



Olmsted County
PROPERTY RECORDS & LICENSING
RECORDS AND REVENUE

“World Class Customer Service”

NON-PUBLIC
Information

Application for Commercial/Industrial Hardship Abatement due to COVID-19

Applications and supporting documentation can be emailed to Katie Miller at miller.katie@co.olmsted.mn.us, mailed to Olmsted County Government Center, Property Records and Licensing (Attn: Katie Miller), 151 4th St. SE, Rochester, MN, 55904, or dropped off at the Property Records and Licensing office at the Olmsted County Government Center.

Questions can be submitted to Katie Miller at miller.katie@co.olmsted.mn.us or 507-328-7633.

Payable Tax Year: _____ Tax Parcel ID: _____

Property Classification: _____

Applicant Information

Applicant’s Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number(s): _____

Business Information

Business Name: _____

Business Property Address: _____

Property Owner’s Name(s): _____

Type of Business: _____

Was the business in operation prior to or on March 1, 2020? () Yes () No

Are any of the owners current Olmsted County employees? () Yes () No

Property & Tax Information

Purchase Date: _____

Is the property currently under a contract for deed or is there a mortgage on the property?
() Yes () No

If yes, mortgage or contract payment: \$ _____



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Are taxes included in payment? () Yes () No

Is the property enrolled in any of the following programs?

Tax Increment Financing (TIF) () Yes () No

Property Assessed Clean Energy (PACE)? () Yes () No

Confession of judgment (COJ) repayment plan? () Yes () No

Does the property currently have a petition pending before the Minnesota Tax Court challenging 2019 tax assessment/valuations or earlier? () Yes () No

Application year’s total property tax due: \$_____

Have you made a payment on the application year’s taxes? () Yes () No

If so, how much? \$_____

Financial Assistance due to COVID-19

Have you requested CARES Act funding? () Yes () No

Application approved? () Yes () No

If yes, have you received the funds? () Yes () No

*If yes, how much was received and when?

*If no, have you been informed when you will receive funds, and how much?

Have you requested or received any other assistance due to COVID-19? () Yes () No

If yes, please detail how much was received, when, and what the funds were used for:

Business Financial Information

At a minimum, the following must be included with this application to prove at least 30% decrease in monthly net profit related to COVID-19.

1. 2019 Federal Business Tax Return or appropriate Business Tax Schedule based on entity type
2. 2019 & 2020 Year to date Balance Sheet & Income Statements

Application Statements



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I/We declare under the penalties of perjury, that all the information submitted in this application and supporting documents for COVID-19 hardship exemption are true.

I/We have fully declared the actual/estimated income available to the business through our supporting documents.

I/We understand that the statements contained in this application and supporting documents are true to the best of my/our knowledge.

I/We understand that this application will be denied or revoked if the information contained is found to be false, incomplete, or if it has any of the exclusion participation criteria.

I/We are requesting to seek an abatement of penalty, interest, and fees for the payable tax year as indicated in this application.

I/We understand that the repayment period of the payable taxes will be between 6 to 18 months. The payback period and monthly payment will be determined by PRL staff.

I/We understand that if approved a monthly payment is required. Failure to make the require monthly payment will result in penalty, interest, and fees to be reinstated.

I/We understand that if approved it will not halt the normal delinquency and tax forfeiture process.

Applicant Signature

Applicant Position/Title

Date: _____

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Applicant(s) have meant all requirements per the Olmsted County Hardship Abatement Policy for Commercial/Industrial Properties Financially Impacted by COVID-19. () Yes () No

Recommendation to the Board

() Approve, with the following repayment schedule:

Total Amount Due: _____

Months to repay tax: _____

Monthly payment: _____

Payment due date: _____

() Deny; reason: _____



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By: _____

Date: _____

Board Decision

As recommended: () Approved on _____ () Denied on _____

Denied; reason:
