



CITY OF CHANHASSEN CRIMINAL HISTORY BACKGROUND INVESTIGATION FORM

Date: _____

The following named individual has made application with this agency for the following (check one):

Massage Therapy Business License Lawful Gambling Premises Permit

Last Name: _____

First Name: _____

Middle Name: _____

Maiden, Alias or Former: _____

Date of Birth: _____ Sex: Male Female

Driver's License #: _____ (State)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information; I authorize the Carver County Sheriff's Office to disclose all driving record information; and I authorize any other agencies that may have contact information to the City of Chanhassen for the purpose checked above.

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

***The following must be signed in front of a NOTARY PUBLIC.**

Signature of Applicant

Date

Subscribed and sworn to before me

this ___ day of _____, 20__.

Notary Public

NOTARY STAMP