

My commission expires _

Authorization and Consent to Release Information

Addition and consent to Release information	
Applicant – Complete Below and Sign	
Name of Individual (Please Print:	
Title:	
Trade Name of Establishment (DBA):	
Address of Establishment:	
ingerprinted and to undergo a crimingerprinted and to said criminal record conditions: 1. The fingerprints will be used to che of Investigation (FBI) and the Cold 2. I hereby authorize the FBI and the of Greeley. 3. I understand that all information confidential manner by the City C 4. I herby release you, your organized result from furnishing the information and the Local Licensing Authority regard to my moral, educational, that stage of the process of applied	es liquor license, with the City of Greeley, am required minal record review. I do hereby consent to be review, and further agree to the following terms and neck the criminal history records of the Federal Bureau orado Bureau of Investigation (CBI). CBI to release criminal history information to the City provided to the City of Greely will be held in a clerk's Office for the City of Greely. Cation, or others from any liability or damage which may ation requested, I further authorize the City of Greeley to discuss, in a public forum, any and all findings in and character qualifications should I wish to process to cation. I understand that any information or records may become public records available upon request by
Signature	 Date
	OF WELD) Subscribed and sworn to before me this, 20 Witness my hand and official seal,
Notary Public	