



## SIDEWALK CAFÉ, STREET CAFÉ & PARKLET PERMIT APPLICATION

[Rochester Code of Ordinances Chapter 9-8](#) applies to sidewalk cafes, street cafes, and parklets requested in the public right of way for any establishment in the City licensed by the County health department to sell food for consumption on its designated premises.

Permits are granted on a two-year cycle. Seasonal permissions between November and April rely on special approval from the City of Rochester Public Works and Community Development Departments.

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

Section 1. CHECKLIST OF REQUIRED INFORMATION AND STEPS	
Staff Initials	<b>For your permit application to be processed, you must submit the following to the City Clerk's Office:</b>
	<input type="checkbox"/> Fully completed and signed application form
	<input type="checkbox"/> Payment of \$250 permit fee at the time of application:
	<input type="checkbox"/> A detailed scaled diagram in alignment with the City of Rochester <a href="#">Parklet and Street Café Policy</a> (see page 5)
	<input type="checkbox"/> Certificate of Insurance through the end of the current year, showing proof of the following amounts of coverage: ***\$50,000 for the injury or death of one person ***\$300,000 for the injury or death of two persons ***\$10,000 for damage to property The City shall be named as an additional insured in the policy, and the policy must provide that it may not be canceled except upon 10 days' written notice filed with the City Clerk
	<input type="checkbox"/> Proof of Worker's Compensation Insurance or certification it is not required
	<ul style="list-style-type: none"> <li>• Prior to the issuance of your license, all obligations due to 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.</li> <li>• An initial review will be performed by the Public Works Department and the City Clerk's Office to verify the suitability of the submitted layout.</li> <li>• For establishments holding an on-sale liquor, wine, or beer license, Community Development will review the application to ensure the sidewalk café is not within 200 feet of a residentially-zoned district.</li> <li>• At the time of license issuance, the premises will be inspected to make sure the layout matches the approved diagram.</li> </ul>
Section 2. REQUIRED BUSINESS INFORMATION – complete every question	
Step 1: Premise Address – Information about the business location	
1. Business Name	2. DBA
3. Licensed Location (Street Address)	4. City, State, Zip Code

Office of the City Clerk [www.rochestermn.gov](http://www.rochestermn.gov) 507-328-2900 [licenses@rochestermn.gov](mailto:licenses@rochestermn.gov)

<b>Step 2: Applicant Information</b>		
<b><i>Applicant – This is the person who is actually completing the application for submission</i></b>		
5. Type of Permit Requested <input type="checkbox"/> Sidewalk Café <input type="checkbox"/> Street Café <input type="checkbox"/> Parklet		
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	9. Type of Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
10. Applicant Email Address	11. Preferred Method of Contact for Applicant: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Either	
<b><i>Mailing Address – The primary address to be used for all written notices about the business and license</i></b>		
12. Address Line 1	13. Address Line 2 – Room/Suite No., etc.	
14. City	15. State	16. Zip Code
<b><i>License Holder – Information about the business to be licensed, including the primary contacts for operations</i></b>		
17. Primary Point of Contact for the license	18. 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 _____	
19. Preferred Written Language	20. Preferred Spoken Language	
21. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Business Email Address		
23. Business Phone Number	24. 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	
25. Federal Tax ID Number	26. State Tax Number	
<b>Step 3: Business Information</b>		
<b><i>Business Detail</i></b>		
27. Does the business applying have a current license from the Olmsted County Health Department to sell food for consumption on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No *If no you are only eligible for a Parklet and not a Street or Sidewalk Cafe.		
28. As an applicant/licensee, I am: <input type="checkbox"/> Starting a new business in a new location <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"/> Adding a new sidewalk café to an existing business <input type="checkbox"/> Remodeling		

Changing or adding equipment  
 Other: \_\_\_\_\_

29. Type of Ownership:  
 Sole Proprietor       Corporation       LLC       Partnership       Non-Profit

30. Planned Date to start sidewalk café operations:	31. Does the business have a current on-sale intoxicating liquor, wine, or beer license from the City of Rochester? <input type="checkbox"/> Yes <input type="checkbox"/> No
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32. Estimated Square Footage of Café/Parklet usage:	33. Days and Hours of Operation:
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34. Estimated # of Chairs:	35. Estimated # of Tables:
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36. Estimated Seating Capacity of Café/ Parklet:	37. Will your Café/Parklet require a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No
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38. Describe the area intended for use and the activities intended to be permitted in that space. This description must match the submitted diagram.

**Section 3. INSURANCE INFORMATION**

Policy information must be verified before license approval. You must provide copies of all required insurance certificates, 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 4. 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**

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 \_\_\_\_\_

Date: \_\_\_\_\_