

License Application: Farmers Market

A public market, usually outdoors, for selling farm products and other craft products directly to customers. This application is for market managers who oversee and are responsible for all market vendors.

Types of markets-

- **Farmers Market:** Vendors are primarily agricultural producers. Other vendors may include craft producers, farm processors, poultry processors, products of the farm vendors, meat processors, cottage food producers, wild harvesters, and individuals selling foods for both immediate and off-site consumption.
- **Produce and Craft Market:** Vendors are typically agricultural producers, craft producers, cottage food producers, and seasonal food permit holders.
- **Mini Market:** Five (5) or less vendors that are primarily agricultural producers.

Complete information about requirements can be found in Minneapolis Code of [ordinance](#).

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 <input type="checkbox"/> Cash: Do not mail cash, you must drop off in person. <input type="checkbox"/> Check: Make checks payable to- Minneapolis Finance Department <input type="checkbox"/> 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.	Certificate of Liability Insurance (sample form #1) Is the Market on a public right-of-way, street or sidewalk <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , submit the following: <input type="checkbox"/> Insurance certificate with \$200,000 per person for property damage, personal injury, or death and <input type="checkbox"/> \$600,000 per incident. <input type="checkbox"/> The City of Minneapolis must be named as an additional insured.
4.	<input type="checkbox"/> Vendor list: Attach a complete list of all vendors, both licensed and exempt, including the business name, owner's name, phone number and the types of products they sell.
5.	<input type="checkbox"/> Diagram: Attach a scaled detailed diagram of the market including: vendor stalls, toilets, handwashing, drinking water, garbage cans, any power source and any other area of the market. <input type="checkbox"/> Indoor diagram <input type="checkbox"/> Outdoor diagram

2. Applicant information

Legal company name		Business name/DBA			
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Market 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 <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:			
Location of Farmer's Market:					
Type of market: <input type="checkbox"/> Farmers Market <input type="checkbox"/> Produce and Craft Market <input type="checkbox"/> Mini Market					

3. Business information

<input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Starting a new business in an existing building. <input type="checkbox"/> Adding equipment. <input type="checkbox"/> Changing equipment.	<input type="checkbox"/> Adding a new license to an existing business. Business name _____ <input type="checkbox"/> Taking over an existing business. Name of existing business: _____ <input type="checkbox"/> Remodeling only.
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.
Are you adding- New kitchen or bar equipment that requires gas, plumbing or mechanical connections <input type="checkbox"/> Yes <input type="checkbox"/> No Ventless cooking equipment or a ventless hood <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Email a Food Plan Review Form to development@minneapolis.gov . There is a fee for this review.	
Explain the type of remodeling or construction.	

4. Market manager

Full name			Telephone	
Mailing address		City	State	Zip code
Email				

5. Owners

List all owners and partners. Ownership must add up to 100%, attach more 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 %	

6. Company operations

Indoor	Outdoor
Total square footage for market use: _____	Total square footage for market use: _____
<input type="checkbox"/> Indoor Market	<input type="checkbox"/> Outdoor Market
Days and hours of operation.	Days and hours of operation.
Is the Market located on a hard, smooth, cleanable surface? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the market be in the public right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be any vendors cooking food? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be any food sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will the bathrooms and toilets be located?	
How will portable water be provided?	
How is power and electricity provided to vendors?	

Give us a brief description of the vendors and products.

Describe any entertainment- No live entertainment permitted without an amplified sound permit.

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.

7. 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.

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 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 _____

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. 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 311. Rau kev pab hu 311. Hadii aad Caawimaad u baahantahay wac 311.

