

ROCHESTER



Office of the City Clerk

OFF SALE LIQUOR LICENSE APPLICATION FOR ALL OFF-SALE ALCOHOL LICENSES

[Rochester Code of Ordinances, Chapter 5-19](#) applies to Alcoholic Beverages and all liquor-related licenses. Liquor licensing is also governed by [Minnesota Statutes Chapter 340A, Liquor](#).

Applications can be submitted online, at www.rochestermn.gov/citizenaccess. If submitting a paper application, include the appropriate checklist (for a new or renewal application) with this form.

OFF-SALE INTOXICATING LIQUOR APPLICATION

Legal Corporate Name of Business to whom license will be issued	Trade Name (DBA) if different than legal name
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 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: _____
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 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 _____
8. Telephone Number for Primary contact	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 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 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 _____	
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		
*Manager must also complete a Personal Supplemental Affidavit (Addendum A)		
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 checked="" type="checkbox"/> Business <input type="checkbox"/> Other	
25. Alternate Phone Number	Type of Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
26. Email Address		
Step 3: Business Information		
Business Detail		
27. As an applicant/licensee, I am: <input type="checkbox"/> Starting a new business in a new location <input type="checkbox"/> Renewing my existing license <input type="checkbox"/> Taking over an existing business (License transfer to New owner – same business name) If yes, name of existing business: _____ <input type="checkbox"/> Taking over an existing business as a new license holder (New license) If yes, name of prior business: _____ <input type="checkbox"/> Changing one or more owners or officers in existing ownership structure		
28. Planned Opening Date: _____ (if not already open) <i>*You must open no later than 90 days after your planned opening date, or obtain approval to extend this date</i>		
29. Type of Ownership: <input type="checkbox"/> Sole Proprietor Only the individual owner must complete a personal supplemental affidavit (Addendum A), no additional documentation is required. <input type="checkbox"/> Corporation, LLC, or Partnership Is your business organized in Minnesota or authorized to do business in the state? <input type="checkbox"/> Yes, organized in Minnesota <input type="checkbox"/> Yes, organized in another state but authorized in Minnesota <input type="checkbox"/> No, neither Date of Business Filing with Minnesota Secretary of State: _____		
<input type="checkbox"/> Corporation – all corporate officers, directors and stockholders with a 5% or greater interest must complete a personal supplemental affidavit (Addendum A). <input type="checkbox"/> A copy of the certificate of incorporation must also be provided with this application, along with a certificate of authority if required by Minn. Stat. §303.06. Also required is information about authorized capital, paid in capital, parent company name if a subsidiary, general corporate purpose, and copies of current articles and by-laws. <input type="checkbox"/> LLC – all members with a 5% or greater interest must complete a personal supplemental affidavit in Section 7 <input type="checkbox"/> A copy of the LLC’s articles of organization must be provided with this application.		

Partnership – all partners with a 5% or greater interest must complete a personal supplemental affidavit (Addendum A).

A copy of the partnership agreement must be provided with this application

Non Profit or other: _____ Consult with the City Clerk's Office on who must complete personal affidavits, as well as what documentation is needed depending upon the specific type of organization.

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

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

**Each owner, partner, or officer must complete a Personal Supplemental Affidavit (Addendum A)*

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
Address	City, State, Zip Code

Explain Interest:

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

Explain Interest:

Section 5. REFERENCES (Business or Banking as required by RCO 5-19-9 (a) (6))

Business Name	Address	Contact Person	Phone Number
Business Name	Address	Contact Person	Phone Number
Business Name	Address	Contact Person	Phone Number

Section 6. 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
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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 7. ADDENDUMS TO BE ATTACHED

Addendum	Description	Number of Pages
A	PERSONAL SUPPLEMENTAL AFFIDAVIT	
B	BUSINESS PLAN	
C	AREA OF LICENSED PREMISES AND FLOOR PLAN	
	ANY OTHER DOCUMENTS SUBMITTED WITH APPLICATION	

Section 8. 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 5-19-9 (e) 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

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 _____, 202__

(NOTARY PUBLIC)

(NOTARY SEAL)