



Rosemount Police Department
2875 145th Street West
Rosemount MN 55068
651-423-4491

**CONSENT FOR THE RELEASE OF INFORMATION
FOR BUSINESS SOLICITATION LICENSE APPLICATION**
(One per Solicitor listed on Application for Business Solicitation License.)

SOLICITOR INFORMATION

Full Legal Name _____ DOB _____

Residence Address _____ PH _____

City / State / ZIP _____ SSN _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Male / Female _____

Driver's License / State of Issue _____

Place of Birth _____ US Citizen? Yes / No
(If not a US citizen, present proof of immigration / employment status.)

Please provide previous addresses for three years preceding this application:

(Street) (City, State, Zip)

(Street) (City, State, Zip)

(Street) (City, State, Zip)

Have you ever been convicted of any felony, gross misdemeanor or misdemeanor, including the violation of municipal ordinance excluding traffic violations: _____ If yes, please provide the time, place, offense and penalty imposed.

I authorize the Rosemount Police Department to disclose to the Rosemount City Administrator, City Clerk and the Rosemount City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application. I understand that failure to provide this release will result in a denial of my application. I understand that my records are subject to state data practices act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below. This authorization is valid for six (6) months from the date indicated below.

Signature

Date

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Notary Public