



**City of Hastings
 Application for City License
 Adult Establishment or Accessory Adult Establishment License
 NEW
 PART I – General Information**

Application Checklist	
Completed Part I	Completed Part II for each applicant
Individual	Data Practices Advisory
Corporate	Investigation Form
Partnership	Release of Information
	Proof of Insurance
	Workers Compensation
	Receipt of Ordinance

Name of Business	
Address of Business	
Contact Information	
Business Phone	Cell Phone
Email Address	
Name of Applicant	
Type of Organization	Sole Proprietorship (Individual) – Complete Part IA-Individual
	Corporation – Complete Part IB – Corporate
	Partnership – Complete Part IC – Partnership

Type of Adult Use Proposed	Adult Body Painting Studio	Adult Motion Picture Theater
	Adult Bookstore	Adult Novelty Business
	Adult Cabaret	Adult Sauna
	Adult Companionship Establishment	Adult Steam Room/Bathhouse
	Adult Conversation/Rap Parlor	Adult Modeling Studio
	Adult Health/Sport Club	Adult Motion Picture Arcade
	Adult Massage Parlor Health/Sport Club	
	Adult Mini-Motion Picture Theater	

Does applicant hold an adult uses licenses from any other governmental unit? Yes No
If yes, indicate where licensed

Whether the applicant has had a previous Adult Establishment or Accessory Adult Establishment license suspended or revoked. (114.26 (A) 4

The street address where the adult use is to be conducted and identification of the rooms. Fully describe the intended nature of the proposed business:

The exact legal description of the premises to be licensed:

Applicant must submit a sketch or diagram showing the floor plan of the premises. The floor plan of the premises shall detail all internal operations and activities, including a statement of the total floor space occupied by the business. The floor plan need not be professionally prepared but must be draw to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.

Plot plan showing dimensions, location of buildings, street access, parking facilities, and the locations of any distances to the closest point of a church structure or the closest point on a lot occupied by a public school.

How are the premises zoned under the Hastings Zoning Ordinance?

If the building is owned by the applicant	
Date Purchased	Purchase Price \$
Amount of down Payment \$	
Who currently holds the mortgage or contract for deed?	
Purchased from (Name, Address, Phone)	
If the building is owned by other than the applicant , state in summary the conditions of lease arrangements. Attach a copy of the lease.	
Term of Lease	
Monthly Rent \$	
Renewal Privileges	

Full Name	
Residence Address	
Business Address	
Contact Information	
Business Phone	Cell Phone
Email	
Nature of Investment	

READ THE FOLLOWING STATEMENT CAREFULLY. BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.

I have received a copy of the City of Hastings' Adult Uses License Ordinance and will familiarize myself with the contents therein, as they may be amended.

I further agree that if an adult uses license is issued, that I will comply with all Federal and State laws and City of Hastings Ordinances; regarding adult uses, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the license.

I have read the Data Privacy Notice included in this application and understand its content.

I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.

I authorize the City of Hastings to investigate and make whatever inquiries which are necessary to verify the information provided and to determine suitability for issuance of an adult uses license.

Signature of Applicant

Date

The license fee and investigation fee shall be established by Ordinance and must accompany this application. In the event that the license is denied, the license fee shall be refunded; however, no part of the investigation fee shall be returned to the applicant. All licenses expire on December 31 of each year

City of Hastings
101 Fourth Street East
Hastings, Minnesota 55033
651-480-2350
www.ci.hastings.mn.us

City Use

Application Received	License Fee Paid
Background Check Conducted	Background Fee Paid
City Council Approval	License Issued

Part IA – Individual Applicant

If you are a partnership or a corporate applicant, please leave this section blank and complete the applicable section.

Applicant		
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		

Operating Manager		
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		

A Part II, Personal Information Form must be filled out and attached for each individual listed above.

