



City of Mora
101 Lake Street South
Mora, MN 55051-1588

Tel: 320.364.1173
Fax: 320.679.3862
E-mail: n.segelstrom@cityofmora.com

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**, do not submit incomplete applications, it will delay the approval process.
- 5) 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.



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BUSINESS LICENSE APPLICATION

Municipal Use Only

License Number:

Period Covered:

Approval Date:

Term:

☐ New License or ☐ Renew License

Name of Applicant (name of individual, partnership, corporation, or association):			
Applicant Address:			
Applicant City/State/Zip:			
Applicant Phone:		Applicant Email Address:	
Applicant Cell Phone:		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Driver's License Number:		Applicant Date of Birth:	
Business Name/dba:			
Business Address:			
Business Phone:		Business Website:	
Minnesota Tax ID Number:		Federal Tax ID Number:	
Kanabec County Parcel/Property ID Number: 22.			
IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN THE NAME OF THE APPLICANT, ATTACH COPY OF THE CERTIFICATE OF ASSUMED NAME, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES CERTIFIED BY THE OFFICE OF THE SECRETARY OF STATE.			

License Types

- | | | |
|--|---|---|
| <input type="checkbox"/> Liquor On-Sale \$2,200 | <input type="checkbox"/> Brew Pub On-Sale \$2,200 | <input type="checkbox"/> Club Liquor On-Sale <200 \$300 |
| <input type="checkbox"/> Liquor Sunday On-Sale \$200 | <input type="checkbox"/> Brew Pub Off-Sale \$225 | <input type="checkbox"/> Club LQ. On-Sale 201-500 \$500 |
| <input type="checkbox"/> Wine On-Sale \$375 | <input type="checkbox"/> Brewer Tap Room \$500 | <input type="checkbox"/> Club LQ. On-Sale 501-1000 \$650 |
| <input type="checkbox"/> 3.2 Beer On-Sale \$125 | <input type="checkbox"/> Small Brewer Off-Sale \$225 | <input type="checkbox"/> Club LQ. On-Sale >1000 \$800 |
| <input type="checkbox"/> 3.2 Beer Off-Sale \$125 | <input type="checkbox"/> Consumption & Display \$125 | <input type="checkbox"/> Tobacco \$125 |
| <input type="checkbox"/> Pawnbroker \$2,000 | <input type="checkbox"/> Taxicab \$35 | <input type="checkbox"/> Mixed Municipal Solid Waste \$500 |
| <input type="checkbox"/> Massage Therapist \$60 | <input type="checkbox"/> Sexually Oriented Business \$5,000 | <input type="checkbox"/> Roll-Off Service Solid Waste \$150 |
- ☐ Temporary: Liquor On-Sale / 3.2 Beer On-Sale / Liquor Consumption & Display (Circle ONE)
\$75 for one day license + \$15 per additional day

Total Fees: \$ _____

Term

The applicant requests the above licenses for a term from 12:01 am on the _____ day of _____ to 12:00 am midnight on the _____ day of _____.

(All business license periods end 12:00 am midnight, August 31, except for temporary liquor licenses).

Submittal Checklist

- ☐ Completed Business License Application.
- ☐ Completed Supplemental Application
- ☐ Application Fees made payable to "City of Mora".
- ☐ Completed and signed Certificate of Compliance Minnesota Workers' Compensation Law form.
- ☐ Completed and signed Background Investigation Consent Release.
- ☐ Completed Alcohol and Gambling Enforcement, MN Dept. of Revenue, or other required external organization form(s).
- ☐ Copy of Certificate of Insurance.

** 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.

_____ shall perform its activities in full conformance with applicable federal, state and local laws, and shall be responsible for, and shall indemnify, defend and hold harmless the City of Mora and all of the City's officers, employees and agents from and against all claims, suits, liability, damages and losses, specifically including, but not limited to those for loss of use of property, for damage to any property, real or personal, for injury to or death of any person, and for all other liabilities whatsoever including related expenses and actual attorney fees in any way sustained by reason of the activities authorized by this license, permit or agreement in connection with the actions of

_____ its employees, agents or officers within the City of Mora.
(Licensee Name)

The foregoing shall not be construed to be an agreement to indemnify the City of Mora, its officers, agents, or employees against liability for claims, suits, damages and losses to the extent that such claims, suits, damages and losses were caused by or resulting from the gross negligence or willful misconduct of the City of Mora, its officers, employees or agents. This permit, license or agreement shall be construed in accordance with the laws of the State of Minnesota.

Signature

Date

(FOR CITY USE ONLY)

Application Reviewed by City Clerk: ☐ With Conditions ☐ Without Conditions ☐ Not Applicable

Comments/Conditions:

Signature:

Date:

Application Reviewed by Planning/Zoning Dept.: <input type="checkbox"/> With Conditions <input type="checkbox"/> Without Conditions <input type="checkbox"/> Not Applicable	
Comments/Conditions:	
Signature:	Date:

Application Reviewed by Building Department: <input type="checkbox"/> With Conditions <input type="checkbox"/> Without Conditions <input type="checkbox"/> Not Applicable	
Comments/Conditions:	
Signature:	Date:

Application Processed and Reviewed by Licensing Clerk:		
Date Filed:	Fee(s) Paid: \$	Receipt Number:
Background Check Submitted:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Property Taxes:
Council Disposition: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date:	License Number(s):
Licensing Agent Signature: _____		Date: _____
Comments:		



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MESSAGE THERAPIST LICENSE Supplemental Application

Individual Name _____ Date _____

Please number & attach requested materials.

1. Attach a copy of diploma or certificate of graduation from a recognized school of massage therapy or a current certification from the National Certification Board for Therapeutic Massage and Bodywork.
 2. Attach a certificate of insurance with liability coverage limits of at least \$300,000 per occurrence/\$500,000 aggregate.
- ☐ YES ☐ NO. Has this person ever applied for or held a license for massage therapy or similar license in any other jurisdiction? If so, describe below (give business name & address, jurisdiction name & address, and dates).

- ☐ YES ☐ NO. Has this person ever been convicted of a felony or of a violation of any federal or state laws or local ordinances? If so, describe below (give description of violations, court name, & address, and dates of conviction).

Acknowledgements

The applicant agrees to abide by all pertinent regulations governing the licenses applied for, including city ordinances, as well as county, state, or federal laws. The applicant further agrees to indemnify and hold harmless the city, its agents, officers, and employees from any and all claims, causes of action, liabilities, losses, damages, costs, and expenses, and agrees to defend any action brought against the city on any related matter, and to pay all costs and expenses incurred in connection therewith. The city shall in no way be liable for any claims or charges incurred by the licensee.

Name of Applicant _____ Title _____

Signature of Applicant _____ Date _____



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CERTIFICATION OF COMPLIANCE- MINNESOTA WORKERS' COMPENSATION LAW

Business Legal Name _____ Date _____

Minnesota Statutes, § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. This information is required by law. Licenses and permits to operate a business may not be issued or renewed if this information is not provided and/or is falsely reported. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. This information will be collected by the licensing agency and retained in their files.

Insurance Company Name: _____

Policy Number: _____

Dates of Coverage: _____

OR

☐ I am not required to have workers' compensation liability coverage because:

☐ I have no employees who are covered by the workers' compensation law (see Minnesota Statutes § 176.041 for a list of excluded employees these include spouse, parents, children, and certain farm employees). Explain why your employees are not covered:

☐ I am self-insured (include copy of permit to self insure)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy or exception will be kept in effect at all times as required by law.

Name of Applicant _____ Title _____

Signature of Applicant _____ Date _____

NOTE: If your Workers' Compensation policy is cancelled within the license period, you must notify the city by resubmitting this form.



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DATA PRACTICES RIGHTS ADVISORY

To License Applicant:

As an applicant for a business license from the City of Mora, you are being asked to provide information about yourself which will be used in evaluating your application for said license. The purpose of this request for information is to obtain information about you to permit the city to thoroughly review, consider, and act upon your application.

Attached are several documents which require your signature and/or personal information about you. **You are not legally required to supply any of the data requested or to sign any of the release and authorization forms.** However, should you not provide that information, the city may be unable to fully and adequately evaluate your application for said license.

