



**City of Hastings  
Application for City License**

**Liquor License**

**NEW**

**PART I – General Information**

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Information Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_

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

Type of Organization ☐ Sole Proprietorship (Individual) Complete Part IA-Individual ☐ Corporation Complete Part IB-Corporate ☐ Partnership Complete Part IC-Partnership ☐ Club Complete Part ID-Club

Type of License(s) Applying For ☐ On-Sale ☐ Sunday, On-Sale ☐ Off-Sale ☐ Off-Sale, 3.2 ☐ Club License ☐ Wine ☐ Strong Beer/Wine ☐ On-Sale, 3.2 Beer

Does applicant hold a liquor license from any other governmental unit? ☐ Yes ☐ No If yes, indicate where licensed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the exact legal description of the premises to be licensed:

*(Applicant may be required to submit a plot plan showing dimensions, location of buildings, street access, parking facilities, and the locations of any distances to the closest point of a church structure or the closest point on a lot occupied by a public school.)*

State the street address where the sale of intoxicating liquor or non-intoxicating malt liquor is to be conducted and identification of the rooms, including hotel rooms, if applicable, where it is to be sold or consumed:

How are the premises zoned under the Hastings Zoning Ordinance? \_\_\_\_\_

If the building is <b>owned</b> by the applicant	Date purchased	Purchased from (name, address, phone)
	_____	_____
	Purchase price:	Amount of down payment
	\$ _____	\$ _____
	Who currently holds the mortgage or contract for deed?	_____

If the building is <b>owned</b> <b>by other than</b> <b>applicant</b> , state in summary the conditions of lease arrangements	Term of Lease:	Renewal Privileges:
	_____	_____
	Monthly Rent	_____
	_____	

☐ Attach a copy of the lease

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the State, County, School District, or City of Hastings delinquent or unpaid for the premises to be licensed? ☐ Yes ☐ No

If yes, give years and amounts unpaid

\_\_\_\_\_

\_\_\_\_\_

**\*\*THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS\*\*:**

**NOTICE:** *In the event a suit has been commenced under Minnesota Statutes, Section 278.01—278.13, questioning the amount or validity of taxes, the City Council may, on application, waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted for taxes which remain unpaid for a period exceeding one year after becoming due.*

“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). “

**Financial Interest**

For all persons, *other than the applicant*, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade:

Give full names, dates of birth, addresses, telephone numbers. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. (This shall include, but not be limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trusters, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.) Please use another sheet of paper if necessary.

Full Name				
Residence Address				
Business Address:				
Contact Information	Business Phone	Cell Phone	Other:	E-mail
Nature of Interest/Investment, etc.:				
Full Name				
Residence Address				
Business Address:				
Contact Information	Business Phone	Cell Phone	Other:	E-mail
Nature of Interest/Investment, etc.:				
Full Name				
Residence Address				
Business Address:				
Contact Information	Business Phone	Cell Phone	Other:	E-mail
Nature of Interest/Investment, etc.:				
Full Name				
Residence Address				
Business Address:				
Contact Information	Business Phone	Cell Phone	Other:	E-mail
Nature of Interest/Investment, etc.:				

**READ THE FOLLOWING STATEMENT CAREFULLY. BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.**

*I have received a copy of the City of Hastings' Liquor License Ordinance and will familiarize myself with the contents therein, as they may be amended.*

*I further agree that if a liquor license is issued, that I will comply with all Federal and State laws and City of Hastings Ordinances; regarding alcoholic beverages, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the license.*

*I have read the Data Privacy Notice included in this application and understand its content.*

*I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.*

*I authorize the City of Hastings to investigate and make whatever inquiries which are necessary to verify the information provided and to determine suitability for issuance of a liquor license.*

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

\_\_\_\_\_  
Date

**Other Documents Needed**

**Completed**

Completed Part I  
Individual  
Corporate  
Partnership  
Club  
Completed Part II for each applicant  
Data Practices Advisory  
Investigation Form  
Release of Information  
Proof of Insurance  
Workers Compensation  
Receipt of Ordinance

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**City Use**

Application Received		License Fee Paid	
Background Check Conducted		Background Fee Paid	
City Council Approval		License Issued	

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

**Part IA—Individual Applicant**

If you are a partnership, corporate, or club applicant, please leave this section blank and complete the applicable section

<b>Applicant</b> Full Name				
Residence Address				
Business Address:				
Drivers License		State Issued		Expiration: _____
Contact Information	Business Phone	Cell Phone	Other:	E-mail

<b>Operating Manager</b>	Please provide the following information on the person who will be in charge of the individual owner's premise at such time as the owner is absent:			
Full Name				
Residence Address				
Business Address:				
Drivers License		State Issued		Expiration: _____
Contact Information	Business Phone	Cell Phone	Other:	E-mail

A **Part II, Personal Information Form** must be filled out and attached for *each* individual listed above.

