



HUTCHINSON

A CITY ON PURPOSE.

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

License Fee: \$185.00

Investigation Fee: _____

Operating Year: _____

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

Applicant Information

Applicant Name (First, Middle & Last)

Applicant Phone Number

Applicant Address

City

State

Zip

Business Information

DBA

Has a Certificate of Assumed Name been filed with
the Secretary of State's Office?

yes no

Business Phone Number

If Yes, what is the assumed name?

Address

City

State

Zip

Contact

Corporate Information (if applicable)

Corporate Name

Corporate Phone Number

Corporate Address

City

State

Zip

CEO

License Coordinator

*Please notify City of Hutchinson of change of ownership within 30 days of change.

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): yes no

Application completed in full and signed: yes no

Grounds for Denial

- 1) The applicant is under the age of 18 years;
- 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;
- 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;
- 4) The applicant fails to provide any information required on the application, or provides false or misleading information; or
- 5) The applicant is prohibited by federal, state or local law, ordinance or other regulation, from holding this type of a license.

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

Signature of Applicant

Date

Print Name

Title

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>	<i>Zip</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).