

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a Company license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name							
Address	City State Zip						
Title (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 100% Owner</td> <td style="width: 50%; border: none;"><input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elected Officer (title: _____)</td> <td style="border: none;"><input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)</td> <td style="border: none;"><input type="checkbox"/> Manager/Employee with controlling authority</td> </tr> </table>		<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority
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_____ Signature of Owner/Partner/Officer	_____ Title	_____ Date
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**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
85 – 7th Place East
St. Paul, Minnesota 55101
(651) 539-1599

BCA FORM
Bureau of Criminal Apprehension
Criminal Background Check

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check, and
Request for Disclosure/Verification of Tax Identification Number

PROVIDE PERSON'S COMPLETE LEGAL NAME Please Print		
LAST NAME (if legal last name is hyphenated, enter both names here)		
FIRST NAME		MIDDLE NAME
ADDITIONAL MIDDLE NAME (if applicable)	MAIDEN NAME (if applicable)	FORMER LAST NAME or OTHER NAME (if applicable)
DATE OF BIRTH (mo/day/yr)		SOCIAL SECURITY NUMBER
TYPE OF LICENSE FOR WHICH YOU ARE APPLYING		
THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY:		
NAME OF THE COMPANY: _____		
COMPANY'S ASSUMED NAME (if applicable): _____		
COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER: _____		
YOUR TITLE OR POSITION IN THE COMPANY: _____		

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and my company have made application to the Minnesota Department of Commerce for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

Signature (mandatory)

Date