

RESTAURANT _____
STREET BAR _____
APPLICATION # _____

License #

DATE RECEIVED _____
RECEIPT NUMBER _____
AMOUNT PAID _____

CITY OF ROCHESTER
APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

Covering the period of _____, 20__ through March 31, 20__

Name of Applicant: _____

Address of Applicant: _____

Name of Corporation or Association: _____

Address of Corporation or Association: _____

Federal Tax Number: _____ State Tax Number: _____

The following items must be completed and / or accompany the completed application forms. Whoever shall knowingly falsify the answers to the following questions shall be deemed guilty of perjury and shall be punished accordingly. In answering the following questions, one of the officers of a corporation or partnership shall complete the application for all corporate officers, directors and stockholders, or all members of the partnership.

Please print legibly!

1. Name under which applicant will be doing business (name of restaurant, hotel, club etc).

Name: _____

Business Address: _____

Telephone Number: _____

2. Type of Applicant (check one)

_____ Individual

_____ Partnership

_____ Corporation

_____ Other

3. Complete the following requested information for each individual, partner or officer of a corporation (use additional sheets if necessary) applying for this license.

Name: _____ Date of Birth _____
(FIRST) (FULL MIDDLE) (LAST)

Other names used _____
(FIRST) (FULL MIDDLE) (LAST)

Home Address: _____

Home Telephone: _____ Social _____

Security# _____

Business Address: _____ Business Telephone: _____

Position Title: _____ Percentage of Interest in Partnership
or Corporation _____

Have you ever been convicted of any felony or a willful violation of a federal or state law, or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of alcoholic beverages?

_____ Yes If Yes, give time, place and offense _____

_____ No _____

Addresses lived at during the preceding five years.

(Street Number) (City) (State)

(Street Number) (City) (State)

(Street Number) (City) (State)

If married, state name (maiden name if wife) and date of birth of spouse:

_____ Yes Name : _____
(FIRST) (FULL MIDDLE) (LAST)

_____ No Date of Birth: _____

Other names used _____
(FIRST) (FULL MIDDLE) (LAST)

I have read the Tennessee Warning and authorize a background investigation _____
Signature

.....
Name: _____ Date of Birth: _____
(FIRST) (FULL MIDDLE) (LAST)

Other names used _____
(FIRST) (FULL MIDDLE) (LAST)

Home Address: _____

Home Telephone: _____ Social Security# _____

Business Address: _____ Business Telephone: _____

Position Title: _____ Percentage of Interest in Partnership
or Corporation _____

Have you ever been convicted of any felony or a willful violation of a federal or state law, or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of alcoholic beverages?

_____ Yes If Yes, give time, place and offense _____

_____ No _____

Addresses lived at during the preceding five years.

(Street Number) (City) (State)

(Street Number) (City) (State)

(Street Number) (City) (State)

If married, state name (maiden name if wife) and date of birth of spouse:

_____ Yes Name : _____
(FIRST) (FULL MIDDLE) (LAST)

_____ No Date of Birth: _____

Other names used _____

(FIRST) (FULL MIDDLE) (LAST)

I have read the Tennessee Warning and authorize a background investigation _____
Signature

.....
Name: _____ Date of Birth: _____
(FIRST) (FULL MIDDLE) (LAST)

Other names used _____

(FIRST) (FULL MIDDLE) (LAST)

Home Address: _____

Home Telephone: _____ Social Security# _____

Business Address: _____ Business Telephone: _____

Position Title: _____ Percentage of Interest in Partnership or Corporation _____

Have you ever been convicted of any felony or a willful violation of a federal or state law, or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of alcoholic beverages?

_____ Yes If Yes, give time, place and offense _____

_____ No _____

Addresses lived at during the preceding five years.

(Street Number) (City) (State)

(Street Number) (City) (State)

(Street Number) (City) (State)

If married, state name (maiden name if wife) and date of birth of spouse:

____ Yes Name: _____
(FIRST) (FULL MIDDLE) (LAST)

____ No Date of Birth: _____

Other names used:

(FIRST) (FULL MIDDLE) (LAST)

I have read the Tennessee Warning and authorize a background investigation _____
Signature

.....
4. Identify all of the individuals who will be involved in the day-to-day management or supervision of either the liquor or food operations of the proposed business. Please provide other names used also.

(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

(FIRST) (FULL MIDDLE) (LAST) (DATE OF BIRTH MO/DAY/YEAR)

I have read the Tennessee Warning and authorize a background investigation _____
(Signature)

All management and supervisors must read the Tennessee Warning and sign to the right!

