



City of Hastings

**Application for Business Solicitation License
(Peddler/Transient Merchant/Vendors/Solicitors)**

FEES: (excludes solicitors)		
Investigation fee (non-refundable)	<input type="checkbox"/> \$25.00 per establishment	Solicitor (No Fee Required)
Type of license applying for:		
<input type="checkbox"/> Day \$30.00	<input type="checkbox"/> Tournaments (Vets Park)	\$100.00 per event
<input type="checkbox"/> Month \$100.00	<input type="checkbox"/> Damage deposit	\$100.00
<input type="checkbox"/> Year \$225.00		

Please complete this application in full and return to the City Clerk's office. Peddlers, Transient Merchants, and vendors must submit a certificate of insurance, investigation form, and a notarized background release form along with full payment.

Date of Request: _____

APPLICANT INFORMATION:

Applicant name:	
Current address:	
Business name & address:	
Primary Phone:	Alternate Phone:
Date of Birth:	Driver's License State/Number:

MN Department of Health License Number (food vendors only): <i>Please attach a copy of the license to this application</i>
Proposed location of sales*:

**If on private property, a letter of consent from property owner must be attached*

Proposed dates of sales:
Proposed hours of sales:
Name and description of products:
Vehicle(s) used for this business: (If more than one, please list separately)
Make _____ Model _____
Year _____ License Plate Number _____

Three most recent locations where same permit has been issued:

1: _____

2: _____

3: _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor, including violation of a municipal ordinance but **excluding** traffic violations? Yes No

If yes, please explain the date and place of conviction and nature of the offense.

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, the data 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.*

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

For office use only:

Application received:

COI received:

Copy of any applicable state/county licenses:

Fees paid:

Background sent to PD:

Background received from PD:

City Clerk Approval:

**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	_____

**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