



MONTGOMERY
a city where families thrive

City Offices

201 Ash Avenue SW
Montgomery, MN 56069
Phone: 507.364.8888
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INFORMED CONSENT

The Following named individual has made application with the City of Montgomery for a Peddlers License.

Last Name of Applicant (please print) _____

First (full) (please print) _____

Middle (full) (please print) _____

Maiden, Alias of Former (please print) _____

I agree to provide the following information to complete the investigation.

Driver's License Number: _____

Social Security Number: _____

Date of Birth: _____ Sex (M of F) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Montgomery Police Department for the purpose of possible Peddler's license.

I also authorize the City of Montgomery Police Department to investigate my background and by signing this waiver, allow any person to disclose any history for the purpose of a possible Peddlers License.

The expiration of this authorization shall be for a period of no longer than six months from the date of my signature.

Permission is granted this day, _____, 20____

Signed: _____