

License Application: Motor Vehicle Repair Garage

A business that repairs motor vehicles including service, maintenance, diagnostics, body work, and/or adding parts.

A license is not required for repair garages that:

- Only provide fuel, check fluid levels, replace filters and other minor services by a gas station that doesn't cost more than \$15.00 for parts and labor.
- Repairs its own privately owned vehicles.

Every motor vehicle repair garage must:

- Keep records and invoices for at least two years that include all work orders, estimates, invoices, and names of all customers. A customer has a right to request a copy of their invoice.
- Keep garbage in a completely enclosed building or covered bins.
- Parking spaces must have a dustless, all-weather surface material that can support a 4,000-pound load.
- If you have four (4) or more parking spaces, you must have them screened on each side by either a wall, fence, or dense plants.
- Give reasonable notice of your storage charge policy.
- Not use the city streets to park, store, or repair vehicles. This includes your employees' vehicles.

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

1. Application requirements

Complete the application and include all the requirements listed below. Incomplete applications may be returned.

1. There is a [fee](#), plus a new license processing charge, for this application. You can pay by

- Cash:** Do not mail cash, it 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.

2. **Background information:**

- Data Privacy Advisory** (form #1): This is required for the applicant and each owner and/or partner.
- Valid driver's license** or government issued photo ID for each person.
- Background report.** This report must be dated *within 30 days* of this application and is available from the State of MN Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or call 651-793-2400

3. **Certificate of liability insurance** (Sample form #2) General liability that includes

- \$100,000 per for personal injury or death occurrence and \$300,000 per accident or occurrence
- \$10,000 per occurrence for property damage.

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.

SAC determination letter

5. **Certificate of Assumed Name, DBA** - Attach a copy from the Minnesota Secretary of State's Office

Certificate of Legal Business Name, LLC- Attach a copy from the Minnesota Secretary of State's Office

6. **Diagram**- attach a detailed diagram of inside and outside, include buildings, parking, storage, repair areas

2. Applicant information

Legal company name		Business name/DBA		
Name (Last, First, Middle)		<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager		
Business address of repair garage	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 opening date:			

3. 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 any equipment <input type="checkbox"/> Remodeling	<input type="checkbox"/> Adding a new license to an existing business. Name of business: _____ <input type="checkbox"/> Taking over an existing business. Name of 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 or construction.

4. Owners

List all owners, partners and officers, ownership must add up to 100%. Attach additional 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

List days and hours of operation:	Total square footage for business use:
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Does your business have any gas pumps? No Yes

If yes, then you must apply for Gas Station license or provide the current license number _____

How many parking spaces do you have for your business? _____

Give us a description of your business and services you provide.

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

6. 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 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 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 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. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