## Part IB—PARTNERSHIP APPLICANT

(If you are an individual, corporate, or club applicant, please leave this section blank and complete the applicable section)

*Please provide the following information for each member of partnership:*

### Partner

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State \_\_\_\_\_ Issued \_\_\_\_\_ Expiration: \_\_\_\_\_  
License

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information

Partnership Interest \_\_\_\_\_%

☐ **Part II completed**

### Partner

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State \_\_\_\_\_ Issued \_\_\_\_\_ Expiration: \_\_\_\_\_  
License

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information

Partnership Interest \_\_\_\_\_%

☐ **Part II completed**

### Partner

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State \_\_\_\_\_ Issued \_\_\_\_\_ Expiration: \_\_\_\_\_  
License

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information

Partnership Interest \_\_\_\_\_%

☐ **Part II completed**

**Managing Partner** If the managing partner is listed above, please note

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_

Partnership Interest \_\_\_\_\_ %

☐ **Part II completed**

**Management—** *Please provide the following information on the Operating Manager and any other individual*  
**Persons in Charge** *with management responsibility for the establishment's premises to be licensed:*  
**of Licensed**  
**Premises**

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_

☐ **Part II completed**

A Part II, Personal Information Form must be filled out and attached for *each* individual listed above.

**Partnership applicants must attach:**

- ☐ Copy of the partnership agreement
- ☐ Copy of the certificate of trade name issued under provisions of Chapter 333, Minnesota Statutes, certified by the Secretary of State's Office

## Part IC--CORPORATE OR ASSOCIATION APPLICANT

(If you are an individual, partnership, or club applicant, please leave this section blank and complete the applicable section)

Corporate Name \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Corporate Contact Information	Corporate Contact	Business Phone	Other:	e-mail
	_____	_____	_____	_____

Local Address \_\_\_\_\_

### Officers

Please provide the following information for all officers of said corporation or association:

#### *President*

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License	State Issued	Expiration:
_____	_____	_____

Contact Information	Business Phone	Cell Phone	Other:	e-mail
	_____	_____	_____	_____

☐ **Part II completed**

#### *Vice President*

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License	State Issued	Expiration:
_____	_____	_____

Contact Information	Business Phone	Cell Phone	Other:	e-mail
	_____	_____	_____	_____

☐ **Part II completed**



**Secretary**

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_

☐ **Part II completed****Treasurer**

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_

☐ **Part II completed****Own or Control Interest***Please provide the following information on all persons who singularly or together with their spouse, parents, brothers, sisters or children, own or control an interest in said corporation or association in excess of five percent (5%):*

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_

Ownership Interest \_\_\_\_\_ %  
☐ **Part II completed**

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone Cell Phone Other: e-mail

Ownership Interest \_\_\_\_\_ %

☐ **Part II completed**

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone Cell Phone Other: e-mail

Ownership Interest \_\_\_\_\_ %

☐ **Part II completed**

**Management—Persons in Charge of Licensed Premises**

*Please provide the following information on the Operating Manager and any other individual with management responsibility for the establishment's premises to be licensed:*

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact Information Business Phone Cell Phone Other: e-mail

☐ **Part II completed**

A Part II, Personal Information Form must be filled out and attached for *each* individual listed above.

