



Office Use Only

Date Received: _____

Staff Receiving: _____

Application Number: _____

SIDEWALK CONTRACTOR NEW & RENEWAL APPLICATION (Cement or Asphalt)

Rochester Code of Ordinances [Section 9-18](#) applies to Concrete Sidewalks, Driveways, Curbs and Gutters, including licenses required to build or rebuild concrete or asphalt sidewalks, driveways, or curbs and gutters in streets, alleys or public grounds.

Licenses must be renewed every year, with the license period running from January 1 through December 31. Required fees must be paid at the time an application is submitted. **A separate application and fee are required for concrete and asphalt work licenses.**

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*) – *Separate licenses and applications are required for concrete and asphalt work*
 - 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. 9-18-3.
 - 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 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 4th St SE, Rochester, MN 55904*)

5. 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 4th St SE, Rochester, MN 55904**
- **Correct business name, business structure, and business address**

6. 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

Construction Materials used:

CONCRETE

ASPHALT

Information about who is completing this application

| | | | |
|--|--|--|--|
| 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

| | | | |
|---|---|---|---|
| 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. Preferred Spoken Language | | 21. Preferred Written Language | |
| 22. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23. Email Address | | 24. Role of primary of 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 | | | |
| 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 | | | |
| Additional Business Information - 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 Incorporation/ Organization |
| 36. Name of individual serving as the primary license applicant as required by R.C.O. 9-18-2 Subd. (b)(1) . | | | |
| 37. What is their home address? | | 38. City | 39. State |
| | | 40. Zip code | |
| 41. Home Phone Number | | 42. Cell Phone Number/Alternate Number | |
| Questions to be answered by the Primary License Applicant about themselves & the business: | | | |
| 43. Are you or the business a judgement debtor? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 44. Have you or the business filed a petition for bankruptcy? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 45. Have you or the business been found guilty of a felony, gross misdemeanor, or any comparable offense related to residential contracting, including convictions of fraud, misrepresentation, misuse of funds, theft, criminal sexual conduct, assault, burglary, conversion of funds, or theft of proceeds in this or any other state of other United States jurisdiction? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 46. Do you or the business have a history of claims as a result of past work of a similar nature involving faulty, incomplete or incompetent work, untimely work, or a failure to adhere to agreed-upon terms of an agreement? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 47. Do you or the business have a documented history of satisfactory experience in performing the work that is the subject of the license application? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 48. Do you or the business possess or have access to the equipment and personnel necessary to satisfactorily perform the work that is the subject of the license application? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 49. Number of years of related experience: _____ Years of experience in Rochester: _____ | | | |
| 50. List Related Construction Equipment owned or leased by applicant (attach additional sheets if needed): | | | |

STEP 3. INSURANCE INFORMATION

Worker's Compensation Insurance

| | | |
|-------------------------------|---------------|-------------------|
| Worker's Compensation Company | Policy Number | Dates of Coverage |
|-------------------------------|---------------|-------------------|

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 _____