



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

Tel: 320.364.1173

n.segelstrom@cityofmora.com

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.

(Licensee Name) 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 Department: <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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TAXICAB LICENSE Supplemental Application

Business Legal Name: _____ Date: _____

Business Address: _____

General Information

Licenses are issued under the authority of Chapter 114 of the Mora City Code and applicable state statutes. All licenses are issued subject to compliance with all regulations. Licenses may be suspended or revoked for violation of regulations.

Please attach requested materials as directed, and use an additional sheet of paper if needed.

For All Taxicab Licenses

1. List the experience of the applicant in the transportation of passengers for hire:

2. Supply the description of the vehicle(s) to be operated or controlled by the applicant:

3. Describe the color scheme, design, trade name or insignia to be used to designate the vehicle(s) of the applicant:

4. Supply a copy of State of Minnesota issued driver's license for applicant(s) and all driver(s).

5. Supply the name, address, and date of birth of each taxicab driver employed or expected to be employed by applicant, and the name, address, and date of birth of any other person who will be driving such taxicab including independent contractors and their employees:

6. Attach a copy of your Certificate of Insurance showing a minimum liability of \$100,000; a minimum of \$100,000 for injury to or death of any person per occurrence, a minimum of \$300,000 for injury to or death of any number of persons per occurrence; a minimum of \$100,000 for property damage per occurrence.

7. List the fare (rates) schedule:

8. ☐YES ☐NO. Has any driver ever been convicted of a felony or of a violation of any federal or state laws or local ordinances relating to driving under the influence, a crime of violence or of theft, a sex crime, or a crime of illegal use of drugs, or been adjudged legally incompetent by reason of mental illness, mental deficiency or inebriety? If so, describe (give driver's name(s), 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 _____