

CITY OF GRAND RAPIDS  
420 NORTH POKEGAMA AVENUE  
GRAND RAPIDS, MINNESOTA 55744  
218-326-7600

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

The following named individual has made application with this agency for a Criminal History.

Last Name of Applicant (please print):

\_\_\_\_\_

First Name (please print):

\_\_\_\_\_

Middle (full) (please print):

\_\_\_\_\_

Maiden, Alias or former (please print):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Sex (M or F): \_\_\_\_\_

Social Security Number (Optional):

\_\_\_\_\_

I authorize the Bureau of Criminal Investigation to disclose all criminal history record information to the City of Grand Rapids Administration for the purpose of fireworks license with this agency.

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

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

\_\_\_\_\_  
Date

Notary: \_\_\_\_\_

Stamp

(Please include check for \$15.00 made out the City of Grand Rapids for Background Check)