Part IB – Partnership Applicant

If you are an individual or corporate applicant, please leave this section blank and complete the applicable section

Please provide the following information for each member of partnership

Partner	Part II completed	
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		
Partnership interest (%)		

Partner	Part II Completed	
Full Name		
Residence Address		
Business Address		
Driver's License	Stated Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		
Partnership interest (%)		

Partner	Part II Completed	
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		
Partnership interest (%)		

Managing Partner	Part II Completed	
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		
Partnership interest (%)		

Management – Persons in Charge of Licensed Premises

Please provide the following information on the Operating Manager and any other individual with management responsibilities for the establishment's premises to be licensed

Part II Completed		
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		

A Part II, Personal Information Form must be filled out and attached for each individual listed above

Partnership applicants must attach
Copy of the partnership agreement
Copy of the certificate of trade name issued under provisions of Chapter 333, Minnesota Statutes, certified by the Secretary of State's office.

Part IC – Corporate or Association Applicant

If you are an individual or partnership applicant, please leave this section blank and complete the applicable section

Corporate Name
Corporate Address
State of Incorporation

Secretary	Part II Completed	
Full Name	Date of Birth	
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		

Treasurer	Part II Completed	
Full Name	Date of Birth	
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		

Own or Control Interest

Please provide the following information on all persons who singularly to together with their spouse, parents, brothers, sisters or children, own or control an interest in said corporation or association in excess of five percent (5%)

Full Name	Part II Completed	
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		
Ownership Interest (%)		

Full Name	Part II Completed	
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		
Ownership Interest (%)		

Management – Persons in Charge of Licensed Premises

Please provide the following information on the Operating Manager and any other individual with management responsibilities for the establishment's premises to be licensed

Part II Completed		
Full Name		
Residence Address		
Business Address		
Driver's License	State Issued	Expiration
Contact Information		
Business Phone	Cell Phone	
Email		

A Part II, Personal Information Form must be filled out and attached for each individual listed above.

Corporate applicants must attach

One copy of the Certificate of Incorporation
One copy of Articles of Incorporation or Association Agreement
One copy of By-Laws of the corporation
Foreign corporations shall attach a copy of the Certificates of Authority as described in MSA Chapter 303



City of Hastings
Application for City License
Adult Establishment or Accessory Adult Establishment License
NEW
PART II – Personal Information

Directions: This application must be completed in full by all new applicants and any individuals as required by Part I—General Information:

- The individual applicant,
- By each general and managing partner,
- By each officer or director,
- By each manager, proprietor or other person with management responsibilities for the premises,
- By each person who by combined ownership or control has an interest in a corporation or association in excess of five percent (5%).

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required, but the City will not be able to grant the license without it. If a license is granted, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.*

Please print or type

Date: _____

SECTION I—APPLICANT

Full Name: _____
(First) (Middle) (Last)

Maiden Name: _____

Residence Address: _____ Phone: _____

City/State/Zip: _____

Business Address: _____ Phone: _____

City/State/Zip: _____

Physical Description:

Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____

DOB: _____ Place of Birth: _____

Drivers License: _____ Social Security Number: _____

Are you a U.S. Citizen? Yes No
Are you a Naturalized Citizen? Yes No If yes, give date/place: _____
Are you a Resident Alien? Yes No If yes, attach copy of INS card

Other Names

If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

Previous Residence

Address(es) at which you have *lived* during preceding two years: (Begin with current/most present address and work back.)

<u>Street Address</u>	<u>City/State/Zip</u>	<u>Dates</u>

Previous Business

Name, address, and type of every business or occupation you have been engaged in during the preceding two years:

<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>	<u>Dates</u>

Employers/Partners

Names and address of every employer and partner, if any, for the preceding five years:

<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>	<u>Dates</u>

Employers/Partners

Names and address of every employer and partner, if any, for you, the spouse for the preceding five years:

Name Street Address City/State/Zip Dates

SECTION III—MISCELLANEOUS

Financial Information

Do you, your spouse, or any business partners, either directly or indirectly, have interest in an establishment or hold an Adult Uses license in the City of Hastings, issued pursuant to Section III of the Hastings City Code? Yes No

If Yes, state the name and location of the licensed premise and interest: _____

What is the approximate amount of investment you will have in the business, building, premises, fixtures, furniture, stock in trade, etc.? _____

State the source of such money: _____

Are you a manufacturer or wholesaler of Adult Uses or interested directly or indirectly in the ownership or operation of any such business: Yes No

Have you or your spouse ever filed for bankruptcy either as individuals, jointly, or in connection with any business you have had an interest in? Yes No

If Yes, please explain: _____

Eligibility

Are you or is your spouse a person who would be ineligible for a license? (*Refer to City Code, Section 3.20S3D, for Persons Ineligible for License*) Yes No

Have you held or had any interest in any previous adult uses license that was revoked, suspended, or not renewed? Yes No

If Yes, please explain: _____

Have you ever individually, or with others, made application for an adult uses license and had such application denied? Yes No

If Yes, please explain: _____

Criminal History

Have you, your spouse, or any business partners of either of you or your spouse, ever been convicted of a gross misdemeanor or felony, crime, or violation of any ordinance convicted of a gross misdemeanor or felony or any crime relating to sex offenses, obscenity offenses, or Adult Establishments, *other than traffic*? Yes No

If yes, give information as to the time, place and offense for which convictions were had: _____

Family History

Please provide the following information for each person who is engaged in the State of Minnesota in the business of selling, manufacturing or distributing adult uses material, and who is nearer of kin to you or your present spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of you or your spouse:

Full Name: _____ Maiden Name: _____
(First) (Middle) (Last)

Residence Address: _____ Phone: _____

City/State/Zip: _____

Business Address: _____ Phone: _____

City/State/Zip: _____

DOB: _____ Place of Birth: _____

Please add additional sheets as necessary

Character Information

Please provide the following information on three residents of the State of Minnesota, of good moral character, not related to the applicant or financially interested in the premises or business, who may vouch for the applicant's character:

Full Name: _____
(First) (Middle) (Last)

Maiden Name: _____

Residence Address: _____ Phone: _____

City/State/Zip: _____

Business Address: _____ Phone: _____

City/State/Zip: _____

Full Name: _____
(First) (Middle) (Last)

Maiden Name: _____

Residence Address: _____ Phone: _____

City/State/Zip: _____

Business Address: _____ Phone: _____

City/State/Zip: _____

Full Name: _____
(First) (Middle) (Last)

Maiden Name: _____

Residence Address: _____

Phone: _____ City/State/Zip: _____

Business Address: _____ Phone: _____

City/State/Zip: _____

READ THE FOLLOWING STATEMENT CAREFULLY. BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.

I have received a copy of the City of Hastings' Adult Uses License Ordinance and will familiarize myself with the contents therein, as they may be amended.

I further agree that if an adult uses license is issued, that I will comply with all Federal and State laws and City of Hastings Ordinances; regarding adult uses, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the license.

I have read the Data Privacy Notice included in this application and understand its content.

I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.

I authorize the City of Hastings to investigate and make whatever inquiries which are necessary to verify the information provided and to determine suitability for issuance of a liquor license.

Name of Applicant

Title

Signature

Subscribed and sworn to me, a Notary Public

On this _____ day of _____, 20____.

Notary Signature

Commission expires on: _____

TENNESSEN WARNING

When the City of Hastings ("City") collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennessee warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.

Classification of Data Provided

Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

Purpose and Intended Use

The data requested on each application will be used in determining whether you meet the City qualifications and requirements for the license for which you are applying. Data from your application will also be relied upon for contact and communication purposes by the City and for the Hastings Police Department to perform the background check required.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Signature

Date

Executed this _____ day of _____, 20____.

