



EAGAN

3830 PILOT KNOB ROAD | EAGAN, MN 55122-1810
(651) 675-5660 | TDD: (651) 454-8535 | FAX: (651) 675-5694
commdevelopment@cityofeagan.com

RENTAL LICENSE BACKGROUND CHECK CONSENT FORM

- ✓ To be filled out by each person having ownership of a rental property for which a license is being applied.
- ✓ Applicant's name must appear on Rental License Application as property owner.

REQUIRED MATERIALS	<input type="checkbox"/> Color copy of applicant's government issued ID
OWNER INFORMATION	<p>Last name: _____</p> <p>First name: _____ Middle name (full): _____</p> <p>Former name(s) or Alias: _____</p> <p>Date of birth: _____ Place of birth: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Social security number: _____</p> <p>Government issued ID number: _____ State: _____</p> <p>*Submit a color copy of the government issued ID with this form</p>

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Eagan for the purpose of determining my eligibility for obtaining a business license by the City of Eagan, pursuant to Minnesota State Statute 299C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

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

Applicant's signature

Date

Applicant's printed name

Date