



111 Hassan Street Southeast  
 Hutchinson, MN 55350  
 (320) 587-5151/Fax: (320) 234-4240

**License Fee: \$175.00**  
**Investigation Fee: \_\_\_\_\_**  
**Operating Year: \_\_\_\_\_**

**City of Hutchinson**  
**Application for License to Sell Tobacco at Retail**  
**(Under Ordinance No. 113)**

Applicant Information			
_____		_____	
<i>Applicant Name (First, Middle &amp; Last)</i>		<i>Applicant Phone Number</i>	
_____		_____	_____
<i>Applicant Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>

Business Information			
_____		_____	
<i>DBA</i>		<i>Business Phone Number</i>	
<i>Has a Certificate of Assumed Name been file with the Secretary of State's Office?</i>		<i>If Yes, what is the assumed name?</i>	
<input type="checkbox"/> yes <input type="checkbox"/> no		_____	
_____		_____	_____
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
_____			
<i>Contact</i>			

Corporate Information (if applicable)			
_____		_____	
<i>Corporate Name</i>		<i>Corporate Phone Number</i>	
_____		_____	_____
<i>Corporate Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
_____		_____	
<i>CEO</i>		<i>License Coordinator</i>	
<i>*Please notify City of Hutchinson of change of ownership within 30 days of change.</i>			

Checklist	
The following items need to be completed and/or attached in order for the application to be processed:	
Application fee paid in full (check or money order):	<input type="checkbox"/> yes <input type="checkbox"/> no
Application completed in full and signed:	<input type="checkbox"/> yes <input type="checkbox"/> no

Grounds for Denial
<ol style="list-style-type: none"> <li>1) The applicant is under the age of 18 years;</li> <li>2) The applicant has been convicted within the past five years of any violation of a federal, state or local law, ordinance provision or other regulation relating to tobacco or tobacco products or tobacco-related devices;</li> <li>3) The applicant has had a license to sell tobacco, tobacco products or tobacco-related devices revoked within the preceding 12 months of that date of application;</li> <li>4) The applicant fails to provide any information required on the application, or provides false or misleading information; or</li> <li>5) The applicant is prohibited by federal, state or local law, ordinance or other regulation, from holding this type of a license.</li> </ol>

I hereby certify that I have completely filled out the entire above application and that the application is true, correct, and accurate.

_____	_____
<i>Signature of Applicant</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Title</i>

**NOTE: No application will be forwarded to the City Council unless received two weeks prior to the regular Council meeting, filled out in completion, and fee payment is attached.**

Internal Use Only	
Building	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature _____
Fire	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature _____
Police	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature _____
City Council	<input type="checkbox"/> approved <input type="checkbox"/> denied    Signature _____

## Release of Information Form

*As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.*

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information (Please Print)			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).