

ROCHESTER

Minnesota

Office of the City Clerk

BUS TRANSIT ANNUAL BUS LICENSES RENEWAL APPLICATION

Rochester Code of Ordinances, [Chapters 94](#) and [94A](#) apply to Bus Transportation licenses. A bus transportation business 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.

REQUIRED TO BE SUBMITTED & COMPLETE AT TIME OF APPLICATION BEFORE APPLICATION CAN BE PROCESSED:

- 1.** Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):)
 - Section G completed with information on each vehicle to be licensed
- 2.** Fee Paid of \$18 per bus - \$18 x ____ (number of buses) = _____ (total license fee)
- 3.** Proof of workers' compensation insurance coverage, or certification by applicant it is not required

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

- 4.** Approval of the annual license(s) by the City Council
- 5.** Issuance of license and updated license plates for each vehicle once all other steps are complete

A. BUSINESS INFORMATION			
Business Name (Legal Corporate Name and any DBA if business operates under any name other than legal entity)			
Date Current Franchise Expires	Number of Bus Info Sheets Attached: _____	Number of Buses to be Licensed	Fee (No. of Buses x \$18)
Has any business information changed since the last license application was submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate changes below or attach additional sheets: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
B. REQUIRED 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 the 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.			

C. VERIFICATION

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) _____, am an authorized corporate officer, partner, owner or agent for the business for which this application is being completed. 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. I 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 _____

D. LIST OF BUSES TO BE LICENSED – SHEET ___ OF ___

	MAKE/MODEL	LICENSE PLATE OR REGISTRATION	VIN
1			
2			
3			
4			
5			
6			
7			
8			
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