



**City of Hastings  
Application for City License**

**Renewal – Liquor**

As a current license holder in the City of Hastings, you must complete this renewal application for the annual license period of July 1 – June 30. This application must be completed in full with all required attachments to be processed and approved by the City of Hastings and the State of Minnesota, if applicable.

**Type of License being renewed** (please check all that apply):

|                  |                   |              |
|------------------|-------------------|--------------|
| On-Sale          | Off-Sale          | Club License |
| Sunday On-Sale   | Off-Sale 3.2 Beer | Wine         |
| On-Sale 3.2 Beer | “Strong” Beer     |              |

**Business Information**

Name of Applicant: \_\_\_\_\_  
(Name of individual, partnership, corporation or association)

Individual                      Corporation                      Partnership                      Other: \_\_\_\_\_

Trade Name/DBA of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone Number of Establishment: \_\_\_\_\_

**License Contact Information**

Contact name: \_\_\_\_\_

Title/Position Held: \_\_\_\_\_

Contact Phone: \_\_\_\_\_                      Home                      Cell Phone                      Other: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_                      Home                      Cell Phone                      Other: \_\_\_\_\_

**If you answer YES to any of these questions, you must explain in detail.**

1. Has the corporation structure, ownership, or management changed during the license year?

Yes                      No

2. Has the operating officer or employee in charge of license activity changed during the previous license year?

Yes                      No

3. Have there been changes in person(s) or group(s) holding financial interest in the building, business, furniture, or stock of the licensee during the previous license year?

Yes                      No

4. Are there any plans currently pending or anticipated for the sale or transfer of the premises or business for which a renewal license is applied?

Yes                      No

If you answered yes to any of the above questions, please indicate which question & explain below:

Question Number: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Question Number: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify that all real estate taxes, assessments, or other financial claims of the city, state, or federal government have been paid to date.*

*I also 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

Subscribed & sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Stamp

Signature: \_\_\_\_\_

“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](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)

|                            |                       |
|----------------------------|-----------------------|
| For City Use Only:         |                       |
| Application Received       | License Fee Paid      |
| Background Check Conducted | City Council Approval |
| Background Check Completed | 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:

|                             |                         |                         |                     |
|-----------------------------|-------------------------|-------------------------|---------------------|
| <b>For Office Use Only:</b> | Date to Applicant _____ | Date to Police _____    | Date Returned _____ |
|                             | SASE Enclosed _____     | Reviewed by Staff _____ |                     |

**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.***

|  |              |                 |                         |
|--|--------------|-----------------|-------------------------|
| <b>APPLICANT INFORMATION</b>   |              |                 |                         |
| First Name   | Middle Name  | Last Name       | Maiden Name             |
| Home Address:  |              |                 |                         |
| City/State/Zip:  |              |                 |                         |
| Length of time at that Address:<br><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: |
| <b>Physical Attributes</b>   |              |                 |                         |
| Sex  | Race         | Height          | Weight                  |
|  |              | Eye Color       | Hair Color              |
| Current Employer:  |              |                 |                         |
| Previous Employer for the past 10 years:<br><i>Use additional sheets if necessary.</i>                       |              |                 |                         |
| <b>LOCAL BUSINESS INFORMATION</b>  |              |                 |                         |
| Business Name  | Store Number | Address         |                         |
| Store Manager/Representative and Position:   |              |                 |                         |
| Phone Number:  |              |                 |                         |
| Email Address:   |              |                 |                         |
| <b>CORPORATE INFORMATION: (if applicable)</b>  |              |                 |                         |
| 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](http://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.

**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