**Corporate applicants must attach:**

- ☐ One copy of the Certificate of Incorporation
- ☐ One copy of Articles of Incorporation or Association Agreement
- ☐ One copy of By-Laws of the corporation
- ☐ Foreign corporations shall attach a copy of the Certificates of Authority as described in MSA Chapter 303

**Part I.D. CLUB APPLICANT**

If you are an individual, partnership, or corporate applicant, please leave this section blank and complete the applicable section

Name of Club \_\_\_\_\_

Date club was first organized \_\_\_\_\_ Location \_\_\_\_\_

Purpose for which \_\_\_\_\_ Current number of members: \_\_\_\_\_  
originally organized and  
now existing \_\_\_\_\_

**Officers:** Please provide the following information on all officers, executive committee members and members of Board of Directors:

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State \_\_\_\_\_ Expiration: \_\_\_\_\_  
License \_\_\_\_\_ Issued \_\_\_\_\_

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information \_\_\_\_\_

☐ **Part II completed**

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State \_\_\_\_\_ Expiration: \_\_\_\_\_  
License \_\_\_\_\_ Issued \_\_\_\_\_

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information \_\_\_\_\_

☐ **Part II completed**

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State  
License \_\_\_\_\_ Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information \_\_\_\_\_

☐ **Part II completed**

**Management—Persons in Charge of Licensed Premises** *Please provide the following information on the Operating Manager and any other individual with management responsibility for the establishment's premises to be licensed:*

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address: \_\_\_\_\_

Drivers \_\_\_\_\_ State  
License \_\_\_\_\_ Issued \_\_\_\_\_ Expiration: \_\_\_\_\_

Contact \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ e-mail \_\_\_\_\_  
Information \_\_\_\_\_

☐ **Part II completed**

A Part II, Personal Information Form must be filled out and attached for *each* individual listed above.

**Club applicants must attach:**

- ☐ One copy of the Articles of Incorporation
- ☐ One copy of By-Laws of the club

If the application is submitted by a club, a sworn statement by a responsible individual having personal knowledge of the facts must be submitted with the application verifying that the club meets the requirements of Minnesota Statutes, Section 340A.101, Subdivision 7. In the event no person can make this statement from personal knowledge of the facts, satisfactory documentation may be submitted to satisfy this requirement.



CITY OF HASTINGS  
101 Fourth Street East  
Hastings, Minnesota 55033  
651-480-2350  
[www.hastingsmn.gov](http://www.hastingsmn.gov)

## APPLICATION FOR LIQUOR LICENSE PART II - PERSONAL INFORMATION

**Directions:** This application must be completed in full by all new applicants and any individuals as required by Part I—General Information:

- The individual applicant,
- By each general and managing partner,
- By each officer or director,
- By each manager, proprietor or other person with management responsibilities for the premises,
- By each person who by combined ownership or control has an interest in a corporation or association in excess of five percent (5%).

**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, this 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.*

*Please print or type*

Date: \_\_\_\_\_

### SECTION I—APPLICANT

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen?	Yes	No	
Are you a Naturalized Citizen?	Yes	No	If yes, give date/place: _____
Are you a Resident Alien?	Yes	No	If yes, attach copy of INS card

**Other Names**

If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

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**Previous Residence**

Address(es) at which you have ***lived*** during preceding ten years: (Begin with current/most present address and work back.)

**Street Address**

**City/State/Zip**

**Dates**

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**Previous Business**

Name, address, and type of every business or occupation you have been engaged in during the preceding five years:

<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>	<u>Dates</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employers/Partners**

Names and address of every employer and partner, if any, for the preceding five years:

<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>	<u>Dates</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MARITAL STATUS**

**Married**      **Single**      **Divorced**      **Widowed**

**SECTION II—SPOUSE**

*If married, give full name, place and date of birth, and residence address of spouse. If you are not married, proceed to Section III.*

Full Name: \_\_\_\_\_  
(First)                      (Middle)                      (Last)

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



**Previous Residence**

Address(es) at which you, the spouse, have *lived* during preceding ten years: (Begin with current/most present address and work back.)

**Street Address**

**City/State/Zip**

**Dates**

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**Previous Business**

Name, address, and type of every business or occupation you, the spouse, have been engaged in during the preceding five years:

**Name**

**Street Address**

**City/State/Zip**

**Dates**

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**Employers/Partners**

Names and address of every employer and partner, if any, for you, the spouse for the preceding five years:

**Name**

**Street Address**

**City/State/Zip**

**Dates**

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### SECTION III—MISCELLANEOUS

#### Financial Information

Do you, your spouse, or any business partners, either directly or indirectly, have interest in an establishment or hold an intoxicating liquor license in the City of Hastings, issued pursuant to Section III of the Hastings City Code?      Yes      No

If yes, state the name and location of the licensed premise and interest: \_\_\_\_\_

\_\_\_\_\_

What is the approximate amount of investment you will have in the business, building, premises, fixtures, furniture, stock in trade, etc.? \_\_\_\_\_

