

License Application: Dance Hall

Definitions: Any place where dancing is open to the public and the principal activity of the business. Payment may be a cover charge, admission fee, or club membership.

Dance halls cannot be open on weekdays between 2:00 a.m. and 6:00 a.m. or Sundays between 2:00 a.m. and noon.

Intoxicating liquor or 3.2 beer cannot be served or consumed. Hotels and restaurants may serve alcohol if dancing is allowed as part of their license.

You do not need a license for a club, public or private, if dancing is not the primary feature and the dance floor area is less than 2,000 square feet.

You need a Dance School license if you offer dancing instructions or lessons and customers pay a fee.

No license will be issued to anyone who is under the age of eighteen (18) years.

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.
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. **Business Plan** (Form #1)
 Sound Plan (Form #2)
4. **[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 your SAC Determination letter.

2. Additional licenses

Would you like to apply for another license?

1. You'll need to complete an additional application and contact your License Inspector.
2. You will be charged a [fee](#) for an additional license. You do not have to pay an additional new license processing charge.
3. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

3. 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	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 (Required)	Social Security Number or Individual Tax ID (ITIN) (Required)		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <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 Opening Date:		

4. Business information

<input type="checkbox"/> Starting a new business in an existing building. <input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Changing or adding equipment <input type="checkbox"/> Remodeling	<input type="checkbox"/> Adding a new license to a current business. Name of business: _____ <input type="checkbox"/> Taking over an existing business. Name of previous business: _____
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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
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Explain the scope of the remodeling, construction or kitchen equipment.

5. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.			
Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

6. Company operations

Days and Hours of Operation:

Total Square Footage:

Give us a detailed description of services and how the business operates.

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, Government Agency, and Reason for Denial or Revocation.

7. Workers compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor, 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.

8. 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 State of Minnesota. 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 _____

9. 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. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

Business Plan Requirements

The Minneapolis Code of Ordinances, Chapter 259.30, requires applicants to describe in detail your business operations. Attach a typed report that includes all the following items. You may attach extra documents to your report. Answer every question that is relevant.

1. **Safety**

Attach a Safety Plan to help prevent illegal behaviors and disorderly customers at your business, parking area, and neighborhood.

2. **Noise**

Attach your Sound Management Plan which details how you will manage sound from your business. A Sound Plan is not required for Off Sale Alcohol businesses.

3. **Litter Removal**

You are required to clean litter within a 100 foot radius from your business. Describe your plans for litter, graffiti, and garbage. Include staff and hours assigned and plans during the warm weather months.

4. **Entertainment**

Describe the following:

- type of entertainment at your business
- days and hours of the entertainment and
- age group which the entertainment is directed

Acknowledgement and Agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct; and
- Any material change in the business plan must be submitted to an approved by the Business Licenses Division before implementation; and
- Violation of this business plan may result in suspension, revocation, or refusal to renew my license or in a civil fine determined by the Minneapolis City Council.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

By typing your name, you are electronically signing this application.

Signature of Applicant: _____ Title: _____ Date: _____

Sound Management Plan Requirements

An effective Sound Plan helps you balance your entertainment goals with those of the community. Not all questions apply to your business. Answer all that are relevant both indoor and outdoor.

1. Speakers

Describe the position of speakers to deflect or absorb excessive noise.

How will you minimize low-frequency music beats?

What time will you turn down music and what time you turn off speakers?

2. Closing Time

When will you turn up lights? Turn down music?

What time you will seat your last customers? How will you tell customers of closing time? What time will you ask customers to leave?

How will you manage noisy customers?

How will you remind customers to lower their voices to respect residents? This includes customers who park on residential streets.

3. Outdoor Capacity

List the capacity of your outdoor area.

Describe how you will manage the area to prevent over occupancy.

Describe how the seating design will minimize or deflect excessive sound.

4. Equipment

Describe your sound metering equipment and/or music systems with self-regulators. How do you plan to use them?

5. Staff

Describe sound management training for managers, supervisors, hosts, servers, and security staff. What are their duties, including the frequency of rounds?

Describe how you will remind, relocate, and/or remove noisy customers?

Describe your community outreach. This can include neighborhood association meetings or downtown LINC meetings, for example.

6. Special Events

What are your plans for special events in the city?

7. Complaints

Describe how you will address sound complaints? This can include a telephone number other than your business number for residents to call for sound concerns.

8. Architectural Design or Enhancements

Describe the use of sound blocking walls, fences, and/or landscape.

How you plan to direct sound away from occupied buildings.

Additional Resources

For more information about resources and solutions, send an email to EnvServicesInfo@minneapolismn.gov or call 612-673-3867. Here are common concerns.

1. Do you plan to use an outdoor area? Yes No
2. Is your seating capacity over 200 people? Yes No
3. Will you have amplified sound? Yes No
4. Are you located in a residential area? Yes No
5. Do customers tend to all leave at closing time? Yes No
6. Do customers park in residential areas? Yes No
7. Is your mechanical equipment located within 100 feet of a residential area? Yes No
8. Do you have a routine maintenance schedule for mechanical equipment? Yes No
9. Have you received complaints about sound? Yes No
10. Do you want to learn more about sound management plans? Products to measure and regulate sound? This includes sound engineers, sound meters, for example. Yes No