



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US  
**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 14% of alcohol by volume)



**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_  
 LICENSEE'S MN SALES & USE TAX ID # \_\_\_\_\_ To apply for MN Sales Tax # call (651) 296-6181  
 LICENSEE'S FEDERAL TAX ID # \_\_\_\_\_

Applicants Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone ( ) ( )	Applicant's Home Phone ( ) ( )
City		County	State      Zip Code
Is this application <input type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner		License period <b>From</b> <b>To</b>
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title		Address	Social Security #      DOB
Partner/Officer Name and Title		Address	Social Security #      DOB
Partner/Officer Name and Title		Address	Social Security #      DOB
Partner/Officer Name and Title		Address	Social Security #      DOB

**CORPORATIONS**

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			

**BUILDING AND RESTAURANT**

Name of building owner		Owner's address	
Are Property Taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect, with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Restaurant seating capacity
Hour's food will be available	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the premises to be licensed			
If the restaurant is in conjunction with another business (resort etc.), describe business			

**NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED**

**OTHER INFORMATION**

- Yes  No 1. Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes  No 2. Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? \_\_\_\_\_ (If the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes  No 3. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.
- Yes  No 4. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome. \_\_\_\_\_
- Yes  No 5. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details. \_\_\_\_\_
- Yes  No 6. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. \_\_\_\_\_

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY OWN KNOWLEDGE

**Signature of Applicant**

The licensee must have one of the following: (Check one)

- A. Liquor Liability Insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.

**IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY**

Yes  No I certify that to the best of my knowledge the applicants named above are eligible to be licensed.  
If no, state reason. \_\_\_\_\_

\_\_\_\_\_  
Signature County Attorney County Date

**REPORT BY POLICE OR SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, Municipal or County Ordinances relating to Intoxicating Liquor, except as follows: \_\_\_\_\_

\_\_\_\_\_  
Signature Department and Title Date

**IMPORTANT NOTICE**

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.  
FOR INFORMATION CALL (513) 684-2979 OR 1-800-937-8864

**NOTICE**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

## LIQUOR LICENSE POLICY

### APPLICATION PROCEDURES AND GUIDELINES

#### A. NO APPLICATION SHALL BE ACCEPTED UNLESS:

1. All questions are answered in full.
2. A map of the layout of the facility is attached showing where liquor will be served.
3. A copy of the Articles of Incorporation (if corporation) and a copy of the By-Laws is attached.
4. A copy of the food menu (if applicable).
5. A business plan.
6. The application is signed and notarized.
7. The required investigative fee is paid in full. If payment does not clear bank, application process will be stopped until cash payment is made. Investigation fees are:

Individual	\$200
Partnership	\$300
Corporation	\$500
Wine	\$200

#### B. COUNCIL APPROVAL OF LIQUOR LICENSE APPLICATION:

1. No application will be presented to the Common Council until the criminal investigation is completed and a report made available to the City Clerk.
2. The liquor license application shall be presented to the Council at the next available Council meeting following the investigative report to the City Clerk.

#### C. MY APPLICATION HAS BEEN APPROVED...NOW WHAT?

1. The applicant is responsible for obtaining all necessary permits, prior to opening, related to the operation of their business. Permits may include:
  - (a) Building Permits, Inspections & Certificate of Occupancy  
-Contact the Building Safety Department, 2122 Campus Drive SE,  
(507) 328-2600
  - (b) Fire & Assembly Permits  
-Contact the Fire Department, 201 4<sup>th</sup> Street SE, (507) 328-2800
  - (c) Health and Food Handling Permits  
-Contact Olmsted County Health Department, 2100 Campus Drive SE,  
(507) 328-7500

2. At least three weeks prior to opening, the applicant needs to deliver the following documents to the City Clerk's Office. The City Clerk will certify the license information to the Secretary of State for further approvals. All information will be sent as soon as possible to allow the Buyer's Card to be returned to allow the licensee to purchase and stock liquor prior to opening.
  - (a) An Insurance Certificate showing liquor liability coverage running from the start of the business license through March 31 of the current licensing period. All renewals shall require an updated certificate showing the licensing period of April 1 through March 31 of the following year.
  - (b) An Insurance Certificate showing Worker's Compensation Coverage.
  - (c) A completed Buyer's Card (available from the City Clerk) with a \$20.00 check made payable to MINNESOTA ALCOHOL AND GAMBLING ENFORCEMENT. (The Buyer's Card allows the purchase of wholesale liquor for your business.)
  - (d) If you are planning on staying open to 2:00 AM, an application from the State Alcohol and Gambling Enforcement will need to be completed and submitted to the City Clerk with the required fee. (available from the City Clerk)
3. If you are obtaining an On-Sale Wine, On-Sale Club Intoxicating Liquor or an Off-Sale Intoxicating Liquor license, an enforcement inspector from the State Alcohol and Gambling Enforcement Office will visit your business prior to State approval of the license.

**D. WHEN CAN I OPEN THE BUSINESS AND START TO SELL ALCOHOL?**

The City Clerk's Office will work closely with you in the final weeks prior to opening to try to accommodate you in opening on schedule. You must have a Certificate of Occupancy from the Building Safety Department before you can open and the approved liquor license before you can sell liquor to the public.

License fees are paid on a pro-rated basis to the City Clerk prior to opening. Please check with the City Clerk on the appropriate fee for your license(s).

**E. RENEWALS OF LIQUOR LICENSES**

Renewal information for the next licensing period will be sent from the City Clerk's Office at the end of January. Licensees have until the end of February to complete and return all materials to the City Clerk as instructed.

Renewal licenses will be presented to the Common Council for approval the first week of March. All license fees are due prior to April 1<sup>st</sup>.

IF YOU HAVE QUESTIONS

Office Hours - Monday through Friday, 8:00 AM to 5:00 PM

City Clerk's Office  
201 Fourth Street S.E.  
Rochester, Minnesota 55904

(507) 328-2900 – telephone  
(507) 328-2901 – fax

[www.rochestermn.gov](http://www.rochestermn.gov)

**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*