

E-mail: n.segelstrom@cityofmora.com

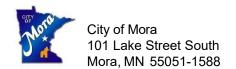
BUSINESS LICENSE APPLICATION

<u>Business</u>		<u>Owr</u>	<u>er/Manage</u>	ī.	
Legal Name	Nam	Name			
Trade Name (d/b/a)		Title			
Mailing Address		Stre	et Address		
				S	
Telephone_			ing Address	>	
•					
Federal Tax ID or SSN		Tele	phone		
Minnesota Tax ID		E-M	ail Address	.	_
		Drive	er's License	e Number	
		Date	of Birth _		
<u>Licenses</u>				Yes 🗌 No	
Select one: New Application [☐ Renewal Applicat	ion			
☐ Liquor On-Sale \$2,200	☐ Brew Pub	On-Sale \$2,20	0	☐ Club Liquor On-Sa	ale <200 \$300
Liquor Sunday On-Sale \$200	☐ Brew Pub Off-Sale \$225		☐ Club Liquor On-Sale 201-500 \$500		
☐ Wine On-Sale \$375	☐ Brewer Tap Room \$500		Club Liquor On-Sale 501-1000 \$650		
☐ 3.2 Beer On-Sale \$125	☐ Small Brewer Off-Sale \$225		25	☐ Club Liquor On-Sale >1001 \$800	
3.2 Beer Off-Sale \$125	_			☐ Tobacco \$125	
Temporary - Liquor On-Sale / 3.	•	• •			15/day
Pawnbroker \$2,000	☐ Taxicab \$	·		☐ Mixed Municipal S	•
Massage Therapist \$60	Sexually Oriented Business \$5,000		ss \$5,000		
Total Fees \$					
<u>Term</u>					
The applicant requests the above limidnight on theday of		om 12:01 a.m. o	n the	day of	to 12:00
The applicant hereby makes applic to comply with all ordinances and r that licenses are not transferable a municipality; and certifies that the i	egulations of the Cit nd that the issuance	y of Mora and we of the license	with the cor creates no	nditions of the license(s legal liability, express	s); understands or implied, on the
knowledge.				77.7	
Signature of Applicant			Date _		
Date Filed	Fee(s) Paid \$		Receipt Nu	umber	
Background Check Submitted	. , ,	☐ Disapprove			
Council Disposition			License No	umber(s)	

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BUSINESS LICENSE APPLICATION Instructions

- 1) Read and follow these instructions carefully.
- 2) If you have any questions contact Mandi Yoder, Deputy Clerk, 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.
- 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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MUNICIPAL SOLID WASTE LICENSE Supplemental Application

Business Legal Name	Date	

Please number & attach requested materials. Provide information on separate sheet of paper.

General Information

The City of Mora may offer up to three mixed municipal licenses and at the end of one year all licenses expire and are open for the City of Mora to issue as benefits the citizens of Mora. The licensee has no proprietary rights to this license.

For All Licenses

- 1. Attach a certificate of insurance showing liability, casualty, and vehicle coverage limits of at least \$500,000 per occurance/\$1,000,000 aggregate and \$25,000 in property damage coverage.
- 2. Attach performance bond in the amount of at least \$25,000.
- 3. Attach information on business principals:
 - a. Supply the name, title, address, social security number, and date of birth for owner if a sole proprietorship, each partner if a partnership or each officer if a corporation.
 - b. Supply the owners', partners', officers', and managers' present occupation and place of business.
 - c. Supply the owners', partners', officers', and managers' place of residence for the last five (5) years.

Mixed Municipal Solid Waste Collection License

Residential Service

- 4. Attach a schedule of residential services and rates including all applicable taxes. If there is an additional rental fee for containers not included above please state.
- 5. Recycling is now mandatory for all of your customers. Does your program collect all of the items described in the ordinance? If not, which ones are not collected and why? Please describe your recycling service.
- 6. What day(s) will you collect in Mora? If more than one day describe the route on each day.

Commercial/Industrial Service

- 7. Attach a schedule of commercial & industrial services and rates including all applicable taxes. If there is an additional rental fee for containers not included above please state.
- 8. Recycling is not mandatory for your commercial & industrial customers. Please describe your recycling services for these customers.
- 9. What day(s) will you collect in Mora? If more than one day describe the route on each day.

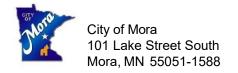
Roll-Off Service Solid Waste Collection License

10. Attach a schedule of roll-off services and rates including all applicable taxes.

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)
l 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.