State the source of such money: \_\_\_\_\_

Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership or operation of any such business:      Yes      No

Have you or your spouse ever filed for bankruptcy either as individuals, jointly, or in connection with any business you have had an interest in?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

#### Eligibility

Are you or is your spouse a person who would be ineligible for a license? (*Refer to City Code, Section 3.20S3D, for Persons Ineligible for License*)      Yes      No

Have you held or had any interest in any previous intoxicating liquor license that was revoked, suspended, or not renewed?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Criminal History

Have you, your spouse, or any business partners of either of you or your spouse, ever been convicted of any felony, crime, or violation of any ordinance, *other than traffic*? Yes No

If yes, give information as to the time, place and offense for which convictions were had:

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## Family History

Please provide the following information for each person who is engaged in the State of Minnesota in the business of selling, manufacturing or distributing intoxicating liquor or non-intoxicating malt liquor, and who is nearer of kin to you or your present spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of you or your spouse:

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please add additional sheets as necessary

**Character Information**

Please provide the following information on three residents of the State of Minnesota, of good moral character, not related to the applicant or financially interested in the premises or business, who may vouch for the applicant's character:

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**READ THE FOLLOWING STATEMENT CAREFULLY. BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.**

*I have received a copy of the City of Hastings' Liquor License Ordinance and will familiarize myself with the contents therein, as they may be amended.*

*I further agree that if a liquor license is issued, that I will comply with all Federal and State laws and City of Hastings Ordinances; regarding alcoholic beverages, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the license.*

*I have read the Data Privacy Notice included in this application and understand its content.*

*I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.*

*I authorize the City of Hastings to investigate and make whatever inquiries which are necessary to verify the information provided and to determine suitability for issuance of a liquor license.*

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

*Subscribed and sworn to me, a Notary Public*

**On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Notary Signature**

**Commission expires on: \_\_\_\_\_**

"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). "

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This application form approved by City Council November 7, 1994  
Application Revised: Approved by City Council August 4, 1997  
Application Format Revised: June, 2001  
Application revised: March, 2002; December 2003  
Application revised: August 7, 2017

# 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	Maiden Name
------------	-------------	-----------	-------------

Home Address:

City/State/Zip:

Length of time at that Address:  
*If less than 3 years, list previous addresses on additional sheet.*

Email Address:

Home Phone:	Business Phone:
-------------	-----------------

Cell Phone:	Date of Birth:
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Driver's License Number	State	Expiration	Social Security Number:
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Physical Attributes

Sex	Race	Height	Weight	Eye Color	Hair Color
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Current Employer:

Previous Employer for the past 10 years:  
*Use additional sheets if necessary.*

**LOCAL BUSINESS INFORMATION**

Business Name	Store Number	Address
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Store Manager/Representative and Position:

Phone Number:

Email Address:

**CORPORATE INFORMATION: (if applicable)**

Name:

Address:

Contact Person:

Phone Number:

Email Address:

**CITY OF HASTINGS**  
**RELEASE OF INFORMATION -**  
**APPLICATION FOR A CITY LICENSE**

The City of Hastings requires a criminal history check for the license for which you are applying; City Code 33.01. You will be informed of your status when your investigation is complete.

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) for last 5 years. *If necessary, use additional sheets.*

\_\_\_\_\_  
Street address city state zip

\_\_\_\_\_  
Street address city state zip

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

# 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
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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
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☐ **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
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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 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's qualifications and requirements for the license you are applying for. If a background check is required, the data from your application will also be used by the City and the Hastings Police Department as required by Hastings City Code § 33.01.

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.**

---

Applicant Printed

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Date

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Applicant Signature

---

Business Name

## 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.

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### \*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**

**Chapter 111  
Alcoholic Beverages**

I hereby acknowledge that I have read, understand and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

---

Applicant Printed

---

Applicant Signature

---

Business Name

---

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	WBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						
	EXCESS LIAB						
	DED						
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Liquor Liability						Per Occur
							Aggregate

ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Hastings is included as an additional insured on general liability & liquor liability. A 10-day cancellation notice is included as part of the policy.

\*Policy effective dates must read:  
07/01/21 to 06/30/22

Coverage extends to adjacent sidewalk & off premises events.

Only applicable if have sidewalk cafe permit.

**CERTIFICATE HOLDER****CANCELLATION**

City of Hastings  
101 4th Street East  
Hastings, MN 55033

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE