



CITY OF ROCHESTER - NEW BUSINESS PERMIT APPLICATION

Neighborhood and Business Development - 30 Church Street – 121B Rochester, NY 14614

All Sections of Pages 1 & 2 to be completed by Business Owner and/or Operator: _____ *Denotes required information

***BUSINESS ADDRESS:** _____ Business Phone: _____
(STREET) (ZIP)

***BUSINESS NAME:** _____ ***Certificate of Authority #** _____

Type of Business: _____ Hours of Operation: _____

APPLICABLE LICENSE INFORMATION:

Bars/Restaurants: Liquor License #: _____

Auto Uses: Provide NYS DMV License #'s: _____

Salon, Barber Shops, Tattoo Parlors, etc.: _____

Retail uses indicate which of the following items you sell:

Beer/Wine Coolers **Y or N** _____ License Number Lottery **Y or N** _____ License Number

Tobacco **Y or N** _____ License Number Smoking Paraphernalia **Y or N** _____

***BUSINESS OWNER:** _____ Maiden Name _____ *** Date of Birth:** ___/___/___
(PICTURE ID REQUIRED)

***Home Address:** (NO P O BOXES) _____

***Partner:** _____ ***Date of Birth:** ___/___/___

*** DAILY BUSINESS OPERATOR:** _____ Maiden Name (if applicable) _____
(PICTURE ID REQUIRED)

***Home Address:** _____ ***Date of Birth:** ___/___/___

CITY, STATE, ZIP: _____ ***Home/Cell Phone:** _____

LIST ALL ALTERNATIVE OPERATOR(S): Use the back of this page for additional operators

1. NAME: _____ ***Date of Birth:** ___/___/___
(PICTURE ID REQUIRED)

ADDRESS: _____ ***Home/Cell Phone:** _____



PLEASE READ AND THEN INITIAL THAT YOU UNDERSTAND EACH OF THE FOLLOWING:

I understand that my business is still required to uphold all laws and ordinances of the City of Rochester.

(INITIAL)

I understand that the applicant and/or operator shall maintain all licenses required for the operation of the business and shall notify the Neighborhood Service Center (NSC) of any change in said licenses.

(INITIAL)

I have been informed of the applicable sign regulations and permit requirements for replacing or installing any new signage.

(INITIAL)

I understand that the permit holder and/or their employees shall operate the business so that it is not the source of disruption or disorder in and around the area where the business is located.

(INITIAL)

I understand the permit holder and/or their employees shall cooperate with any and all investigations relative to the business, including but not limited to, producing a valid ID upon request of any City employee.

(INITIAL)

I understand that I will be required to meet with the Neighborhood Service Center staff to discuss the operation of the business and the City's expectations for being a good neighbor.

(INITIAL)

I understand that Business Permits are not transferrable, must be renewed annually and that any change in the owner, operator or partner information requires that a new Business Permit be applied for. Furthermore, I understand that the applicant and/or operator shall immediately notify the (NSC) of any change involving the name, type, location or owner/operator of the business.

(INITIAL)

I understand that upon renewal proof of payment of NYS sales tax will be required.

(INITIAL)

***Do you currently or have you operated any other business in the City of Rochester which was required to obtain a Certificate of Use, Business Permit or any other license? YES _____ NO _____**

If yes, please list:

Name of Business: _____ Address: _____

I understand that false statements made on this application may result in the denial or revocation of the Business Permit. I also understand completion and submission of the application does not constitute a valid permit and that operation of my business is not permitted until my application has been approved and a Business Permit has been issued.

***Business Operator Signature: _____ Date: _____**

OFFICE USE ONLY: FEE: N/C: _____ New: \$25.00 _____ Conditional: \$300 _____

Legal Use: _____ Source: _____ Zoning District: _____

Business Type: _____ R/S=Retail Store R=Restaurant B=Bar B/R=Bar/Restaurant
A=Automobile Service S=Barber Shop/Salon/Tattoo Parlor
F=Full Line Food Store (Requires Floor Plan)

Permitted Hours of Operation: _____AM/PM to _____AM/PM

Administered Sign Regulations: Yes _____ No _____

ZONING STAFF: _____ Date: _____

Pending Permits? Yes _____ No _____

BUILDINGS: _____ Date: _____

Approved MAXIMUM Occupancy: _____ (Bars/Restaurants)

NEIGHBORHOOD SERVICE CENTER:

Current C/O Yes _____ No _____ Date _____

Open Cases Yes _____ No _____

Nuisance Pts Yes _____ No _____ # Pts _____

Inspection Requested Yes _____ No _____

The required approvals must be signed and dated by appropriate staff before a Permit will be issued.

NSC Administrator: _____

Date of Approval: _____

Permit #: _____