



POLICE DEPARTMENT CITY OF OAK PARK HEIGHTS

14168 OAK PARK BLVD. NORTH · P.O. BOX 2007
OAK PARK HEIGHTS, MINNESOTA 55082
TELEPHONE: (651) 439-4723
FAX: (651) 439-3639
EMERGENCY: 911

Brian DeRosier
Chief of Police

Date:

The following named individual has made application with this agency for licensing.

Last Name of Applicant: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

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

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Oak Park Heights Police Department for the purpose of licensing with this agency.

- Liquor License
- Bingo License
- Solicitors License
- Fireworks License

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant

Date

Notary Signature

Date