

REQUEST FOR CRIMINAL JUSTICE INFORMATION DATA

I, hereby authorize and grant my informed consent to permit the Carlton County Sheriff's Office to obtain data classified as private which concerns me. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Section 13.02, subdivision 12, and has been collected by the Carlton County Sheriff's Office and/or any other law enforcement agency.

Signature of Applicant

Date

You may withdraw or cancel a written consent form at any time prior to release of the requested information. However, if it is cancelled, the Sheriff's Office may not be able to process your liquor license. In any case, THIS CONSENT FORM expires one year after date of signature.

APPLICANT DATA (please print information clearly)

Name (Last, First, Middle)	Maiden Name		Other Names you may be known by: 1. 2.	
Current Street Address	City	State	County	ZIP
Date of Birth	Sex	Race	Driver's License Number or State I.D. Number	

This form must be completed by Applicant/Owner of the establishment. ALL Owners/ Applicants must fill out a form for the Sheriff's Office to process their liquor license.

ADMINISTRATION
Phone: (218) 384-3236
Fax: (218) 384-9183

COMMUNICATIONS
Phone: (218) 384-4185
Fax: (218) 384-9426

CORRECTIONS
Phone: (218) 384-4560
Fax: (218) 384-9185