



BUS ANNUAL VEHICLE LICENSE NEW AND RENEWAL APPLICATION

Rochester Code of Ordinances [Chapter 94](#) and [94A](#) applies to bus transportation businesses. An annual bus vehicle license is required to operate pursuant to and in compliance with a franchise issued by the City to operate bus transportation in the city. A separate license is required annually for each bus operated under the authority of the franchise.

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$40 per bus, 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/applicant/officer
 - Addendum 1 completed with information on each vehicle to be licensed
- 2.** Annual license fee of \$40 per bus - \$40 x ____ (number of buses) = _____ (total license fee)
 - 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 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 licenses 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 and updated license plates for each vehicle once all other steps are complete (YOU ARE NOT LICENSED UNTIL YOU HAVE RECEIVED A LICENSE CERTIFICATE)

Office of the City Clerk www.rochestermn.gov 507-328-2900 licenses@rochestermn.gov

Last Updated: 12/13/2021

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

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

Calendar Year Applying for:

If you are applying after Oct. 1 for the current year, would you also like to apply to renew this license for the following year at the same time?

YES NO if yes, one application can be submitted, but you will need to pay the license fee for each year

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
19. Preferred Written Language		20. Preferred Spoken Language	
21. Do You Need An Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Email Address		23. 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

24. Business Federal Tax ID Number	25. Business State Tax ID Number
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26. 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)		27. Business Trade Name (DBA) if different than legal name	
28. Business Address		29. City	30. State
			31. Zip Code
STEP 2. LICENSE INFORMATION			
License Details - attach additional sheets if necessary			
32. Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other_____		33. Date of Incorporation/ Organization	34. State of Inc./Org
35. Date Current Franchise Expires		36. Number of Buses to be Licensed	
STEP 3. BUSINESS DATA			
WORKER'S COMPENSATION INSURANCE			
Workers' Compensation Company	Policy Number	Dates of Coverage	
OR:			
I certify that I am not required to carry workers' compensation insurance because:			
<input type="checkbox"/> I am self-insured.			
<input type="checkbox"/> I am the sole proprietor and I have no employees.			
<input type="checkbox"/> 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			
<ul style="list-style-type: none"> • Addendum 1 listing all buses to be licensed • Proof of Workers Comp insurance, if required 			
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 FOR THE PERIOD OF JAN. 1- DEC. 31: \$40/vehicle			
ADD: \$8/vehicle late fee for renewals submitted between Dec. 1 and 31 of the license year.			
ADD: \$20/vehicle late fee for renewals submitted after Dec. 31 of the license year			
Total paid: _____			

Addendum 1. LIST OF BUSES TO BE LICENSED – SHEET ___ OF ___

	MAKE/MODEL	LICENSE PLATE OR REGISTRATION	VIN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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15			
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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 _____