

ROCHESTER



Office of the City Clerk

OFF SALE 3.2 MALT LIQUOR RENEWAL APPLICATION

[Rochester Code of Ordinances, Chapter 125B](#) applies to Alcoholic Beverages and all liquor-related licenses. Liquor licensing is also governed by [Minnesota Statutes Chapter 340A, Liquor](#).

Licenses must be renewed every year, with the license period running from April 1 through March 31 of the following year.

If applying by paper application, return all 6 pages of this form with other required documents.

NEW THIS YEAR: You can apply online using the Online Portal through Accela Citizen Access (ACA)

Visit: <https://aca.rochestermn.gov/citizenaccess/> to access the portal directly, or <https://www.rochestermn.gov/departments/city-clerk/licenses-and-permits/license-renewals> for more instructions and help using the online application.

Section 1. OFF-SALE INTOXICATING LIQUOR APPLICATION

Legal Corporate Name of Licensed Business	Trade Name (DBA) if different than legal name
Current License Numbers	
<i>New City License numbers will be assigned upon renewal this year with the transition to a new licensing system</i>	
City 3.2 Malt Liquor/Off-Sale _____	State 3.2 Malt Liquor/Off-Sale _____

Section 2. CHECKLIST OF REQUIRED INFORMATION AND STEPS

Staff Initials	For your license application to be processed, you must submit the following to the City Clerk's Office:
	<p>APPLYING ONLINE:</p> <p><input type="checkbox"/> Complete the information required through Section 5 of this application form in the online Citizen Access portal of Accela. Application verification and acceptance of responsibility must be completed by either:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signature of an authorized owner, member, partner, or officer in person at the City Clerk's Office <input type="checkbox"/> Signed by an authorized owner, member, partner, or officer in the presence of a notary and uploaded under <i>Step 4: Documents</i> in the online application <p>Upload all other required addendums under Step 4: Documents in the online application, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADDENDUM B: BUSINESS PLAN – required only if there are updates <input type="checkbox"/> ADDENDUM C: AREA OF LICENSED PREMISES/FLOOR PLAN – required with all renewals <input type="checkbox"/> Copy of any summons received (if applicable) by any applicant or owner under Minn. Stat. §340A.802 during the preceding year at any business owned or involved in <input type="checkbox"/> Certificate of Insurance through the end of the current licensing period, 3/31/2020, showing proof of financial responsibility as required by the State of Minnesota dram shop law (Minn. Stat. §340A.409) <ul style="list-style-type: none"> – or - Affidavit establishing the licensee had sales of less than \$20,000 of 3.2 percent malt liquor over the preceding license year <li style="padding-left: 20px;"><i>See Sample COI for what is required in terms of information and minimum coverage</i> <input type="checkbox"/> Signed State renewal form for off-sale 3.2 malt liquor

SUBMITTING A PAPER APPLICATION:

This application form, fully completed and then signed by an authorized owner, member, partner, or officer at the City Clerk’s Office or in the presence of a notary.

ANSWER EVERY QUESTION, USING N/A IF NECESSARY ON ANY QUESTIONS. APPLICATIONS WITH BLANK QUESTIONS WILL BE RETURNED WITHOUT PROCESSING. ATTACH ADDITIONAL SHEETS IF NEEDED FOR ANY QUESTIONS.

- SECTION 6 APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY MUST BE SIGNED BY AUTHORIZED INDIVIDUAL IN PERSON AT THE CITY CLERK’S OFFICE OR IN FRONT OF A NOTARY BEFORE SUBMISSION

- ADDENDUM B: BUSINESS PLAN – required only if there are updates
- ADDENDUM C: DIAGRAM OF LICENSED PREMISES/FLOOR PLAN – required with all renewals
- Copy of any summons received (if applicable) by any applicant or owner under Minn. Stat. §340A.802 during the preceding year at any business owned or involved in
- Certificate of Insurance through the end of the current licensing period, 3/31/2019, showing proof of financial responsibility as required by the State of Minnesota dram shop law (Minn. Stat. §340A.409) – or - Affidavit establishing the licensee had sales of less than \$20,000 of 3.2 percent malt liquor over the preceding license year
See [Sample COI](#) for what is required in terms of information and minimum coverage
- Signed State renewal form for off-sale 3.2 malt liquor

- Payment of required \$36 license renewal fee *Late Fee = \$18 if not paid by April 1*
 - Can pay by credit card online or in person
 - Can pay by check made payable to the City of Rochester in person or by mail

OTHER REQUIRED STEPS AS PART OF RENEWAL

Prior to the issuance of your license, all obligations due the City of Rochester must be paid in full. This includes any license fees, as well as real estate taxes, other assessments, utility charges, and any other charges owed to the City.

Do you owe any outstanding obligations to the City of Rochester?

