

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) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____%) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member <input type="checkbox"/> Manager/Employee with controlling authority | |

| | |
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| | | |
|---|--|--|
| Signature of Owner/Partner/Officer _____ Title _____ Date _____ | | |
|---|--|--|



**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