



## TRANSPORTATION NETWORK COMPANY ANNUAL APPLICATION

A transportation network company is required to obtain a license and operate pursuant to and in compliance with [Rochester Code of Ordinances Chapter 5-6](#).

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$6000 and is not prorated. Required fees must be paid at the time an application is submitted.

**Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:**

**Register Public User Account (video):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

**Applying for a New License (PDF):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

**Submitting a License Renewal (PDF):** <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

### CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1.** Fully complete all parts of the application and submit **ALL** pages including this checklist (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
  - License Application must be signed by the applicant or an owner/member/officer
- 2.** Annual license fee of \$6000 submitted with the application.
  - License fees are not prorated regardless of when issued during the course of the calendar year.
  - Renewal applications not submitted by Nov. 30 will incur a 20% late fee.
  - Renewal applications not submitted by Dec. 31 will incur a 50% late fee.
- 3.** Proof of financial responsibility and current insurance as required by Minn. Stat. §65B.472.
- 4.** Proof of worker's compensation insurance as required by Minn. Stat. §176.182, unless applicant is exempt from the requirement.

### ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 4.** Review of the application by the City Clerk's Office to ensure completeness
- 5.** Approval of the license by the City Council
- 6.** Confirmation that all requirements of [RCO 8-7-3](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 7.** Issuance of license once all other steps are complete (YOU ARE NOT LICENSED UNTIL YOU HAVE RECEIVED A LICENSE CERTIFICATE)

**Fill in all blanks. Write N/A if a question is not applicable.**

Licenses run on the calendar year, expiring on Dec. 31, and are not prorated.

Calendar Year Applying for: \_\_\_\_\_

Is this a renewal of an existing or previous license with the City of Rochester?

YES  NO

**STEP 1. APPLICANT INFORMATION**

**Information about who is completing this application for the business**

1. First Name		2. Last Name		
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	
7. Email Address				
8. Mailing Address		9. City	10. State	11. Zip Code
12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address		13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____		

**Information about primary point of contact for this license (if different than above)**

14. First Name		15. Last Name	
16. Primary Telephone Number	17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	18. Alternate Phone Number	19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
20. Email Address		21. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	

**License Holder Information**

**Provide information about who this license will be issued to**

22. Business Federal Tax ID Number		23. Business State Tax ID Number		
24. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual)		25. Business Trade Name (DBA) if different than legal name		
26. Business Address		27. City	28. State	29. Zip Code

**STEP 2. LICENSE INFORMATION**

**License Details - attach additional sheets if necessary**

30. Type of Ownership:  
 Sole Proprietor  Corporation  LLC  Partnership  Non Profit  Other \_\_\_\_\_

31. Is the business organized in Minnesota or authorized to do business in the state?

Yes, organized in Minnesota

Yes, organized in another state but authorized in Minnesota

No, neither

Date of Business Filing with Minnesota Secretary of State: \_\_\_\_\_

32.

a) If business is a corporation, indicate the number of current corporate officers and all stockholders who own 25% or more of voting shares and complete Addendum 1 with information for each of these individuals.

b) If business is a partnership or limited liability company, complete Addendum 1 with detailed information for the three members with the highest percentage interest in the business as well as any other members with a 25 percent interest or greater in the business.

Total number of individuals to be listed on Addendum 1 \_\_\_\_\_

### STEP 3. BUSINESS DATA

#### WORKER'S COMPENSATION INSURANCE

Workers' Compensation Company	Policy Number	Dates of Coverage
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OR:

I certify that I am not required to carry workers' compensation insurance because:

I am self-insured.

I am the sole proprietor and I have no employees.

I have no employees who are covered by workers' compensation law.

Only employees who are specifically exempted by statute are not covered by workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

### STEP 4. DOCUMENTS TO ATTACH

- Proof of financial responsibility and required insurance coverage under Minn. Stat. §65B.472
- Proof of Workers Comp insurance or exemption

### STEP 5. PAYMENT

#### SUBMIT THE REQUIRED LICENSE FEE WITH THIS APPLICATION

License fees are not prorated, and cover the license year being applied for, expiring on Dec. 31.

**ANNUAL LICENSE FEE: \$6000**

**ADD: \$1200 Late fee** for renewals submitted between Dec. 1 and 31 of the license year.

**ADD: \$3000 Late Fee** for renewals submitted after Dec. 31 of the license year

Total paid: \_\_\_\_\_

**TNC Addendum 1. For Corporations complete for Corporate officers, corporate authorized agent, and stockholders over 25%  
For Partnerships or LLCs complete for three members with highest share of ownership & any other member with an interest over 25%**

Sheet \_\_\_\_\_ of \_\_\_\_\_

	NAME	ROLE	DATE OF BIRTH	ADDRESS	EMAIL	PHONE NUMBER
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## STEP 6. NOTIFICATION AND VERIFICATION

### Notice of Collection of Private Data

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number), and a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

### Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR LICENSE APPLICATION

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office. I certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief, and further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_