The data which you are being asked to provide is defined to be personal data under the Minnesota Data Practices Act. Some personal data is classified as public data and the remaining information is classified as private data.

Public data is data which is available to any person upon request.

Private data is data which you would be entitled to have access to. A third party is entitled to such data only with your consent, pursuant to court order or statutory provision. The authorizations for information which you sign and the data you provide may be conveyed to third parties. To the extent they reveal private information, they will be disclosed only to the extent that is necessary to do so to complete this employment investigation.

I HAVE READ AND UNDERSTAND THE ABOVE	
SIGNATURE	DATE

MUST BE SIGNED BEFORE A NOTARY

NOTARY SEAL
Subscribed and sworn before me this _____ day of _____, Signature of Notary: _____ Notary Public for: _____ My Commission Expires: _____



CITY OF MORA

Human Resources Office

General Authorization and Release Pursuant to Minnesota Statute 13.05, Subdivision 4 the Minnesota Data Practices Act

I, _____, hereby authorize and grant my informed consent to permit the Kanabec County Sheriff's Office and the Minnesota Bureau of Criminal Apprehension to release to and make available to the **City of Mora and/or its agents and/or representatives** data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subdivision 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes **ALL DATA** which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Mora to have access to this information is to determine suitability for ☐ employment ☐ a business license, with the city. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment/licensing with the city, including verification of my records and analysis by consultants to the city who may review my suitability for employment/licensing.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Mora of data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the city or to you of that fact. A photocopy of this authorization will be treated in the same manner as the original.

Please provide the following information required to perform background/reference checks. Failure to provide this information may prevent the city from determining your suitability for employment/licensing.

FULL NAME		DATE OF BIRTH	
FORMER/MAIDEN NAME OR ALIASES			
STREET ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER		
I HAVE READ AND UNDERSTAND THE ABOVE (must be signed before a Notary Public)			
SIGNATURE		DATE	

STATE OF MINNESOTA,)
) ss.
COUNTY OF _____)

Before me this _____ day of _____, 20_____, personally appeared

_____ known to me, who being duly sworn did depose and say that all of the statements contained herein are true, correct and complete.

(Notary Public)

CHAPTER 120: MASSAGE THERAPISTS

Section

- 120.01 Purpose and intent
- 120.02 Definitions
- 120.03 License required
- 120.04 General provisions
- 120.05 License requirements
- 120.06 Investigation
- 120.07 License fee
- 120.08 Denial of license
- 120.09 Home occupation

- 120.99 Penalty

§ 120.01 PURPOSE AND INTENT.

(A) The purpose and intent of this chapter is to establish standards to protect health, safety and general welfare of the people of the City of Mora through regulation of the persons performing massage therapy.

(B) The principal objective of this chapter is to provide standards for the training and insuring of massage therapists.

(Ord. 401, passed 12-21-2010)

§ 120.02 DEFINITIONS.

For the purpose of this chapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning.

MASSAGE THERAPIST. An individual, other than a person licensed as a medical doctor; chiropractor; osteopath; podiatrist; licensed nurse; physical therapist; athletic director or trainer; or beautician or barber who confine his/her treatment to the scalp, face and neck; who for compensation practices and provides massage therapy.

MASSAGE THERAPY. The method of treating the superficial parts of the human body by rubbing, pressing, stroking, kneading, tapping, pounding, vibrating or stimulating with the hand or any instrument.

(Ord. 401, passed 12-21-2010)

§ 120.03 LICENSE REQUIRED.

It shall be unlawful for any individual to perform or provide massage therapy services within the city without first obtaining a license to do so and except as provided for in this chapter.

(Ord. 401, passed 12-21-2010) Penalty, see § 120.99

§ 120.04 GENERAL PROVISIONS.

(A) *Scope.* This chapter shall apply to all individuals performing massage therapy.

(B) *Exceptions.* The following persons are exempt from licensing under this chapter.

(1) Any person who is licensed by the Minnesota Board of Medical Practice or the Minnesota Board of Chiropractic Examiners shall not be required to obtain a license for massage therapy if said person provides proof of licensure to the City Clerk upon request.

(2) Any person who is working for or an employee of a medical professional licensed by the Minnesota Board of Medical Practice or the Minnesota Board of Chiropractic Examiners shall not be required to obtain a license for massage therapy if said person provides proof of said employment to the City Clerk upon request.

(3) Any person who is licensed by another governmental jurisdiction shall not be required to obtain a license for massage therapy if said person provides proof of said licensure to the City Clerk upon request. This exemption is limited to a total of seven (7) days of work within the city without a city license per calendar year.

(Ord. 401, passed 12-21-2010)

§ 120.05 LICENSE REQUIREMENTS.

(A) *Application.* All applications, new and renewal, shall be made on forms provided by the City Clerk and shall include the following information in addition to that required by § 110.02 of the City Code.

(1) The name of all other jurisdictions where the applicant has been licensed for massage therapy or similar activity and the dates the applicant was licensed;

(2) A description of any crime or other offense, including the time, place, date, and disposition, for which the applicant had been arrested.

(B) *Education and training.*

(1) Each applicant shall provide a diploma or certificate of graduation evidencing completion of five hundred (500) or more hours from a recognized school of massage therapy which:

(a) Is either accredited by a recognized educational accrediting association or agency, or is licensed by the state or local governmental agency having jurisdiction over the school; and

(b) Offers course work or degree programs in physical therapy, anatomy, physiology, physical culture, massage, hydrotherapy and hygiene; and

(c) Has for its purpose, either wholly or in part, the teaching of theory, method, work or profession of massage; and

(d) As a prerequisite of graduation, requires clinical experience.

(2) In lieu of a diploma or certificate of graduation from a recognized school of message therapy the applicant may submit a current certification from the National Certification Board for Therapeutic Massage and Bodywork evidencing successful completion of one of the following exams:

(a) The National Certification Examination for Therapeutic Massage and Bodywork (NCETMB); or

(b) The National Certification Examination for Therapeutic Massage (NCETM); or

(c) The National Examination for State Licensure (NESL) option.

(C) *Proof of insurance.*

(1) Each applicant shall provide a certificate of insurance issued by an insurance company licensed to do business in the State of Minnesota showing the applicant to be currently covered by a liability insurance policy. The minimum limits of coverage for such insurance shall be:

(a) Each claim, at least three hundred thousand dollars (\$300,000).

(b) Each group of claims, at least five hundred thousand dollars (\$500,000).

(2) Such insurance shall be kept in force during the term of the license and shall provide for notification to the city prior to termination or cancellation. Any license issued hereunder shall automatically be revoked upon notice of termination or cancellation of such insurance and shall remain revoked until or unless other insurance is provided as required herein.

(Ord. 401, passed 12-21-2010) Penalty, see § 120.99

§ 120.06 INVESTIGATION.

At the time of an applicant's initial application for a license under this chapter the city shall conduct a background investigation of the applicant to determine if the applicant is eligible for said license. At the time of the initial application for a license under this chapter the applicant shall pay, in full, an investigation fee.

(Ord. 401, passed 12-21-2010)

§ 120.07 LICENSE FEE.

The annual license fee for massage therapy and the initial application investigation fee under this chapter shall be an amount set by the City Council from time to time.

(Ord. 401, passed 12-21-2010)

§ 120.08 DENIAL OF LICENSE.

No license shall be issued to an applicant who:

(A) Is under eighteen (18) years of age;

(B) Has been convicted of any crime directly related to the occupation and has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties and responsibilities of a licensee as prescribed by M.S. § 364.03, Subd. 3;

(C) Owes taxes, assessments, or other financial claims to any governmental agency that are due and delinquent.

(Ord. 401, passed 12-21-2010)

§ 120.09 HOME OCCUPATION.

Whenever massage therapy is conducted in a residential area as a home occupation, the person(s) conducting the business shall adhere to all aspects of the zoning code in relation to home occupations.

(Ord. 401, passed 12-21-2010) Penalty, see § 120.99

§ 120.99 PENALTY.

Any person who violates any provision of this chapter shall be guilty of a misdemeanor and shall be punished as provided in § 10.99. Each day the violation continues shall be considered a separate offense punishable by a separate penalty.

(Ord. 401, passed 12-21-2010)