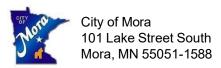
Tel: 320.364.1173 Fax: 320.679.3862

E-mail: <u>n.segelstrom@cityofmora.com</u>

## BUSINESS LICENSE APPLICATION Instructions

- 1) Read and follow these instructions carefully.
- 2) If you have any questions contact Natasha Segelstrom, Administrative Service Director at city hall. Her telephone and e-mail address are shown above.
- 3) Fill in all forms completely and accurately. Attach additional information as directed.
- 4) Incomplete applications **will be returned**, <u>do not submit incomplete applications</u>, it will delay the approval process.
- Renewal applications for alcoholic beverage licenses can take up to four weeks to process. New applications for alcoholic beverage licenses will take longer.
- 6) All annual licenses expire at midnight on August 31st each year.
- 7) Complete and sign this **Business License Application** form.
- 8) Complete and sign the attached **Supplemental Application** specific to your license type.
- 9) Complete and sign the attached Workers' Compensation Certification of Compliance form.
- **10)** Submit a copy of the **Liability Insurance Certificate AND Liquor Liability Insurance Certificate** if applicable for a liquor license.
- 11) Complete and sign the attached **Alcohol Gambling & Enforcement application** form, if applicable for alcohol and/or tobacco licenses.
- 12) Calculate fees and attach payment made payable to the City of Mora.
- 13) Submit forms, supporting documentation, and payment to the City of Mora at the above address.
- 14) The license, if approved, will be mailed to you.



Tel: 320.364.1173

n.segelstrom@cityofmora.com

## **BUSINESS LICENSE APPLICATION**

Municipal Use Only					
License Number:					
Period Covered:					
Approval Date:					
Term:					

			New Lic	ense or □ Renew	License		
Na	ame of Applicant (name of	indiv	/idual, pa	rtnership, corporati	on, or ass	sociation):	
Ap	plicant Address:						
Ap	plicant City/State/Zip:						
Ap	pplicant Phone:			Applicant Email Ac	ddress:		
Ap	plicant Cell Phone:				U.S. Citizen □ Yes □ No		
A	oplicant Driver's License Nun				Applicant Date of Birth:		
Вι	usiness Name/dba:						
Bu	siness Address:						
Bu	Business Phone:			Business Website:			
Minnesota Tax ID Number:			Federal Tax ID Nu	mber:			
Kanabec County Parcel/Property ID Number: 22.							
IF	OF THE APPLICANT, ATTAC	CH C	OPY OF T	HE CERTIFICATE C	F ASSUM	STYLE OTHER THAN THE NAME ED NAME, AS REQUIRED BY THE SECRETATY OF STATE.	
icen	se Types						
otal	Liquor On-Sale \$2,200 Liquor Sunday On-Sale \$200 Wine On-Sale \$375 3.2 Beer On-Sale \$125 3.2 Beer Off-Sale \$125 Pawnbroker \$2,000 Massage Therapist \$60  Temporary: Liquor On-Sale / 3 \$75 for one day license	e + \$1	Brew Pu Brewer 1 Small Br Consum Taxicab Sexually \$5,000 eer On-Sa	Oriented Business le / Liquor Consumpt		Club Liquor On-Sale <200 \$300 Club LQ. On-Sale 201-500 \$500 Club LQ. On-Sale 501-1000 \$650 Club LQ. On-Sale >1000 \$800 Tobacco \$125 Mixed Municipal Solid Waste \$500 Roll-Off Service Solid Waste \$150 lay (Circle ONE)	
erm he a	applicant requests the above	licen 00 ar	ses for a n midnig	term from 12:01 ar ht on the	n on the _ day o	day of of	

Submittal Checklist							
<ul> <li>Completed Business License Application.</li> <li>Completed Supplemental Application</li> <li>Application Fees made payable to "City of Mora".</li> <li>Completed and signed Certificate of Compliance Minnesota Workers' Compensation Law form.</li> <li>Completed and signed Background Investigation Consent Release.</li> <li>Completed Alcohol and Gambling Enforcement, MN Dept. of Revenue, or other requited external organization form(s).</li> <li>Copy of Certificate of Insurance.</li> </ul> **Incomplete applications will be returned, do not submit incomplete applications, it will delay the approval process.  Please note: License applications may take up four weeks to process, so please allow ample							
time between the application and your first event.							
Applicant Signature							
I certify that I have read the above questions, and the answers are true and correct to the best of my knowledge.							
Signature Date							
(FOR CITY USE ONLY)  Application Reviewed by City Clerk:   With Conditions   Without Conditions   Not Applicable  Comments/Conditions:							
Signature: Date:							

Application Reviewed by Planni	ng/Zoning Dept.: □With Cond	litions □Without Conditions □Not Applicable					
Comments/Conditions:							
Signature:		Date:					
Application Reviewed by Buildin	ng Denartment: □With Condit	ions □Without Conditions □Not Applicable					
Comments/Conditions:	ig Boparamona. Evviar conditi	TVIII OUT COMMITTEE ETTET THE TENTE OF THE T					
Signature:		Date:					
Application Processed and Reviewed by Licensing Clerk:							
Date Filed:	Fee(s) Paid: \$	Receipt Number:					
Background Check Submitted:	□Approve □Deny	Property Taxes:					
Council Disposition:   Approve	License Number(s):						
Licensing Agent Signature:		Date:					
Comments:							