



Hennepin County Public Health Department
 Epidemiology and Environmental Health
 1011 South First Street, Suite 215
 Hopkins, Minnesota 55343-9413
 (612) 543-5200

**RETAIL TOBACCO SALES
 BACKGROUND CHECK
 AUTHORIZATION**

THIS FORM MUST BE COMPLETED BY ALL NEW APPLICANTS. HENNEPIN COUNTY REQUIRES THIS INFORMATION AND MAY CONDUCT CRIMINAL HISTORY.

PROVIDE COMPLETE LEGAL NAME OF APPLICANT
Last Name (if hyphenated, enter both names here): _____
First Name: _____
Middle Name: _____
Additional Middle Name (if applicable): _____
Maiden Name (if applicable): _____
Former Last Name or Other Name (if applicable): _____
Date of Birth (mm/dd/yyyy): _____
Social Security Number: _____
Have you ever been convicted of a Tobacco Violation: <input type="checkbox"/> YES* <input type="checkbox"/> NO
*YES please explain: _____

State which County violation occurred in: _____

THE FOLLOWING CERTIFICATION AND AUTHORIZATION MUST BE SIGNED BY ALL APPLICANTS:

I, the undersigned, have made application to Hennepin County for a regulated License to Sell Tobacco Products at Retail.

I certify that I have provided complete and accurate responses to all questions on my application.

I hereby request and authorize Hennepin County to conduct a background check on me through records for licensing purposes.

Name of applicant (please print): _____

Signature of Applicant (required): _____ Date: _____