

License Application: Horse and Carriage Service

Definition: A horse-drawn, two or four wheel carriage for hire, driven by the owner or employee driver.

A separate license is not required for each horse or carriage but must have a City issued decal on each carriage.

Hours of operation are prohibited Monday – Friday from 6:00 a.m.-10:00 a.m. and 3:30 p.m.-6:30 p.m. There may be other restricted hours for parades, festivals and First Bank Stadium events.

Rates shall be posted on the carriage and visual to entering and seated passengers.

Horses must be diapered. In the event of a mishap, the driver must clean the street, sidewalk and surrounding property.

Authorized routes and loading zones are available from the Public Works Traffic Engineering Division. You may also request a permit for a temporary route.

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](#), annual clean-up fee, and 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. **Certificate of Liability Insurance (Form #1)**
 - Attach a copy. This must be furnished by your insurance agent. You are required to have \$500,000 general liability coverage.
4. **Attach a certification** for each horse completed by a veterinarian licensed in the state of Minnesota.

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site 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:		

3. Business information

<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____ <input type="checkbox"/> Changing equipment or remodeling	<input type="checkbox"/> Adding a new license to an existing business. (New License) <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

4. 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 %	

5. Company operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
Give us a description of the services and products at your business.	
How many carriages will you have operating? _____	
Address of your permanent stable for the horses	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.	

6. Workers compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
-----Or-----		
<p>I certify that I am not required to carry workers compensation insurance because <input type="checkbox"/> I am self-insured. <input type="checkbox"/> I am the sole proprietor, and I have no employees. <input type="checkbox"/> 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.</p>		

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 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 _____

8. 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. 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. Haddii aad caawimaad u baahantahay wac 311.

