

INDIVIDUAL BACKGROUND STUDY SUBJECT INFORMATION

CONTROLLING INDIVIDUAL(S) INFORMATION

- “Controlling individual” means a public body, governmental agency, business entity, officer, owner, or managerial official whose responsibilities include the direction of the management or policies of a program, as identified in section 245A.02, subd. 5a.
- “Owner” means an individual who has a 5 percent or more direct or indirect ownership interest in a corporation, partnership or other business association issued a license under this chapter.
- “Managerial official” means those individuals who have the decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services or employees of the program, e.g., a president , CEO, board chair or officers.
- “Authorized Agent” means the individual who ensures that any e-mail received from DHS is distributed as needed and a response provided within state timelines when required, as identified in section 245A.04, subdivision 1, paragraph (b).

Background Study Requirements for Controlling Individual:

In order to process your application background studies are required for each controlling individual, including:

- (1) The person who signs the license application; and
- (2) The person with the highest degree of decision-making authority over the program.

You must provide the additional information below for each background study subject. Each Controlling Individual must read through the Background Privacy Notice.

By checking the box to the left I am verifying that I am a controlling individual or the authorized agent and that I ensured that the background study privacy notice was provided to each controlling individual who is a background study subject for this application.

Type of controlling individual

- Officer Officer Position/Title:
- Owner Officer Position/Title: If owner, % of interest:
- Managerial Official Managerial Official Position/Title:
- Authorized Agent Authorized Agent Position/Title:

First Name: Middle Name: Last Name:

SSN: MN DL#/MN State ID#:

Date of Birth: Gender: Female Male Race: Asian
 Pacific Islander
 African American
 Native American
 White
 Unknown/Other
 Hispanic/Latino
 Two or more Races

Alias name(s):

1. First

2. First

1. Last

2. Last

3. Last

Address 1:

Address 2:

Zip:

City:

County:

State:

Telephone Number:

Fax Number:

If you have a current Background Study that has been done please enter the BGS ID# and License # it was done under.

Background Study ID#:

License:

By checking the box to the left I am verifying that I am the background study subject and I verify that this information is correct.

It is recommended that you retain this document for your records.

Print Name:

Signature:

Date: