cash:** Do not mail cash, 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:** (form #1) attach a 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 areas.

2. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On-site manager			
Lodging 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 *(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:**			

Select one-

☐ Lodging Establishment

☐ Lodging Establishment with Food Service (boarding)

Is this an application for a ☐ **Fraternity or** ☐ **Sorority?**

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:
_____

Total square footage for business use _____	**Fire occupancy _____**
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

Give a description of lodging operations.

List days and hours of operation.

Number of floors _____	**Total number of beds _____**	**Number of sleeping rooms _____**
Number of kitchens _____	**Number of shared bathrooms_____**	**Total number of rooms _____**

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 spouses, 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.**