

# ROCHESTER



## Office of the City Clerk

### 2019 CITY RENEWAL APPLICATION FOR ON-SALE LIQUOR INTOXICATING LIQUOR OR CLUB LIQUOR LICENSES

[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)**

#### Section 1. ON-SALE INTOXICATING LIQUOR APPLICATION TYPES

Legal Corporate Name of Licensed Business _____	Trade Name (DBA) if different than legal name _____
---	---

**License Classification(s)**

Total number of bar areas covered by license as shown in diagram of licensed premises: \_\_\_\_\_

**Select one of the following:**

- Exclusive On-Sale Liquor Store (Street Bar) - \$3,200 annually, plus \$1,600 for each separate room or lounge area/bar  
*Late fee = \$300*
- Restaurant/Hotel - \$3,200 annually, plus \$1,600 for each separate room or lounge area/bar *Late fee = \$300*
- Club – varies based on number of members – ranges between \$300 - \$3,000 *Late fee = \$300*

**Applications not submitted by April 1 are subject to late fees.**

**Check if you also hold or want to add any of the following in conjunction with your intoxicating liquor license:**

- Special Sunday License - \$200 annually *Late fee = \$100*
- Annual Dance Permit - \$200 annually *Late fee = \$100*
- 2 A.M. License – no City fee

Total Due as Part of this renewal: \_\_\_\_\_ On-Sale license fee including additional fees for more than 1 bar

+ \_\_\_\_\_ Special Sunday License

+ \_\_\_\_\_ Annual Dance Permit

+ \_\_\_\_\_ Late Fees

= \_\_\_\_\_ Total Annual Renewal Amount

Will you pay all fees in full at the time of renewal or do you wish to split payment of the on-sale license fee only in two halves, half due at the time of licensure, and half due by Oct. 1 of the license year?

- Pay in full by time of licensure
- Pay half of on-sale fee plus all other fees at licensure and the second half of on-sale fee by Oct. 1

Do you also hold a separate sidewalk café permit for an outdoor seating area in the public right-of-way at this location?

- Yes  No

**Current License Numbers**

*New City License numbers will be assigned upon renewal this year with the transition to a new licensing system*

City Intoxicating Liquor/On-Sale _____	State Intoxicating Liquor/On-Sale _____
City Special Sunday _____	
City Annual Dance _____	
	State 2 A.M. License _____
	Exp. Date of State 2 A.M. _____

