

**GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTES 13.05 SUBD. 4
MINNESOTA DATA PRACTICES ACT**

TO: City of Goodview Police Department
Minnesota Bureau of Criminal Apprehension

I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Goodview, Minnesota, and or/its agents and/or representatives any and all data classified as public or private that concerns me and that may be in your possession. The data that I authorize to be released consists of public or private data as defined by Minnesota Statute 13.02 that has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes ALL data that has been collected, created, received, retained or disseminated in whatever form that in anyway relates to my dealings with you and your agency. I understand that the purpose of permitting the City of Goodview to have access to this information is to determine my suitability to obtain and possess a business license within the City of Goodview pursuant to provisions of City of Goodview Ordinances. I further understand that this information may subsequently be used for other purposes relating to my application for a business license within the City of Goodview, including verification of my records and information contained in the license application.

By signing this authorization, I release the Minnesota Bureau of Criminal Apprehension and any other entity listed above from any and all liability that may otherwise or does accrue as a result of this release of any and all data, regardless of accuracy. I also release the City of Goodview from any and all liability for its receipt and use of data pursuant to this consent.

This authorization shall be valid for a period of one year; however, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Goodview or to you of that fact.

A photocopy, fax or reproduction of this authorization and release in any form shall be granted the same authority as an original document.

Signature of Applicant

Date

Full Printed Name – First, Middle, Last

Date of Birth – Month, Day,

Year Subscribed and sworn to before me this _____ day of _____, 20_____.

_____, Notary Public

Notary Seal: