



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
DBA:
Expiration: October 1
License Code: 69
Rev Code: 311002
MCO: 267
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Shooting Gallery

DEFINITION: Any public place or range for shooting and discharging firearms at a target for which a fee is charged. Shooting galleries or ranges maintained or operated by any military organization, police department or school and not available to the general public are exempt.

Applicant must be a resident of Hennepin County and a registered voter for at least one year. If the applicant is a partnership, all members must be residents of Hennepin County and registered voters for at least one year.

Gambling is prohibited.

No shooting gallery shall be located within 1,000 feet from a school, church, hospital or any location which will result in the annoyance of any nearby resident.

No shooting gallery shall operate between the hours of 1:00 a.m. and 9:00 a.m.

Application Checklist

Submit completed items below to:

[Minneapolis Development Review](#)

250 South 4th Street
Room 300 Public Service Center
Minneapolis, MN 55415

Staff
Initials

1. License Application (Form #1)

2. Zoning Addendum (Form #2)

3. Fee: _____ [New License Surcharge:](#) _____

This Section To Be Completed by Minneapolis Development Review Coordinator

DC: _____

Temporary License Application Number: _____

Plumbing Permit
 Mechanical Permit
 Building Permit
 SAC
 Sidewalk Inspection
 PDR Review

 SAC Determination Letter Required: Yes No

Date Sent to EH _____
EH Staff Initials _____
Date Sent to EM _____

PCAB # _____
EM Staff Initials _____
Date Returned to MDR _____

Additional Information

1. Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

2. Pollution Control Annual Billing/PCAB

A PCAB Number is required before a license will be granted. This will be requested by a License Inspector.
PCAB# _____.

3. Information in Other Languages

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Form section 1 containing fields for License Type, Applicant Information, Business Details, and Ownership Information.

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Table with 4 columns: Full Name, Date of Birth, % of Ownership, Telephone Number. Includes Home Address fields for each owner.

Have any of the above people been convicted of a crime? Yes No
If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? Yes No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company

Policy Number

Dates of Coverage

-----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.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



**City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
Telephone 612-673-3000 or 311 Fax 612-673-2526**

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
 - No entertainment.**
 - Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.
 - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.
 - Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: _____ Proposed land use(s): _____
6. Are there any existing land use approvals for this address which affect this license application? YES NO
If Yes, provide a brief description of any land use history relevant to the proposed licensure.

7. Comments: _____

8. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

9. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

10. Comments: _____

CPED Planning Staff Signature _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.