

APPLICATION # _____

DATE RECEIVED: _____

RECEIPT NUMBER: _____

AMOUNT PAID: _____

**CITY OF ROCHESTER, MN.
APPLICATION FOR 3.2 PERCENT BEER LICENSE**

Covering the period of April 1, 20__ through March 31, 20__



_____ ON – SALE

_____ OFF – SALE

Name of Applicant/Corporation: _____

Address of Applicant/Corporation: _____
(Building #) (Street) (City/state/zip code)

Telephone (Business): _____ (Home): _____

Social Security Number: _____ Federal Tax Number: _____

State Tax Number: _____

The following items must be completed and / or accompany 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

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 corporation (use additional sheets if necessary).

Name: _____ Date of Birth: _____
(first) (full middle) (last)

Home Address: _____ Home Telephone: _____

Business Address: _____ Business Telephone: _____

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

U.S. Citizen: _____ Yes Naturalized: _____ Yes If Yes, give date and place
_____ No _____ No _____

Address at which applicant lived during the preceding five years:

(Street Name)	(City)	(State)
(Street Name)	(City)	(State)
(Street Name)	(City)	(State)
(Street Name)	(City)	(State)
(Street Name)	(City)	(State)



Name: _____ Date of Birth: _____
(First) (Full middle) (Last)

Home Address: _____ Home Telephone: _____

Business Address: _____ Business Telephone: _____

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

U.S. Citizen: _____ Yes Naturalized: _____ Yes If Yes, give date and place
_____ No _____ No _____

Have you ever been convicted of any felony or violation of any ordinance other than traffic?

_____ Yes If Yes, give time, place and offense: _____
_____ No _____

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

_____ Yes Name: _____
_____ No Date of Birth: _____

Address at which applicant lived during the preceding five years:

(Street Name)	(City)	(State)
(Street Name)	(City)	(State)
(Street Name)	(City)	(State)
(Street Name)	(City)	(State)
(Street Name)	(City)	(State)



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. (Attach sheet if more space is needed)

5. Has the applicant or any other individual listed in response to question #4 owned, operated or been engaged as an employee in a saloon, hotel, restaurant or business of a similar nature where 3.2 percent malt liquor license was dispensed?

_____ Yes If yes, give dates and locations: _____
_____ No _____

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

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

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

_____ Yes If yes, give dates and locations: _____
_____ No _____

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

State in which incorporated: _____

Amount of authorized capitalization: _____

Amount paid in capital: _____

If a subsidiary of any other corporation, so state: _____

If incorporated under the laws of another state, is corporation authorized to do business in Minnesota?

_____ Yes: If yes, Number of Certificate of authority: _____
_____ No _____

9. If applicant is a new corporation, attach certified copy of Articles of Incorporation and By-Laws.

10. Furnish the names and addresses of at least three business references including on bank reference.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

11. List floor number of street number of premises where 3.2 percent malt liquor is to be conducted:

12. 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.

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

14. State name and address of owner of building:

Name: _____

Address: _____

15. Has the owner of the building any connection, directly or indirectly, with the applicant?

_____ Yes If yes, state details: _____

_____ No _____

16. State the amount of investment that the applicant has in the business premises, fixtures, furniture, stock in trade, etc. and attach proof of the source of such investment.

17. State the name and address and nature of interest, amount thereof, terms for payment or other reimbursement, of all persons, other than applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture or stock in trade.

Name: _____

Address: _____

Nature of Interest: _____

Name: _____

Address: _____

Nature of Interest: _____

18. 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 _____

19. State probable impact on employment attributed to the facility:

20. If this applicant is for a transfer, give name of former licensee and state whether any consideration, money or property has been paid, given or exchanged by anyone, and by whom and to whom for the purchase or transfer of the license:

Name: _____

Consideration: _____

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**

- 21. License Fee: On-Sale \$300.00 Per Year
150.00 Six Months or less after October 1st
10.00 Transfer Fee
Off-Sale \$ 36.00 Per Year
18.00 Six Months or less after October 1st
10.00 Transfer Fee
- 22. Certificate of Insurance showing proof of Workers Compensation coverage (Minnesota Statute 176-182)
- 23. If sales less than \$25, 000 for On-Sale 3.2 Percent Beer and \$50,000 for Off-Sale 3.2 Percent Beer or more a year, proof of financial responsibility as required under the new dram shop law provision (Minnesota Statute 340A.409 Subd. 4)
- 24. A copy of each summons received by the applicant under the dram show law during the preceding year.
- 25. **ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL (651) 290-3496**

Make Checks 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 3.2 percent beer; rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the municipality; and I hereby have read the foregoing questions and that the answers to said questions are true of my own knowledge.

SIGNATURE

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 or applicants, named herein, have not been convicted 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:

Approved By: _____

Date: _____

REPORT – FIRE DEPARTMENT:

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

Approved 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:

Approved 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:

Approved By: _____

Date: _____

Date of Council Action: _____

Licenses Number: _____ *Date License Issued:* _____

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 4th 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 1st.

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

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