



**City of Minneapolis  
Licenses and Consumer Services**

350 South 5<sup>th</sup> Street – Room 1  
Minneapolis, MN 55415–1391  
Phone: 612-673-2080  
Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

**For Office Use Only**  
Expiration: N/A  
Rev Code: 311008  
MCO: 293  
Adm Issuance: Yes

**License Application  
Guidelines and Checklist**

**License Type: Going Out of Business Sale**

**DEFINITION:** A sale or offer to sell to the public merchandise of any kind, on hand and in stock, in connection with a declared purpose, as set forth by advertising on the part of the seller that such sale is:

**Going Out of Business (Regular L115):** Anticipatory to the termination, closing, liquidation, windup, discontinuance, conclusion or abandonment of the business and advertised in the following phrases or in any similar phrases: "Going out of Business Sale," "Trustee's Sale," "Liquidation Sale," "Executor's Sale," "Administrator's Sale," "Adjustment Sale," "Reorganization Sale," "Creditors' Committee Sale," "Assignee's Sale," "Receiver's Sale," "Loss of Lease Sale," "Forced out of Business Sale," "Removal Sale." A "Removal Sale" is defined as a sale which causes the public to believe that the person conducting the sale will cease and discontinue business at that location, and will then move to another location. These sales are limited to 45 days.

**Going Out of Business (Fire or Smoke Damage, Actual Disaster L119)** A result of damage or alteration to the merchandise being offered for sale by disaster or other fortuitous occurrence and advertised in the following phrases or similar phrases: "Fire sale," "Insurance Salvage Sale," "Damaged Goods Sale," "Smoke Sale," "Water Damage Sale." License Inspectors will verify date of fire with the Fire Department.

**Advertise:** Any means, whether oral, written, lettered or by picture, used to give notice of intention to conduct a sale; including, but not limited to, oral announcement made at the place of sale, by sound truck, radio or television; by written, printed or pictured notice; by newspaper advertisement, magazine advertisement, handbill, printed display, poster, label, price tag, circular, pamphlet or book.

**Inventory:** License Inspectors will verify inventory with the Insurance Company.

**Merchandise:** All kinds of goods, wares and merchandise usually sold for consumption.

This license does not apply to 1) a sale by a regularly established retailer, at their regular place of business, if held for a period not to exceed fifteen (15) successive days, excluding Sundays and holidays, during the period of ninety (90) days immediately following actual damage to the merchandise by fire, water, smoke or other chance circumstance 2) if merchandise is taken on consignment directly from insurance companies and there is no advertisement for a sale or 3) sales conducted by public entities or court ordered.

**Application Checklist**

Submit items below to: [Minneapolis Development Review](#), 250 South 4<sup>th</sup> Street  
Room 300 Public Service Center, Minneapolis, MN 55415 - [Free Parking](#)

- |                   |  |
|-------------------|--|
| Staff<br>Initials | <input type="checkbox"/> <b>1. License Application (Form #1)</b>   |
|                   | <input type="checkbox"/> <b>2. Attach the Type of Going Out of Business Sale:</b> Regular, Fire/Smoke, or Disaster   |
|                   | <input type="checkbox"/> <b>3. Attach a list of all sales in the past year.</b> Identify the type of sale, dates, and the name(s) and home addresses of individual(s) in charge of each sale.<br><input type="checkbox"/> <b>N/A</b> – I have not had any going out of business sales as defined above in the past year.   |
|                   | <input type="checkbox"/> <b>4. Attach two copies of the Inventory List</b> which includes a complete and detailed list of the merchandise offered for sale owned by the Applicant. Include the dates of acquisition, names and addresses of vendors and the purchase price and regular sales price of the goods. This must be verified under oath by applicant <u>and</u> a general managing partner, agent of the association, or member of the partnership |
|                   | <input type="checkbox"/> <b>5. _____ Fee</b> plus <a href="#">new license surcharge</a>  |

**This Section To Be Completed by Minneapolis Development Review Coordinator**

DC: \_\_\_\_\_ Temporary Application Number: \_\_\_\_\_  
 Plumbing Permit  Mechanical Permit  Building Permit  SAC  Sidewalk Inspection  PDR Review   
 SAC Determination Letter Required:  Yes  No

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

## Additional Information

### 1. Your License Application

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

**2. Hours of Operation – 1 City Hall:** Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

**3. Information in Other Languages:** Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

For Office Use Only
License # L
CSR:
Fee: \$
Date:

## License Application

1. BACKGROUND INFORMATION			
Name of Person filling out this application (Last, First, Middle)	As an Applicant/Licensee, I am:		
MN Sales Tax ID, Social Security, or Individual Tax ID Number	<input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business) <input type="checkbox"/> Taking over an existing business (New Owner) Name of existing business: _____ <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Remodeling Only		
Legal/Corporate Name of Business	Trade Name(DBA)	Business Telephone	
Business Address	City	State	Zip Code
Mailing Address (If different than Business Address)	City	State	Zip Code
Name of Person Filling out the Application	Title	Telephone Number	
E-mail Address (Required)	Fax Number	Cell Phone Number	
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	State of Incorporation	Date of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Full Name: Last, First, Middle	Telephone	Date of Birth	Title/% of Ownership
Home Address	City	State	Zip Code
Have any of the people listed above been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide or attach specific information about dates and conviction.			

**3. COMPANY OPERATIONS**

Square Footage for Business Use	Hours of Operation
---------------------------------	--------------------

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

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 Minneapolis or another government entity?  YES  NO  
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

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
---	--

Explain the scope of the remodeling or construction.

**4. 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 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.

**5. VEHICLES**

Will there be vehicles used in the business?  YES  NO

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

**6. 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 Minnesota Tax ID Number, Social Security 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. After issuance of a license, all information contained in this application, 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. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_