

CITY OF MARYSVILLE
APPLICATION FOR CONSUMPTION OF ALCOHOL BEVERAGES
PERSONAL INQUIRY WAIVER
CONSENT TO RELEASE RECORDS

Full Name (Responsible Party)

Last

First

Middle

Address: _____

Home Phone #: _____

Work/Cell Phone #: _____

Event Sponsor (i.e., Main Street, Bank, Etc.):

DATE OF EVENT: _____

LOCATION: _____

Reason for Event (i.e., Chamber Mixer, Art Show, Open House, Etc.)

I _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Marysville, whether the said records are public, private, or confidential nature. The intent of this authorization is to give my full and complete disclosure of the records of educational institutions, employment, and pre-employment records including background reports, efficient ratings, complaints, or grievances filed by or against me and the records and recollections of attorneys, or of other council whether representing me or another person in any case, either criminal or civil in which I presently have, or had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this released authorization will be considered in determining my suitability of this application by the City of Marysville. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Responsible Party

Date

APPROVED BY COUNCIL THIS _____ DAY OF _____, 20_____.

NOTE: FORMS MAY BE REJECTED IF NOT FILLED OUT COMPLETELY!!

Please Attach a Copy of a Valid Driver's License or Identification Card