



**City of Maplewood**  
*Office of the City Clerk*  
1830 County Road B East | Maplewood, MN 55109  
651-249-2005  
[www.MaplewoodMN.gov](http://www.MaplewoodMN.gov)  
Licensing@MaplewoodMN.gov

**LIQUOR LICENSE BACKGROUND CHECK AND FINANCIAL INVESTIGATION CONSENT FORM**

Please PRINT the following applicant information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name (full): \_\_\_\_\_

Maiden/Former/Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Government Issued ID Number: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a liquor license by the City of Maplewood, pursuant to Minn. Stat. 340A.412.

Further, I hereby authorize the City of Maplewood Police Department and its agents to obtain all financial data created, stored, maintained by any financial institution relative to my financial transactions, pursuant to Minn. Stat. 340A.412.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application may not be processed.

I understand the expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Print Name

\* Any data collected as part of the criminal background check will be deemed private and accessible only to those individuals within the City of Maplewood with the business need to access such data and will not be re-released without an express written authorization from the applicant.