



Informed Consent Form

Date: _____

You have made application with this agency for a Transient Merchants License. The Minnesota Data Practices Act requires that you be advised of the following information:

You are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information.

You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by the City of Pine City to complete its background investigation.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____
Month/Day/Year

Social Security Number (required): _____

I authorize the Minnesota Bureau of Criminal Apprehension and the Pine County Sheriff's Department to disclose all criminal history record information to City of Pine City for the purpose of employment with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Notary:

City of Pine City

1015 Hillside Ave SW Ste 2, Pine City, Minnesota 55063-1619 | Phone: 320.629.2575 |

E-mail: info@pinecitymn.gov | Website: pinecity.gov/office.com

This institution is an equal opportunity provider and employer