



NEW BUSINESS PERMITS

Helpful Information:

- Uses that require a license from the Chief of Police are exempt from the Business Permit requirement.
- **Business permits are only required for the following: auto repair uses, new car sales uses, bars, sit-down restaurants, tattoo parlors, salons, barber shops and the like, and tobacco and cannabis uses.**
- The Zoning Division (City Hall, Room 121B) verifies legal use and sign regulations; the business permit is issued by the Neighborhood Service Centers (NSC).
- Renewals should be mailed or dropped off to your NSC office.
- Any questions regarding your application should be directed to your local NSC (search “NBD Map Gallery” from the City’s website: www.cityofrochester.gov).

MINIMUM SUBMISSION REQUIREMENTS:

- ✓ Completed application.
- ✓ Fee-\$25.00. Please make checks or money orders payable to “City Treasurer”.

HOW TO SUBMIT: Your completed permit application package can be submitted by:

- In person Monday, Wednesday, Friday 9am - 4pm only
- Drop box provided at City Hall A Building lobby
- Mail: The Bureau of Zoning & Permitting
30 Church Street, Room 121B
Rochester, NY 14614

If you have any questions, please call your NSC office at:

SE: 428-7640

NE: 428-7660

NW: 428-7620

SW: 428- 7630



**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 #** _____**TOBACCO PRODUCTS USES - Indicate which of the following items you sell:**Tobacco? **Y** or **N** Retail Registration Number: _____Vaping and related products? (i.e. liquids, solids and cartridges)? **Y** or **N*****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 have been informed of the requirement to provide an affidavit attesting to dealing with **tire replacement/repair.**

(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

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
TP=Tobacco Products

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 #:** _____

Northeast Quadrant Neighborhood Service Center
 (585)428-7660
 500 Norton St
 Rochester, NY 14621
 John H. McMahon, Administrator
John.McMahon@CityofRochester.Gov

Northwest Quadrant Neighborhood Service Center
 (585)428-7620
 400 Dewey Avenue
 Rochester, NY 14613
 Kelvin James Knight, Administrator
Kelvin.Knight@CityofRochester.Gov

Southeast Quadrant Neighborhood Service Center
 320 N Goodman Street - Suite 209
 Rochester, NY 14607
 Erica Hernandez, Administrator
Erica.Hernandez@CityofRochester.Gov

Southwest Quadrant Neighborhood Service Center
 (585) 428-7630
 923 Genesee Street
 Rochester, NY 14611
 Charles Reaves, Administrator
Charles.Reaves@cityofrochester.gov

INSTRUCTIONS FOR SUBMITTING YOUR BUSINESS PERMIT APPLICATION:

Now that you have zoning approval, your application for a **Business Permit** can be submitted by **appointment only** to the Neighborhood Service Center in which your business will be located as indicated below:

NE (428-7660)
500 Norton St.

NW (428-7620)
400 Dewey Ave.

SE (428-7640)
320 N. Goodman St.
Suite 209

SW (428-7630)
923 Genesee St.

YOUR APPLICATION REVIEW DOES NOT START UNTIL YOU HAVE SUBMITTED A COMPLETE APPLICATION TO YOUR NEIGHBORHOOD SERVICE CENTER. A COPY OF YOUR APPLICATION IS NOT BEING RETAINED AT THIS TIME.

Besides a completed application, a copy of all licenses required for the operation of your business must be provided at the time of submission, or your application cannot be accepted. You are responsible for knowing what licenses are required, which may include the following:

- Certificate of Authority Number
- Retail Registration Number
- NYS Liquor License
- Master Barber, cosmetology, appearance enhancement license
- NYS DMV License (for auto sales, auto repair, inspection station)
- **Contract for disposal of tires.**
- Department of Health food preparation certificate

Also required for submission is the following:

- Photo ID (s) of every person listed on your application (NYS driver's or non-driver's license or United States Passport)

PLEASE BE AWARE that you cannot operate this business until your Business Permit has been ISSUED. At the time of submission, you will meet with the Administrator, or their designee, to formulate a Good Neighbor Agreement. Further detailed information about the Business Permits process can be found in Chapter 90-32 of the City Code.