

License Number \_\_\_\_\_

Date Received \_\_\_\_\_



## TEMPORARY ON-SALE LIQUOR LICENSE 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](#).

Applications for temporary liquor licenses need to be received by the City of Rochester at least 60 days prior to the event date. The application must be approved by the City Council prior to submission to the State of Minnesota by the Clerk's Office.

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

#### License Classification (select one of the following):

- Intoxicating Liquor/On-Sale Temporary - \$100 for 1-4 consecutive days  
 3.2 percent Malt Liquor/On-Sale Temporary - \$50  
 One-day Consumption and Display - \$50

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

Staff Initials	<b>For your license application to be processed, you must submit the following to the City Clerk's Office:</b>
	<input type="checkbox"/> This application form, fully completed and signed by the applicant or an authorized officer or partner. ANSWER EVERY QUESTION, USING N/A IF NECESSARY ON ANY QUESTIONS. APPLICATIONS WITH BLANK QUESTIONS WILL BE RETURNED WITHOUT PROCESSING.
	<input type="checkbox"/> State form required to be filled out by applicant and submitted by the City of Rochester <a href="#">Application for Temporary On-Sale Intoxicating Liquor</a> STATE ALCOHOL ENFORCEMENT FORMS CAN BE FOUND AT <a href="https://dps.mn.gov/divisions/age/forms-documents">https://dps.mn.gov/divisions/age/forms-documents</a>
	<input type="checkbox"/> Certificate of Insurance, if required
	<input type="checkbox"/> Payment for required license fee; Checks must be made payable to the City of Rochester <ul style="list-style-type: none"> <li>• \$100 for Intoxicating Liquor/Temporary On-Sale</li> <li>• \$50 for 3.2 Malt Liquor/Temporary On-Sale</li> <li>• \$50 for One-Day Consumption and Display</li> </ul>

### Section 3. REQUIRED LICENSE INFORMATION – complete every question

#### Information about who is completing and submitting this application

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address		9. Role of person completing application: <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 _____	

#### Information about primary point of contact for this license during licensed activity (if different than above)

10. First Name		11. Last Name	
12. Primary Telephone Number	13. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	14. Alternate Phone Number	15. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other

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16. Email Address		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 _____	
<b>Mailing Address Information</b>			
18. Name of Organization or Individual to Whom Correspondence Should be Sent about this license			
19. Email Address			
20. Mailing Address	21. City	22. State	23. Zip Code
24. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email			
<b>License Holder Information</b>			
<b>Provide information about who this license will be issued to</b>			
25. Entity license will be issued to			
26. Business Federal Tax ID Number/Tax Exempt Number	27. Business State Tax ID Number		
28. Business Address	29. City	30. State	31. Zip Code
32. Type of Organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Political Committee Registered Under Minn. Stat. Section 10A.14 <input type="checkbox"/> State University <input type="checkbox"/> Brewer or Microdistillery <i>If none of these, an entity is not eligible to hold a temporary liquor license</i>		33. If you are a club or charitable, religious or non-profit organization have you been in existence for at least 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Organization: _____ <i>If the answer is no, an entity is not eligible for a temporary liquor license</i>	
34. Does the entity applying for a license hold any liquor licenses from the City of Rochester or another jurisdiction? <input type="checkbox"/> Yes Rochester <input type="checkbox"/> Yes Another jurisdiction: _____ <input type="checkbox"/> No		35. Is this license in conjunction with a special event permit from the City of Rochester? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Start Date of Event – NOTE: APPLICATIONS MUST BE SUBMITTED AT LEAST 45 DAYS BEFORE THE EVENT DATE		37. Duration of Event <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days	
38. Location of Event –Street Address	39. City	40. State	41. Zip Code
42. Location of Event – Description of area where liquor will be served			
43. Are you contracting for intoxicating liquor service under this license? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the name of the entity you are contracting with?			

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What Jurisdiction are they licensed through?

44. Are you carrying liquor liability insurance for this event?

Yes

No

**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, DESIGNATED MANAGER OR OFFICER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION**

**ROCHESTER CODE OF ORDINANCES SECTION 5-19-9 (e) 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 \_\_\_\_\_, 202\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

\_\_\_\_\_  
(NOTARY SEAL)