



CITY OF ROCHESTER - BUSINESS PERMIT APPLICATION

Neighborhood and Business Development – Neighborhood Service Centers (NSC)

NE NSC: (585) 428-7660

NW NSC: (585) 428-7620

SE NSC: (585) 428-7640

SW NSC: (585) 428-7630

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

***Business Address:** _____ *** Type of Business:** _____
(STREET) (ZIP)

***Business Name:** _____ ***Hours of Operation:** _____

***APPLICABLE LICENSE INFORMATION:**

Bars/Restaurants: Liquor License #: _____

Auto Uses: Provide NYS DMV #'s: _____

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

Certificate of Authority # _____

***Business Owner:** _____ Maiden Name _____ *** Date of Birth:** ___/___/___
(PICTURE ID REQUIRED)

***Home Address:** _____ **Business Phone:** _____
(NO P O BOXES) street city zip

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

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

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

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

LIST ALL ALTERNATIVE OPERATOR(S): picture ID required, use back of this page if needed:

NAME: _____ **Date of Birth:** _____

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)

<p>*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 _____</p> <p>If yes, please list:</p> <p>Name of Business: _____ Address: _____</p>
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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 _____

DOES THIS BUSINESS HAVE AN RPD LICENSE? YES _____ NO _____

(If yes, no Business Permit is required. If they intend to get one, but do not currently have one and want to open before RPD license is issued, then BP is required)

Legal Use: _____ Source: _____ Zoning District: _____

Business Type: _____
A=Automobile Service **B**=Bar
B/R=Bar/Restaurant **R**=Restaurant
S=Barber Shop/Salon/Tattoo Parlor

Permitted Hours of Operation: _____ AM/PM to _____ AM/PM
(If nonconforming, capture hours from front page)

Administered Sign Regulations: Yes _____ No _____

ZONING STAFF: _____ Date: _____

Legalizing Pending Permits for this use? Yes _____ No _____ (If yes, Buildings must Sign)

BUILDINGS STAFF: _____ Date: _____

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 #:** _____

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