CITY OF SAINT PETER

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: _____Place of Birth: _____

Sex: Male _____ Female _____   Social Security Number: _____

Driver's License Number: _____ State _____

TENNESSEN WARNING: In accordance with the Minnesota Government Data Practices Act, the City of Saint Peter is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. The information collected will be used to determine your eligibility to be issued a business license by the City of Saint Peter. This information is available only to you, appropriate City employees and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application that is not designated in this notice as private data.   You may refuse to provide the information requested, however, failure to do so may prohibit the City of Saint Peter from issuing the license you have applied for.

Applicant Rights:

1.   The right to be notified that the Chief of Police or his/her designee shall conduct a criminal record check;

2.   The right to obtain a copy of the criminal record check;

3.   The right to challenge the accuracy and completeness of the criminal record report; and

4.   Notification of the right to be informed by the City of Saint Peter if the application for a business license has been denied based on findings in the background investigation.

I authorize this background investigation to be done and I understand the expiration of this authorization shall be for a period no longer than one year from the date of my signature. A copy of this form will serve also as an original and legal document.

Signature: _____ Date:_____