

License Application: Butcher Shop - Meat Market

A retail business that manufactures, processes, packages, or sells fresh animal, fish, or poultry products. This can operate in a separate building or as a department within another business, such as a grocery store.

Applicant must be the actual owner of the business and the lease holder.

- **Animal products:** The portions of animals used as food including cattle, swine, sheep, goat, poultry and fish.
- **Meat food products:** Foods, other than prepared meats, that are produced from any part of cattle, swine, sheep, or goat carcasses.
- **Product wholesaler:** Meat and meat food products intended for sale in wholesale markets. If there are no retail sales, only a State of Minnesota license is required.

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 it 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, including the square footage, kitchen, freezers, refrigerators and all areas of the inside and outside.
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, each owner, partner or shareholder.
 - Copy of 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](http://www.mn.gov) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 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 list of all products for sale.
7. **Lease:** attach a copy of the valid signed lease for where the business is located.
8. **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.
9. **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)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> 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 or ITIN number (<i>Required</i>)			
Type of ownership: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit		Date of incorporation		State of incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proposed opening date:			
Will this be part of another business, like a grocery store? <input type="checkbox"/> No <input type="checkbox"/> Yes, then list the: Business name: _____ Minneapolis license number: _____					
Total square footage of area used for the butcher shop or meat market: _____					

3. Building information

<input type="checkbox"/> Starting a new business in a new building.	<input type="checkbox"/> Adding a new license to an existing business.
<input type="checkbox"/> Starting a new business in an existing building.	Business name _____
<input type="checkbox"/> Changing or replacing equipment.	<input type="checkbox"/> Taking over an existing business. (new owner)
<input type="checkbox"/> Remodeling only.	Existing business name: _____
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of contractor or building manager
Does this include adding/changing equipment that requires a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you adding or replacing ventless cooking equipment or ventless hood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain the type of remodeling or construction.	

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 days and hours of operation.

Give a description of your business and services.

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 statutes 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 given 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 _____

8. Additional information

- No license will be issued for longer than one year.
- Contact your area License Inspector or call 612-673-2080 for other licenses. You will need to complete additional applications, and these licenses must be approved and issued before you can open and operate.
- You cannot transfer your license to any other person or location.
- Visit our 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
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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: _____