



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

Name:

Date of Birth:

I do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized employee of the Town of Keystone, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records wheresoever located.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Town of Keystone and by the Town of Keystone Local Licensing Authority and will be run on an annual basis. I further authorize the Town of Keystone and its Local Licensing Authority to discuss, in a public forum, any and all findings regarding my moral, criminal, and character qualifications. I understand that any information or records obtained by the Town may become public records available upon request by the public.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this signed authorization form or a copy will be considered valid as an original hereof.

Applicant's Signature:

Date: