



**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:

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 -
APPLICATION FOR A CITY LICENSE**

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 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 for a city license.

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 _____ | Date to Police _____ | Date Returned _____ |
| | SASE Enclosed _____ | Reviewed by Staff _____ | |

TENNESSEN WARNING

When the City of Eagan (“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 Tennesen 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 Eagan Police Department to perform the background check required by Eagan 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

INFORMATION FOR LICENSE INVESTIGATION FOR CITY OF HASTINGS

Type of license applying for:

| | | | | |
|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Liquor | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Transient Merchant |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Amusement | <input type="checkbox"/> Hauler | <input type="checkbox"/> Other: _____ | |

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

| | | | | | |
|--|-------------|--------------|-----------------|-------------------------|------------|
| APPLICANT INFORMATION | | | | | |
| First Name | Middle Name | Last Name | | | |
| Home Address: | | | | | |
| City/State/Zip: | | | | | |
| Length of time at that Address: <i>If less than 3 years, list previous addresses on additional sheet.</i> | | | | | |
| Email Address: | | | | | |
| Home Phone: | | | Business Phone: | | |
| Cell Phone: | | | Date of Birth: | | |
| Driver's License Number | | State | Expiration | Social Security Number: | |
| Physical Attributes | | | | | |
| Sex | Race | Height | Weight | Eye Color | Hair Color |
| Current Employer: | | | | | |
| Previous Employer for the past 10 years: <i>Use additional sheets if necessary.</i> | | | | | |
| LOCAL BUSINESS INFORMATION | | | | | |
| Business Name | | Store Number | Address | | |
| Store Manager/Representative and Position: | | | | | |
| Phone Number: | | | | | |
| Email Address: | | | | | |
| CORPORATE INFORMATION: (if applicable) | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Contact Person: | | | | | |
| Phone Number: | | | | | |
| Email Address: | | | | | |

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 |
|--------------------------------|-------|------|

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

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

| | | | | | | |
|--|--|----------|---|---------------|-----------------------------------|--|
| Print or Type | Applicant's Minnesota Tax ID Number | | The Minnesota Tax ID must be issued in the same legal name of the licensee below. | | License Authority | |
| | | | | | License Number | |
| | | | | | Period Covered | |
| | | | | | Date of Issuance | |
| | Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine): <input type="checkbox"/> Over Counter <input type="checkbox"/> Through Vending Machine <input type="checkbox"/> Both | | | | Federal Employer ID Number (FEIN) | |
| | Licensee's Legal Name | | | | Daytime Phone | |
| | Business Trade Name (doing business as) | | | | Other Phone Number | |
| | Complete Address of Business Location (permit location) | | County | | Fax Number | |
| City | State | ZIP Code | | Email Address | | |
| Mailing Address (if different than business address) | City | State | ZIP Code | | | |

| | | | | | |
|-----------------------------|--|--|----------|--|--|
| Business Information | Type of legal organization (check one): | | | | |
| | <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____ | | | |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Out-of-state corporation: State of incorporation _____ | | | |
| | <input type="checkbox"/> Other (describe) _____ | Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Corporate officers or partners (attach a list if necessary) | | | | |
| | Name | Title | | | |
| Address | City | State | ZIP Code | | |
| Name | Title | | | | |
| Address | City | State | ZIP Code | | |

| | | | | | |
|-----------------------------------|---|--|--|--|--|
| Statement of Understanding | As a licensed tobacco products or cigarette retailer, I understand that: | | | | |
| | 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. | | | | |
| | 2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company. | | | | |
| | 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota. | | | | |
| | 4. I may not purchase from or exchange cigarettes or tobacco products with another retailer. | | | | |
| | 5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase. | | | | |
| | 6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license. | | | | |
| | 7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products. | | | | |

| | | | | | |
|------------------|-----------------------------|-------|------------|------|---------------|
| Sign Here | Licensee Signature | Title | Print Name | Date | Daytime Phone |
| | Licensing Agent's Signature | Title | Print Name | Date | Daytime Phone |

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us