**Section 2. CHECKLIST OF REQUIRED INFORMATION AND STEPS**

Staff Initials	<b>For your renewal application to be processed, you must submit the following to the City Clerk’s Office:</b>
	<p><b>APPLYING ONLINE:</b></p> <p><input type="checkbox"/> Complete the information required through Section 5 of this application form in the online Citizen Access portal of Accela instead of filling out this form. <a href="#">Application verification and acceptance of responsibility</a> must be completed by either:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signature of an authorized owner, member, partner, or officer in person at the City Clerk’s Office – OR -</li> <li><input type="checkbox"/> Signature of 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</li> </ul> <p><b>Upload other required documents under Step 4: Documents in the online application:</b></p> <p><input type="checkbox"/> <a href="#">ADDENDUM B: BUSINESS PLAN</a> – required only if there are updates</p> <p><input type="checkbox"/> <a href="#">ADDENDUM C: DIAGRAM OF LICENSED PREMISES/FLOOR PLAN</a> – <b>required for all renewal applications</b></p> <p><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</p> <p><input type="checkbox"/> Certificate of Insurance through the end of the upcoming licensing period, 3/31/2020, showing proof of financial responsibility as required by the State of Minnesota dram shop law (Minn. Stat. §340A.409)  <i>***See <a href="#">Sample COI</a> for what is required in terms of information and minimum coverage</i></p> <p><input type="checkbox"/> Signed State renewal form for on-sale intoxicating liquor</p> <p><b>SUBMITTING A PAPER APPLICATION:</b></p> <p><input type="checkbox"/> This application form, fully completed and signed by the applicant or an authorized officer or partner at the City Clerk’s Office or in the presence of a notary.</p> <p>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.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> ADDENDUM B: BUSINESS PLAN – required only if there are updates</p> <p><input type="checkbox"/> ADDENDUM C: DIAGRAM OF LICENSED PREMISES/FLOOR PLAN – <b>required for all renewal applications</b></p> <p><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</p> <p><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)  <i>***See <a href="#">Sample COI</a> for what is required in terms of information and minimum coverage</i></p> <p><input type="checkbox"/> Signed State renewal form for on-sale intoxicating liquor</p>
	<p><input type="checkbox"/> Payment of renewal fees – Total Paid: _____</p> <ul style="list-style-type: none"> <li>• Can pay by credit card online or in person</li> <li>• Can pay by check made payable to City of Rochester by mail or in person</li> </ul>
<b>OTHER REQUIRED STEPS AS PART OF RENEWAL</b>	
	<p><input type="checkbox"/> <b>State of Minnesota Buyer’s Card</b> – Complete the document sent to you by the state and <b>send directly to the state</b> with the \$20 fee by check</p> <p>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.</p> <p>Do you owe any outstanding obligations to the City of Rochester?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Other steps to be completed before license renewals are complete:</p> <ul style="list-style-type: none"> <li>• Rochester Public Utilities will verify payment of all public utilities through the City Clerk’s Office.</li> <li>• Building inspections will be performed by the Building Safety and/or Fire Departments.</li> <li>• Rochester Police Department will perform a check of any violations by the business or its owners in the prior year.</li> <li>• City Council approval of the renewal.</li> </ul>

**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	
3. Do you own the licensed location? <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: _____	
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
What is the extent, if any, of the building owner's interest in the establishment to be licensed _____ _____			

**Step 2: Applicant Information****Applicant – This is the person 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 _____	
8. Telephone Number for Applicant		Type of Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
9. Applicant Email Address		10. Preferred Method of Contact for Applicant: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Either	

**Mailing Address – The primary address to be used for all physical written notices about the business and license**

11. Address Line 1		12. Address Line 2 – Room/Suite No., etc.	
13. City		14. State	15. Zip Code

**License Holder – Information about the licensed business, including primary contacts for operations**

16. Primary Point of Contact for the license		17. Role of primary point of 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 _____	
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	
21. Federal Tax ID Number		22. State Tax Number	

**On Site/Responsible Manager**

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

New City License No. \_\_\_\_\_

Business Name: \_\_\_\_\_

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. Do you also hold a state caterer’s license in conjunction with this license?

- Yes
- No

If yes, what is your State Catering License No.: \_\_\_\_\_

29. Is entertainment available at the business location?

- Live entertainment- Type: \_\_\_\_\_
- Dance Floor
- DJ Music
- Other \_\_\_\_\_

30. Seating Capacity

Indoors: \_\_\_\_\_

Outdoors(If applicable): \_\_\_\_\_

31. Do you have food service?

- Yes - submit a current menu if updated
- No

32. If you answer yes to one or more of the following questions, ensure your business plan on file addresses these issues. If necessary, you can file any changes to your business plan with this renewal application:

Are you located in a residential area or next to hotels?

- Yes
- No

Do you have amplified sound?

- Yes
- No

Have you received complaints about excessive noise?

- Yes
- No

Do patrons all tend to leave at closing time?

- Yes
- No

33. 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: \_\_\_\_\_

**For clubs only:**

Date of organization: \_\_\_\_\_ Number of Members: \_\_\_\_\_

**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

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 licensed business?

Yes  No

If Yes, complete the section(s) below, attaching additional sheets if necessary:

Full Name	Date of Birth
Address	City, State, Zip Code

Explain Interest:

Full Name	Date of Birth
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, 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 BY THE APPLICANT, OR IN THE CASE OF A CORPORATION, ANY AUTHORIZED OFFICER OF THE CORPORATION**

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)