Yes No

Other steps to be completed before license renewals are complete:

- Rochester Public Utilities will verify payment of all public utilities through the City Clerk’s Office.
- Building inspections will be performed by the Building Safety and/or Fire Departments.
- Rochester Police Department will perform a check of any violations by the business or its owners in the prior year.
- City Council approval of the renewal.

Section 3. REQUIRED BUSINESS INFORMATION – complete every question

Step 1: Premise Address – Information about the business location and ownership

1. Licensed Location (Street Address)	2. City, State, Zip Code
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3. Do you own the location to be licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. If the answer to question 3 is yes, are all taxes and special assessments due and owing on the licensed location current? <input type="checkbox"/> Yes <input type="checkbox"/> No – if no, Which years are delinquent: _____
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5. If the answer to question 3 is no, provide the following information about the building owner:

Name	Owner’s Address	Owner’s Telephone Number
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What is the extent, if any, of the building owner’s interest in the establishment to be licensed

Step 2: Applicant Information – Contacts

Applicant – This is the person who is actually completing the application for submission

6. Name of Person Completing this application	7. Role of applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____
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8. Applicant Telephone Number	Type of Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
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9. Applicant Email Address	10. Preferred Method of Contact for Applicant: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Either
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Mailing Address – The primary address to be used for all written notices about the business and license

11. Address Line 1	12. Address Line 2 – Room/Suite No., etc.
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13. City	14. State	15. Zip Code
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License Holder – Information about the business to be licensed, including the primary contacts for operations

16. Primary Point of Contact for the license	17. Role of Primary Contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____
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18. Business Email Address

19. Business Phone Number	20. Please send official notices relating to this license to (check all that apply): <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email
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21. Federal Tax ID Number	22. State Tax Number
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On Site/Responsible Manager

23. Name of Manager/Person with daily responsibility for business operations
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24. Primary Phone Number	Type of Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
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25. Alternate Phone Number _____ Type of Phone Cell Home Business Other

26. Email Address _____

Step 3: Business Information

Business Detail

27. Are there any changes to the business ownership that have not been previously reported?
 Yes
 No
 What is the nature of these changes?

RCO 125B.13 requires any change of a licensee’s form of ownership or any change of ownership or beneficial interest of 25% or more be deemed equivalent to a transfer of the license that will not be effective until approval of the City Council. A transfer requires a new application and investigation. Contact the City Clerk’s Office for required steps and forms.

28. Type of Ownership:
 Sole Proprietor

 Corporation
 LLC
 Partnership
 Is your business organized in Minnesota or authorized to do business in the state?
 Yes, organized in Minnesota
 Yes, organized in another state but authorized in Minnesota
 No, neither
 Date of Business Filing with Minnesota Secretary of State: _____
 Non Profit or other: _____

Section 4. OWNERS, PARTNERS, CORPORATE MEMBERS, AND OFFICERS

Full Name	Title	% Owner
Full Name	Title	% Owner
Full Name	Title	% Owner
Full Name	Title	% Owner
Full Name	Title	% Owner
Full Name	Title	% Owner
Full Name	Title	% Owner
Full Name	Title	% Owner

Does any person, other than those named already on this application as an owner, manager, partner, or officer, share directly or indirectly in any profits from this business or is in any manner connected financially with the premises or the business proposed to be licensed?
 Yes No –
 If Yes, complete the section(s) below, attaching additional sheets if necessary:

Full Name	Date of Birth
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Accela License No.

Business Name:

Address	City, State, Zip Code
Explain Interest:	
Full Name	Date of Birth
Address	City, State, Zip Code
Explain Interest:	

Section 5. INSURANCE INFORMATION

Policy information must be verified before license approval. You must provide [copies of all required insurance certificates](#), including dram shop requirements, liquor liability insurance, and worker’s compensation insurance.

Worker’s Compensation Insurance

Workers’ Compensation Company	Policy Number	Dates of Coverage
OR:		

I certify that I am not required to carry workers’ compensation insurance because:

- I am self-insured.
- I am the sole proprietor and I have no employees.
- 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.

Section 6. APPLICATION VERIFICATION AND ACCEPTANCE OF RESPONSIBILITY

Notice of Collection of Private Data

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of a Social Security Number (or Individual Tax ID Number only for individuals without a social security number), and a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and this information may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

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 VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE OWNER, PARTNER, OR OFFICER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

ROCHESTER CODE OF ORDINANCES 125B.06 SUBD. 5 REQUIRES THIS APPLICATION TO BE SIGNED, VERIFIED, AND SWORN TO IN PERSON AT THE OFFICE OF THE CITY CLERK BY THE APPLICANT, OR IN THE CASE OF A CORPORATION, ANY AUTHORIZED OFFICER OF THE CORPORATION. IF NECESSARY, WE WILL ACCEPT APPLICATIONS SIGNED IN FRONT OF A NOTARY.

I, (print name) _____, agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk’s Office.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I hereby 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 further 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 _____ Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 2019

(NOTARY PUBLIC)

(NOTARY SEAL)