



City of Maplewood
Office of the City Clerk
1830 County Road B East | Maplewood, MN 55109
651-249-2005
www.MaplewoodMN.gov
Licensing@MaplewoodMN.gov

BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____ Date of Birth: _____

Government Issued ID Number: _____ State: _____

I hereby authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 299C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application may not be processed.

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

Applicant Signature

Date

Applicant Print Name

* Any data collected as part of the criminal background check will be deemed private and accessible only to those individuals within the City of Maplewood with the business need to access such data and will not be re-released without an express written authorization from the applicant. The data may be disseminated to the licensing authority of the city pursuant to Minn. Stat. 299C.72(2)(c).