

**State of Minnesota**  
**Department of Public Safety**  
**Alcohol & Gambling Enforcement Division**

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**AUTHORITY TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize and grant my consent to permit

NAME

any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified law enforcement officer of the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division.

This information is for the express purpose of determining my eligibility for a liquor license issued under the authority of Minnesota State Statutes.

**Any statements determined to be false on this document are grounds for disqualification of the licensing process.**

**NAME:**

\_\_\_\_\_  
(PRINTED FIRST, MIDDLE, LAST AND DOB)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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