



**Office Use Only**

Date Received: \_\_\_\_\_

Staff Receiving: \_\_\_\_\_

Application Number: \_\_\_\_\_

## SEWER & DRAIN LICENSE NEW & RENEWAL APPLICATION

Rochester Code of Ordinances [Chapter 12-2](#) applies to supervision and control of sewers, and requires anyone desiring to make a connection with any public sewer to obtain a license to do so from the City.

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$80, 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

### 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
2. License fee of \$80 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 Dec. 31 will incur a 50% expired license fee.
  - All fees are non-refundable, except in the case where the applicant chooses to withdraw their application within 14 days of submission.
3. \$10,000 City Performance bond to cover defects in the work performed during the license year with coverage to extend for a period of two years after completion of the work filed in the Office of the City Clerk.
  - The bond must state that it acknowledges and incorporates Rochester Code of Ordinances Sec. 12-2-8 (c).
  - The bond must be signed by the principal.
  - We **DO NOT** accept riders or continuation certificates.
  - Renewals of City Performance bonds should run Jan 1 - Dec 31. New City performance bonds should run from the date of issuance until Dec. 31 of that calendar year. No bond shall be accepted that attempts to spread the coverage of the bond amount over more than one license year.
4. Proof of \$25,000 State Plumbing Code compliance bond (does not require original bond but must provide proof of current bond.) Please make sure the bond has been properly filed with Minnesota Department of Labor and Industry: <http://ims.dli.mn.gov/ims>
5. Proof of worker's compensation insurance as required by Minn. Stat. §176.182, unless applicant is exempt from the requirement. Please make sure the certificate lists the **City of Rochester as the certificate holder.**  
(*City of Rochester, 201 4<sup>th</sup> St SE, Rochester, MN 55904*)

6. Certificate of Insurance for **General Liability** and **Vehicle Liability** coverage in an amount not less than \$2,000,000 for each occurrence and \$4,000,000 in aggregate (Umbrella policies are accepted to reach the aggregate coverage).

Please make sure the certificate includes the following information.

- **Certificate holder: City of Rochester, 201 4<sup>th</sup> St SE, Rochester, MN 55904**
- **Correct business name, business structure, and business address**

7. If this is not a sole proprietorship, ensure that the business is [registered with the Minnesota Secretary of State](#)

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

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

YES (if yes, one application can be submitted, but you will need to pay the license fee for each year)

NO

**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 Phone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternative 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**

14. First Name		15. Last Name	
16. Primary Phone 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. Preferred Spoken Language?		21. Preferred Written Language?	
22. Do you need an interpreter? YES NO			
23. Email Address		24. 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			
<b>Provide information about who this license will be issued to</b>			
25. Business Federal Tax ID Number		26. Business State Tax ID Number	
27. 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)		28. Business Trade Name (DBA) if different than legal name	
29. Business Address		30. City	31. State
			32. Zip Code
STEP 2. BUSINESS INFORMATION			
<b>Additional Business Applicant Information</b> - attach additional sheets if necessary			
33. 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 _____		34. Date of Incorporation/ Organization	35. State of Inc./Org
36. Who is the individual who will have personal supervision of the work done as described in RCO 12-2-3 (d)?			
37. What is their address?		38. City	39. State
			40. Zip code
41. What is this person's experience and qualifications for this license?			
42. Total number of employees: _____			
43. Number of employees with a "Pipe Layer's Card": _____			
44. Number of employees with "Competent Person Trench Safety" training: _____			
45. Number of years of experience in constructing sewer connections: _____			
46. Years of experience in Rochester: _____			
47. List Construction Equipment owned or leased by applicant:			
48. Are all workers for the applicant familiar with the requirements of Rochester Code of Ordinances Chapter 12-2 (Sanitary Sewage Disposal) and R.C.O Chapter 9-1 (Street & Sidewalk Regulations In General) as they pertain to connections to the public sewer and street openings?                      YES                      NO			
49. Name of person to be called on weekends, night, and otherwise outside of working hours to take care of emergency work in connection with street openings, lights, and settlement of street openings:			
50. What is their address?		51. City	52. State
			53. Zip code
54. Phone Number:			
55. Other information relevant to the license application:			

**STEP 3.BUSINESS DATA**

**Worker's Compensation Insurance**

Worker's 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.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 <https://service.govdelivery.com/accounts/MNROCH/subscriber/new>. 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 \_\_\_\_\_