



CITY OF GEM LAKE
 Heritage Hall
 4200 Otter Lake Road | Gem Lake, MN 55110
 651-747-2790/92 | 651-747-2795 (fax)
 E-mail city@gemlakemn.org



Release of Information Authorization

The following named individual has applied for a license with the City of Gem Lake:

Last Name of Applicant (please print): _____

First Name(please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Current Address: _____

Date of Birth (Month/Day/Year): _____

Sex (Male or Female): _____

I, the above named applicant, authorize the City of Gem Lake to request a computerized criminal history search in my name through the White Bear Lake Police Department and/or the Minnesota Bureau of Criminal Apprehension, pursuant to Minnesota Statutes, section 364.03, relating to disqualification for a license. Additionally, I authorize the Minnesota Bureau of Criminal Apprehension and White Bear Lake Police Department to disclose all criminal history record information to the City of Gem Lake for the purpose of completing my license application.

A copy of the license application is attached for reference.

This authorization request form shall expire one year from the date of filing.

Signature

Date

LICENSE APPLICANT INFORMATION

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and

Failure to supply this information may jeopardize or delay the issuance of your licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do NOT return this form to the Department of Revenue.**

Licensing Authority: **City of Gem Lake**

License Information

Name of license being applied for: _____

License renewal date: _____

Personal Information

Applicant's Name (Last, first, middle initial): _____

Applicant's Resident Address: _____

Social Security Number: _____

Business Information

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.

Additional explanation, if necessary: _____

Signature: _____ Date: _____

