



Personal Affidavit

Personal Information:

Full Name: (First) (Middle) (Last)
Previous Name(s): (Include maiden name, also known as (AKA's), "aliases".)
Current Address: (Number & Street) (City) (State) (Zip)
Home Phone: Cell Phone:
Date of Birth: (MM/DD/YYYY) Drivers License: State: License Number

Work History:

(Past 5 years) Company Title Dates Employed
Company Title Dates Employed
Company Title Dates Employed

Previous Addresses:

(Past 5 years) (Number & Street) (City) (State) (Zip)
(Number & Street) (City) (State) (Zip)
(Number & Street) (City) (State) (Zip)

Criminal History:

Date State Conviction(s)
Date State Conviction(s)

Ownership:

(Check all that apply:) Sole Owner Partner Officer Member (LLC Only) Other - Specify
General Partner Director Financier/Lender Stockholder %

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature: Date:

Subscribed and affirmed before me in the county of, State of
this day of, 20.

Notary Signature
Commission Expiration