



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/Caterer  
 MCO: 188  
 Adm Issuance: Yes

## License Application: Caterer – Add to a License

Use this application if you have a Restaurant license or an On-Sale Alcohol license in Minneapolis and want to apply for a Caterer license. You must have the same ownership as leased kitchen space and other licenses.

Use the Caterer application if you are applying only for a Caterer license and do not have a Minneapolis license or the kitchen has different ownership, like a community kitchen.

A caterer license is required for any restaurant or food business that prepares and/or serves food at public or private events with a predetermined guest list. This includes events such as receptions, parties, conferences, weddings, and trade shows. Retail sale of individual meals is not permitted; however, an organization may contract with a licensed caterer to provide meals to its employees, tenants, or guests. Food may not be cooked or prepared on-site.

Food may be transported only in an authorized vehicle. A vehicle inspection is required prior to its use, and a fee will be charged for this inspection.

A license is not required for delivery of food such as box lunches or pizza.

If alcohol is provided, a Liquor Caterer license is required.

### 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](mailto: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, you must 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](mailto:businesslicenses@minneapolismn.gov). **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3.  **Menu:** Attach a copy of the catering menu and/or list of food available for catering.

## 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"/> Corporation <input type="checkbox"/> LLC<br><input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <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 starting date:  |      |                           |          |

## 3. Building information

Adding a Catering license to an existing business.

License type: \_\_\_\_\_ Current license number: \_\_\_\_\_

Changing or adding equipment- Email a [Food Plan Review Form](#) to [development@minneapolismn.gov](mailto:development@minneapolismn.gov).

|   |  |
|---|--|
| 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?  Yes  No

Explain the scope of the remodeling or construction.

## 4. Company operations

Total Square Footage of kitchen and any area used for catering: \_\_\_\_\_ Fire occupancy: \_\_\_\_\_

List days and hours of operation.

Give us a brief description of your business.

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, Indicate the date of denial/revocation, city and state, and reason for denial or revocation.

### 5. 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.

### 6. 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 \_\_\_\_\_

### 7. 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. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolismn.gov](mailto: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.
4. Visit our website- [www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/](http://www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/)