

Informed Consent for Background Investigation for Pawnbrokers Application
(A separate form must be filled out for each applicant, officer, and/or partner)

Please supply your driver's license so we may copy it for the background check.
The following named individual has made application with this the City of Cambridge for a pawnbroker's license. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the BCA's investigation.

PLEASE PRINT LEGIBLY

Last Name of Applicant	First Name (full name please)	Middle Name (full name)	
Any Maiden, Alias or Former Name(s)			
Date of Birth (MM/DD/YYYY)	Sex	Race	Social Security Number

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cambridge and the Cambridge Police Department for the purpose of conducting a criminal background check for determining eligibility for a pawnbroker's license within the City.

The authorization shall expire one year from the date of my signature.

Applicant's signature

Date

STATE OF MINNESOTA)
COUNTY OF ISANTI)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that e/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this ____ day of _____, 20____.

Notary's signature

Date