

License Application: Fire Extinguisher Service

A license is required to service portable fire extinguishers. Service includes, but is not limited to, maintaining, repairing, testing, filling, refilling, charging or recharging.

- **Class A** can only provide service to the public.
- **Class B** can only provide service for a company, an apartment complex, or business.
- **Fire Extinguisher:** Any device or equipment designed for extinguishing fires. Contains a liquid or powder and uses pressure as a propellant. May contain a toxic liquid or powder which vaporizes when exposed to a specific temperature.
- **Portable Fire Extinguisher:** A device which contains chemicals, fluids or gases for extinguishing fires and is capable of being readily moved from place to place.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements

1. Complete the enclosed application. 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, 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. **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)
 - Class B license:** insurance is not needed.
 - Class A license:** certificate is required with the following-
 - \$100,000 per person killed or injured in one accident and
 - \$300,000 for each occurrence
 - \$25,000 property damage

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 number or individual tax ID (ITIN) <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 starting date:		

Check one:

- Class A license: provide service to the public.
- Class B license: provide service for a company, an apartment complex, or business.

3. Building 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 type of remodeling and construction.

4. 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 %	

5. Company operations

Days and hours of operation:

Class B license: List all the businesses and addresses where you will be servicing fire extinguishers.

Business name	Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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).

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 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.

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 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

1. No license will be issued for longer than one year.
2. You can't 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. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

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.

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 Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED	NAIC #

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 CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/AGG \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A <input type="checkbox"/>			

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:

City of Minneapolis as
certificate holder and
additional insured

Original signature or
stamp of agent.

CERTIFICATE HOLDER Additional Insured: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	CANCELLATION 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
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Applications will be returned if requirements are not complete.