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: April 1
AP: Food/Sidewalk
MCO: 265
Adm Issuance: Yes

License Application: Street Café

A restaurant serving customers at tables on the public roadway. Street cafes are placed on a platform next to a curb in an unrestricted parking lane.
A public hearing may be required before you can operate, and your License Inspector will schedule this.
If you want to serve alcohol on the street café, you must also submit an Expansion of Premises application.

Send questions to businesslicenses@minneapolismn.gov or contact your area License Inspector.

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. To determine if you are eligible to have a café in the street, complete the Confirmation of Eligibility Checklist on our website. We can't process your application until this is approved.
3. 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.
4. ☐ **Diagram:** Attach a detailed diagram of the street café plan that conforms to the Street Café Design Standards. Diagram must include all measurements, tables, chairs and be ADA compliant.
5. ☐ **Certificate of Liability Insurance** (sample form #1) Attach a copy with the following insurance coverage:
   - ☐ $50,000 per occurrence and $300,000 aggregate for personal injury or death.
   - ☐ $10,000 per occurrence for property damage.
   - ☐ The City of Minneapolis shall be named as an additional insured.
   - ☐ The certificate must state "includes street café".
6. **Notification:** Send a notification to your City Council Member, Neighborhood Organization, and Business Association(s) telling them your business name, address, type of license, your name, email address, telephone number and describe your street café.
   - ☐ Attach a copy of your notification letter or email.
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 your SAC Determination Letter

2. Applicant information

Legal company name	**Business name/DBA**			
Name (Last, First, MI)	☐ Owner ☐ Officer ☐ Partner ☐ Manager ☐ _____			
Business address	**Suite**	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**		**State**	**Zip code**
E-mail address	**Business telephone number**		**Cell phone number**	
Minnesota sales tax ID number *(Required)*	**Social Security number or individual tax ID (ITIN) *(Required)***			

Type of ownership: ☐ Sole proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Non-profit

3. Business information

☐ **Adding Street Cafe to an existing business:**

Business Name _____**License Number**_____

License type _____

☐ **Adding Street Café to a new license**

Will you serve beer, wine or alcohol on the Street Café? ☐ **No** ☐ **Yes**
If yes, you will need to complete a Permanent Expansion of Premises application.

4. Company operations

Total square footage of Street Cafe: _____ **Maximum Capacity:** _____	**Street Café, number of:** **Chairs** _____ **Tables** _____
Days and hours of Street Café:	
Give us a brief description of your business.	
Are you planning or have you completed any construction or remodeling? ☐ **Yes** ☐ **No**	**Name of contractor or building manager**
Does this include adding/changing equipment that requires a gas or plumbing connection? ☐ **Yes** ☐ **No**	
Explain the scope of the remodeling or construction.	

5. 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 given 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 _____

6. 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 call us at 612-673-2080 or send us an 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.

3. **Visit our website- www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/**

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 ISES (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.