

Data Privacy Notice: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if any conviction you may have is a job-related consideration affecting your suitability for the license. Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private, and that you provide an alternative address and phone number as below:

I request that my residence address and phone number be considered private data. My alternative address and phone number are:

Address: _____ Phone No. _____

Signature: _____ Date: _____

For City Use Below:

License Type: _____

Date Fee Paid: _____

Amount: _____

Date Approved: _____

License No. _____

Contact City Clerk if questions: 651-423-4411



City Clerk's Office
2875 145th Street West
Rosemount MN 55068

CONSENT FOR THE RELEASE OF INFORMATION

I, _____
Print Full Name (first) (full middle) (last)

residing at _____
(address) (city) (state) (zip)

Driver's License No./State of Issue _____

Date of Birth: _____ Place of Birth: _____

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.

Executed this ____ day of _____, 20____.

Signature of above individual authorizing release

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

Notary Public

Contact City Clerk if questions: 651-423-4411