



# CITY OF OAK PARK HEIGHTS POLICE DEPARTMENT

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14168 Oak Park Blvd. N.,  
Oak Park Heights, MN 55082

Date:

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

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

License Plate (if applicable): \_\_\_\_\_ State: \_\_\_\_\_

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**