



**City of Hastings  
Application for City License  
Tobacco License  
New**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of business where tobacco will be sold: \_\_\_\_\_

Address of business where tobacco will be sold: \_\_\_\_\_

Type of business where tobacco will be sold: \_\_\_\_\_

Contact Information:

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Supplier: \_\_\_\_\_

Address of Supplier: \_\_\_\_\_

Have you been convicted in the last five years of violation of any federal, state, or other law, ordinance or other provision relating to tobacco or tobacco products?

Yes

No

If yes, please explain:

Have you had any tobacco or tobacco products license(s) revoked or canceled in the last 12 months?

Yes

No

If yes, please explain:

Must provide proof of food sales

*I hereby certify that all statements made in this application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

“The City of Hastings distributes general city information notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the City’s electronic notification system by sending an email to [OrdinanceAmendment-subscribe@hastingsmn.gov](mailto:OrdinanceAmendment-subscribe@hastingsmn.gov) .”

City of Hastings  
101 Fourth Street East  
Hastings, MN 55033  
651-480-2350  
[www.hastingsmn.gov](http://www.hastingsmn.gov)

City Use Only	
Application Received	License Fee Paid
Background Check Conducted	Background Fee Paid
Fire Marshal Investigation Conducted	Fire Marshal Conditions/Recommendations
Background Check Completed	City Council Approval
	License Issued

**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:

<b>For Office Use Only:</b>	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 4<sup>th</sup> 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	_____

**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 by Hastings City Code § 5.02.

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

## 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

**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](http://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.

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Business

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Business Representative Name & Title

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Date