Notary Public

**CITY OF HASTINGS
RELEASE OF INFORMATION**

Per Hastings City Ordinance 33.01 the City of Hastings requires a check of the criminal history for all potential employees, volunteers of the city, and independent contractors as defined in City Employee handbook (*Chapter 2, D*). The City of Hastings is offering employment to the undersigned, subject to positive results of various investigations. Please complete the below required information, including notarization of your signature, and complete all other documents. You will be informed of your status when your investigation is complete. The City of Hastings has notaries on staff.

The undersigned authorizes the City of Hastings to obtain, and the State of Minnesota and the Hastings Police Department to release all information in the State of Minnesota Justice Information Services (MNJIS), Hastings Police Department Records Management System, and private data, as defined by Minnesota Statute 13.02, Subdivision 12 regarding the undersigned, to include criminal history record information retained by the Minnesota State Bureau of Criminal Apprehension. The undersigned further releases the City of Hastings, the State of Minnesota and the Hastings Police Department or other agencies used in conducting the background investigation from any claims or damages which the undersigned might incur as a result of the City obtaining this information from the State of Minnesota, the Hastings Police Department or other agencies. This authorization is effective for three months following the date of execution.

This information is being requested by the City to determine whether the undersigned is disqualified from being an employee, volunteer or an independent contractor for the City. Under Minnesota State Law, the City can disqualify a person from employment/volunteer service because of a criminal conviction only if the conviction directly relates to the proposed job. This information is classified as private personnel data and will be provided only to those City employees or agents who have a need to review it. The City does not intend to release the information to any other party, but may be required to do so by subpoena or court order. The undersigned may refuse to authorize the release of this information, but refusal will result in disqualification as either an employee, volunteer or independent contractor.

Please print clearly

Full Name (*last, first, middle & maiden name if applicable*) _____

Date of Birth _____ Activity/Position _____

Home Address _____

Home Phone Number _____ Cellular Phone Number _____

Driver's License # _____ State of DL _____

Previous Address(es) (*if different than above*) for last 10 years

Street address city state zip

Street address city state zip

Please use other side if you need to list more addresses

Signature _____ Date: _____

If under 18, parent/guardian signature is also required

Printed Name of Parent/Guardian _____ Parent's Signature _____

Parents Address & Phone Number (*if different from above*) _____

NOTARY

The foregoing was acknowledged before me this _____ day of _____ 20____ by _____

Notary Signature _____ Commission Expires on _____

Seal:

For Office Use Only:	Date to Applicant _____ SASE Enclosed _____	Date to Police _____ Reviewed by Staff _____	Date Returned _____
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INFORMATION FOR LICENSE INVESTIGATION FOR CITY OF HASTINGS

101 4th Street East
 Hastings, MN 55033
 651-480-2350

Type of license applying for:

- Liquor Tobacco Peddlers Solicitors
 Haulers Amusement Massage Other _____

New Renewal

LOCAL BUSINESS INFORMATION

Local business name _____ Store # _____

Local business address _____ Local business phone _____

Local business representative _____ e-mail _____

Position manager
 owner
 other _____

Full name _____

Home Address _____

Length of Time at this Address _____ If less than 3 years, list previous addresses for last 3 years

Home Phone _____ Cell Phone _____

Social Security Number _____ Drivers License _____ State Issued _____ Expiration Date _____ Number _____

Date of Birth _____ Race _____ Gender M F

Current Employer _____

Previous Employer(s) past 10 years: _____

CORPORATE INFORMATION: (if applicable)

Corporate name	_____		
Corporate address	_____		
Corporate contact	_____		
Phone	_____	e-mail	_____

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant _____

Social Security #* _____
For individual business owner only, not partnership, corporation, etc.

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.

***2008 Minnesota Statutes**

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: 2005 c 151 art 1 s 87

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**City of Hastings
Acknowledgement of
Review of Ordinance**

I hereby certify that I have reviewed the City's Ordinance found on the City of Hastings Website, www.hastingsmn.gov, and applicable resolutions and related information and will familiarize myself with the contents thereof. I understand that it is my responsibility to comply with the provisions of state law and local regulations with regard to the license for which I am applying.

Business

Business Representative Name & Title

Date