



INFORMED CONSENT

The following named individual has made an application with the City of Stacy for Peddler/Solicitor Permit.

Date _____

Last Name (please print) _____

First Name (please print) _____

Full Middle Name (please print) _____

Maiden, Alias or Former (please print) _____

Date of Birth _____

Sex **M** **F**

Social Security Number _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Stacy, a Minnesota Municipal Corporation; for the purpose of obtaining a background check for employment with the city.

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

Signature of Applicant **Date**

Notary Public **(Seal)**

Subscribed and sworn to before me this

____ day of _____, ____