AUTHORIZATION TO RELEASE FINANCIAL AND OTHER INFORMATION PERTAINING TO BACKGROUND INVESTIGATION

WHEREAS, application for a Sexually Oriented Business License has been submitted by the following:

Applicant:_____

Trade Name:_____

Address of Establishment:_____

Name of Principal Owner:_____

Title or Position Held:_____

NOW, THEREFORE, I fully understand that an investigation of my background, character and financial responsibility is necessary for the approval of said license. I understand that this investigation may solicit information from and include contact with the references listed on my background investigation report, former employers, business associates, police agencies, financial institutions, credit bureaus, neighbors, friends and relatives. Moreover, I request and authorize those people or organizations selected by the Northglenn Police Department to release any and all information of a confidential or privileged nature concerning me. However, upon the express condition, that said release is limited to an investigation conducted pursuant to the aforesaid licensing and operation thereunder, but this authorization shall continue to operate so long as the above-named licensee shall hold said license, if granted, and for the term or terms of any renewals or extensions thereof.

AND FURTHERMORE, I hereby release you, your organization or others from any liability or damage, which may be incurred as a result of furnishing information to the City of Northglenn ("City") as requested. I further waive any claims that I might have against the City arising from this request for information concerning my background investigation or such information and dissemination of information to the appropriate individuals employed by the City.

AND FURTHERMORE, I hereby release and agree to hold harmless and indemnify the City against any claims that third parties should make against the City based on the City's request for information on my background or its receipt of such information from other individuals or agencies.

Signature of Applicant_____

Date Signed_____

State of _____)
) ss.
County of _____)

Sworn to before me this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires_____