



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

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

**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 \_\_\_\_\_ Expiration: \_\_\_\_\_  
License Issued

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

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

☐ Part II completed

### Partner

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

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

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

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

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

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

☐ Part II completed

### Partner

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

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

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

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

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

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:

---

---

**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**

---

---

---

---

---

---

---

**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>
-------------	-----------------------	-----------------------	--------------


**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>
-------------	-----------------------	-----------------------	--------------


**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


**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


**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


### 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:

---

---

---

## 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). "

-----  
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

**CITY OF HASTINGS**  
**CRIMINAL HISTORY BACKGROUND INVESTIGATION**  
**GENERAL AUTHORIZATION AND INFORMED CONSENT**

The City of Hastings requires a criminal history background investigation for all City license applicants, in accordance with City Code §33.01, Minn. Stat. §299C.72, Subd. 2(c) and Minn. Stat. §340A.402, Subd. 2, as applicable.

As a license applicant, you are being asked to provide personal data, which may include private information about yourself, including name, address, date of birth. You are not required to provide personal data. However, if you do not provide the personal data requested, the City of Hastings will not be able to process the background investigation. Failure to provide the data requested may result in loss of licensing. The City of Hastings and the Minnesota Bureau of Criminal Apprehension (BCA) requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the City of Hastings, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

☐ Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

**Please print clearly**

First Name:	
Middle Name:	
Last Name:	
Maiden, Alias, Former Name(s):	
Date of Birth:	License Type:
Home Address:	
Cell Phone:	Home Phone:

**Criminal History Background Check Authorization**

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. I authorize the Minnesota Bureau of Criminal Apprehension (BCA) and the City of Hastings Police Department to disclose all applicable contact data and criminal history record information to the City of Hastings for the purpose of licensure with the City of Hastings, including private data as defined in MN Statute 13.02. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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

Date \_\_\_\_\_



## **Minnesota Workers' Compensation**

A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements.

- ☐ 1. I have a worker's compensation insurance policy.

*Policy information must be listed on the submitted certificate of insurance.*

- ☐ 2. I am not required to have workers' compensation insurance because:

- ☐ I only use independent contractors and do not have employees.
- ☐ I do not use independent contractors and do not have employees.
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation).
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

## **Department of Revenue Information**

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

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 for licensing authority: City of Hastings

**Minnesota Tax ID Number:** \_\_\_\_\_ *If not available, please attach an explanation.*

**Federal Tax ID Number:** \_\_\_\_\_

**OR if a Sole Proprietorship, Social Security Number:** \_\_\_\_\_



## **Minnesota Government Data Practices Act – “Tennessen Warning”**

*(Please initial)*

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

\_\_\_\_\_ I have read and understand the above information regarding my rights as a subject of government data.

## **Ordinance Review**

*(Please initial)*

\_\_\_\_\_ 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.