



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

Business

Legal Name _____

Trade Name (d/b/a) _____

Mailing Address _____

Telephone _____

Federal Tax ID or SSN _____

Minnesota Tax ID _____

Owner/Manager

Name _____

Title _____

Street Address _____

Mailing Address _____

Telephone _____

E-Mail Address _____

Driver's License Number _____

Date of Birth _____

U.S. Citizen ☐ Yes ☐ No

Licenses

Select one: ☐ New Application ☐ Renewal Application

- | | | |
|---|---|---|
| <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 Liquor On-Sale 201-500 \$500 |
| <input type="checkbox"/> Wine On-Sale \$375 | <input type="checkbox"/> Brewer Tap Room \$500 | <input type="checkbox"/> Club Liquor 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 Liquor On-Sale >1001 \$800 |
| <input type="checkbox"/> 3.2 Beer Off-Sale \$125 | <input type="checkbox"/> Consumption & Display \$125 | <input type="checkbox"/> Tobacco \$125 |
| <input type="checkbox"/> Temporary - Liquor On-Sale / 3.2 Beer On-Sale / Consumption & Display (circle one) \$75/license + \$15/day | | |
| <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 |

Total Fees \$ _____

Term

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

The applicant hereby makes application for the above-indicated licenses for the stated term. Further, the applicant agrees to comply with all ordinances and regulations of the City of Mora and with the conditions of the license(s); understands that licenses are not transferable and that the issuance of the license creates no legal liability, express or implied, on the municipality; and certifies that the information contained herein is true and correct to the best of the applicant's knowledge.

Signature of Applicant _____ Date _____

Date Filed	Fee(s) Paid \$	Receipt Number
Background Check Submitted <input type="checkbox"/>	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Property Taxes
Council Disposition	Date	License Number(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**, 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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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 occurrence/\$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)

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.