

Background Check Informed Consent
City of Madison
404 6th Ave
Madison MN 56256
(320) 598-7373

Date: _____

The following named individual has made application with this agency for a Peddlers, Solicitors, and Transient Merchants Permit. (circle one)

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 (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Madison for the purpose of obtaining a Peddlers, Solicitors, and Transient Merchants Permit with this agency.

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

Signature of Applicant _____ **Date** _____

Notary:

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public
My Commission expires: _____

(seal)