

iMS Pro Emulation

Hospitality Accommodations License-New

First Screen: **Apply for/Renew a License**

Please see <https://www.brooklyncentermn.gov/government/departments/administration/business-licensing> for more information.

+ Apply for/Renew a License

A screenshot of a web application interface. At the top left, there is a gear icon and a progress bar showing 4%. Below the progress bar is a dark grey header with the text "Please select one." in white. The main content area is a light blue rounded rectangle containing a vertical list of eleven white rounded buttons with light blue borders. The buttons are labeled with the following license types: Amusement Devices, Christmas Tree Sales, Fireworks, Garbage Hauler, Gasoline Service Station, Hospitality Accommodations, Liquor, Motor Vehicle Dealership, Secondhand Goods Dealer, Tobacco, and Rental Dwelling.

Choose the type of license you are applying for. Hospitality Accommodations is the sixth option.

Second screen: **Business Location** – This is the address of the business where the hospitality accommodations will be located.

📍 Business Location


A screenshot of a web application interface. At the top left, there is a gear icon, the text "Amusement Devices", and a progress bar showing 10%. Below the progress bar is a dark grey header with the text "Please enter the business location details below." in white. The main content area is a light blue rounded rectangle. It features a "Use Map" button with a location pin icon and the text "Most accurate on a GPS-enabled device" below it. Below that is a "Find Address" input field with the placeholder text "Enter Address or Parcel Number". At the bottom of the form are two buttons: an orange "Discard" button and a green "Next" button.


As you type, a dropdown menu will appear. Choose the address from this, do not let your web browser auto-fill as this can lead to inaccurate results. Then hit the green "Next" button.

Third screen: **Business Information**

First Column: **“Application Information”** tile- Complete all fields to the best of your ability.

Application Information

Renewing License? * 
Are you renewing the license you are applying for?

Type of Operator/Applicant * 

DBA Name
Doing Business As name if applicable

Business Name *
Business name where accommodations will be provided

Number of Buildings *

Number of Units *

Renewing License- “No” if creating a new license. “Yes” if you are renewing an existing license of the exact same type.

Type of operator/applicant

Individual- requires SSN, business name, number of buildings and units.

Partnership- requires MN and Fed Tax Ids, number of corporate partners, business name, number of buildings and units.

Corporation- requires state of incorporation, MN and Fed Tax Ids, number of corporate partners, business name, number of buildings and units.


Second Column: **“Worker’s Compensation”** tile

Workers Compensation

Do you have employees? Yes
Select "No" if you have no employees or you have employees but they are not covered by the worker's compensation law. (See MN Stat 176.041 for a list of excluded employees)

Name *
Please enter the insurance company

Policy Number *
Please enter your Policy or Self Insurance Permit number

Expiration Date * 

If the business has employees, this tile must be completed.

You must include the insurance company’s name, the policy number and the expiration of said policy.

Fourth screen: **Contacts**

First Column: **“Property Manager”** tile- This contact must be available for 24 hour contact.

The screenshot shows a form titled "Property Manager" with a blue header. Below the header, there is a sub-header "Provide 24-hour property contact information." The form contains the following fields: Name (two rows), LicenseNumber, Address, Unit, City, State (dropdown menu with "--- SELECT ONE ---"), Zip, Phone, Email, and AltPhoneNumber.

Second Column: **“Applicant”** tile- this will be your Business Registration Information

The screenshot shows a form titled "Applicant" with a grey header. Below the header, there is a sub-header "If the auto filled information is not correct, it can be updated by going to my account on the main page. If you have multiple business registrations, click on your name at the top right and switch accounts." The form contains the following fields: Full Name *, Title, Address, Unit, City, State (dropdown menu with "MN"), Zip, MobileNumber, OkToText (radio button with "No" selected), EmailAddress *, and Office Phone Number *.

Third Column: **“Property Owner”** tile- the owner of the property the business is on.

The screenshot shows a form titled "Property Owner" with a grey header. The form contains the following fields: Company Name, Address, Unit, City, State (dropdown menu), Zip, Phone, Email, and AltPhoneNumber.

Fifth screen: Upload Proof of Payment of Property Taxes

This item can be found at <https://www.hennepin.us/residents/property/property-information-search>

Please submit a copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at www.co.hennepin.mn.us

No file chosen

Drag and Drop in Some Browsers

File Limitations
Size limited to: 10 MB
Accepted Formats: .JPG, .JPEG, .TIFF, .TIF, .BMP, .PNG, .PDF, .MOV, .M4A

Sixth screen: Acknowledgements

Hospitality Accommodations 70%

The applicant hereby applies for a hospitality accommodations license and acknowledges review of City Ordinance Section 23-001 through 23-014 and 23-2401 through 23-2414, and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

Seventh screen: Application Summary

Ensure all tiles and licensing fees are correct (total shown may differ from example). Fees are based on your location's level as determined by police calls per year. You must pay in order to complete your application.

Application Summary

Hospitality Accommodations 80%

Basic Information

Location

Company Name

\$ Charges

Total Charges \$150.00

Balance Due \$150.00

Contacts

Applicant
Property Manager
Property Owner

Requested Files

Proof of Payment of Property Taxes *

Files

Business Information

Business Name *

DBA Name

Do you have employees?

Expiration Date *

Name *

Number of Buildings *

Number of Units *

Policy Number *

Accepted Disclaimers

Acknowledgement

Eight Screen: Checkout Screen

Again, total will differ from example.

Check Out

✕

⚙ Pending Hospitality Accommodations ✕

Hospitality Accommodations - Level 1 \$150.00

Total Pay \$150.00

Home

Ninth Screen: E-Pay

Complete payment details here.



Secure Payment Form

Billing Information

Name *

Street

City

State

Zip *




Phone

Email *

Order/Invoice *


Payment Information

Credit Card | Check

Card Number *

MM * YY * CW *

I am human 

Process Payment (\$ 65.00)

Transaction Details

Amount *

Tenth Screen: **Receipt**

You will be able to save this for your records. The blue number (BL23-####) is the license number. Click on it to see the completed application.

BL23- Hospitality Accommodations \$150.00	
Hospitality Accommodations - Level I \$150.00	
Cash:	\$150.00
Total Paid by:	\$150.00
on:	

Eleventh Screen: **Pending Application**

Congratulations! Your license is pending. At this point, the City Clerk's office will begin a review and will contact you via email for any further needs.

BL23-
Hospitality Accommodations
Pending

Staff Checklist Incomplete

Basic Information Location Company Name	\$ Charges Total Charges \$150.00 Payments (\$150.00) Balance Due \$0.00	Contacts Applicant Property Manager Property Owner
Reviews Application Review Pending	Requested Files Proof of Payment of Property Taxes ✓	Files
Business Information Business Name DBA Name Do you have employees? Expiration Date Name Number of Buildings Number of Units Policy Number More	Accepted Disclaimers Acknowledgement	