



**City of Hastings
Application for City License**

**Tobacco License
Renewal**

Name 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: _____

Has any of the following information changes since last application?

Name of Business No

Yes

If yes, please provide NEW name:

Type of Business No
 Yes If yes, please describe:

Name/Address of Supplier No
 Yes If yes, please provide NEW name/address:

Contact Information No
 Yes If yes, please provide NEW information:
Business/Cell/Other phone: _____
(Please circle which type)
Email: _____

Since the last City application process, have you been convicted in the violation of any federal, state, or other law, ordinance or other provision relating to tobacco or tobacco products?

 No Yes If yes, please explain:

Since the last City application process, have you had any tobacco or tobacco products license(s) revoked or canceled?

 No Yes If yes, please explain:

I hereby certify that all statements made in this renewal 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 and 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 .”

City of Hastings
101 Fourth Street East
Hastings, MN 55033
651-480-2350
www.hastingsmn.gov

City Use Only	
Application Received	License Fee Paid
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:

For Office Use Only:	Date to Applicant _____ SASE Enclosed _____	Date to Police _____ Reviewed by Staff _____	Date Returned _____
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**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