



CITY OF SAINT PAUL

Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Fax: 651-266-9124
Web: www.stpaul.gov/dsi

Personal Affidavit

Personal Information:

Full Name: Mary Helen Ferguson
(First) (Middle) (Last)

Previous Name(s): _____
(Include maiden name, also known as (AKA's), "aliases")

Current Address: 3109 Bloomington Ave Mpls MN 55407
(Number & Street) (City) (State) (Zip)

Home Phone: 612 203-6538 Cell Phone: 612 203-6538

Date of Birth: 05-29-1964 Drivers License: M963199786812
(MM/DD/YYYY) State: License Number

Work History:

(Past 5 years)

Company	Title	Dates Employed
<u>Urban Ventures childcare/DOE</u>		<u>2011-2017</u>
_____	_____	_____
_____	_____	_____

Previous Addresses:

(Past 5 years)

(Number & Street)	(City)	(State)	(Zip)
<u>3109 Bloomington Ave #20</u>	<u>Mpls</u>	<u>MN</u>	<u>55407</u>
_____	_____	_____	_____
_____	_____	_____	_____

Criminal History:

Date	State	Conviction(s)
_____	_____	_____
_____	_____	_____

Ownership:

(Check all that apply):

<input checked="" type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Member (LLC Only)	<input type="checkbox"/> Other - Specify _____
<input type="checkbox"/> General Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Financier/Lender	<input type="checkbox"/> Stockholder _____%	_____

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N license. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature: Mary Ferguson Date: 8/10/2018

Subscribed and affirmed before me in the county of Ramsey, State of Minnesota
 this 10th day of August, 2018.

Notary Signature: Annette Marie Wald
 Commission Expires January 31, 2020

Commission Expiration: 1-31-2020