(Signature)

(Signature)

(Signature)

.....
5. Has the applicant or any other individuals listed in response to question #4 engaged as an employee in a saloon, hotel, restaurant or business of a similar nature where intoxicating liquor was dispensed?

____ Yes If Yes, give date and details: _____

____ No _____

6. Has the applicant or any other individual listed in response to question #4 ever had an application for a liquor license rejected by any municipality or state authority

Yes If Yes, give date and details: _____
No _____

7. Does the applicant or any other individual listed in response to question #4 interest whatsoever, directly or indirectly in any other liquor establishment in the State of Minnesota?

Yes If Yes, give date and details: _____
No _____

8. If the applicant is a corporation, date of incorporation: _____

State in which incorporated: _____

Amount of Authorized Capitalization: _____

Please attach Articles of Incorporation

9. Furnish the names and addresses of at least three business references including one bank reference.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

10. List street number of premises where the sale of intoxicating liquor is to be conducted:

11. Applicant shall attach a floor plan of the facility, indicating those rooms open to the public, showing dimensions and indicating the number of persons to be served in each room or area.

12. How is the property classified under the Zoning Ordinance of the City of Rochester?

13. State name and address of owner of building:

Name: _____

Address: _____

14. Does the owner of the building have any connection, directly or indirectly, with the applicant?

Yes If yes, state details: _____

No _____

15. Are any real estate taxes, special assessments, or utility charges delinquent or unpaid for the premises to be licensed?

_____ Yes If yes, give details: _____
_____ No _____

16. If application is for restaurant, state the food to liquor gross sales ratio for the proposed facility. Indicate the type of food and food service to be offered and attach a copy of the proposed menu.

17. If this application is for a transfer, give name of former licensee

Name: _____

I Hereby Verify the above Statements

(Signature of Former Licensee)

Subscribed and sworn to before me this

_____ day of _____ 20

(NOTARY PUBLIC)

NOTARY SEAL

THE FOLLOWING INFORMATION AND / OR FORMS MUST ACCOMPANY THE APPLICATION AT THE TIME OF RENEWAL:

- 18. Licenses Fees: \$3200.00 Per Year (pro-rated)
 \$1600.00 Per Year for each additional bar (pro-rated)
- 19. Application for Special Sunday License (if liquor is to be served on Sunday)
- 20. Application for Annual Dance License (if dancing is to be held on the premises)
- 21. A copy of the Food Menu.
- 22. Certification of Insurance showing Proof of Worker's Compensation coverage (Minnesota Statute 176.182)
- 23. Proof of Financial responsibility as required under the new Dram Shop Law provision (Minnesota Statute 304A.409)
- 24. A copy of each Summons received by the applicant under the dram shop law during the preceding year.

25. ALL licensees must file with the Federal Alcohol and Tobacco Tax and Trade Bureau by completing form TTB 5630.5d. The form is required for new operations and changes in operations. TTB 5630.5d can be completed by going to the website at www.ttb.gov/forms/f56305d.pdf. There is no cost for this filing.

Make Check or Money Order payable to the CITY OF ROCHESTER and return to the OFFICE OF THE CITY CLERK, ROOM 135, 201 4TH ST SE, ROCHESTER, MN 55904

The applicant and his/her associates in this application, will strictly comply with all the laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor: rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the municipality: and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this
____ day of _____ 20 _____

(NOTARY PUBLIC)

(NOTARY SEAL)

FOR OFFICE USE ONLY

REPORT - POLICE DEPARTMENT:

This is to certify that the applicant and family members or other persons identified as intended management, named herein, have not been convicted of a felony or any liquor violations within the past five years for any violation of laws of the State of Minnesota or Municipal ordinances relating to liquor except as hereinafter stated:

By: _____

Date: _____

REPORT - FIRE DEPARTMENT

This is to certify that the premises herein described have no outstanding notices or recorded Fire Code Violations:

By: _____

Date: _____

REPORT - PLANNING DEPARTMENT:

This is to certify that the premises have been inspected and they are in compliance with the Rochester Zoning Code:

By: _____

Date: _____

REPORT - BUILDING & SAFETY DEPARTMENT:

This is to certify that the premises herein described have been inspected and that the premises comply with all building and safety codes of the City of Rochester and state of Minnesota with the exception of:

By: _____

Date: _____

REPORT - HEALTH DEPARTMENT:

This is to certify that the premises herein described have been inspected and that the premises comply with all Health Department codes of the City of Rochester and state of Minnesota with the exception of:

By: _____

Date: _____

Date of Council Action: _____

Date License Issued: _____

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk’s Office, Room135, City Hall, Rochester, Mn. 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant