



**Hennepin County Public Health Department**  
 Epidemiology and Environmental Health  
 479 Prairie Center Drive  
 (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: \_\_\_\_\_