



**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION**

**Form 12**

City Clerk's office 303-538-7230  
 9500 Civic Center Drive  
 Thornton, Colorado 80229-4326

**APPLICANTS & MANAGERS – COMPLETE BELOW AND SIGN**

<b>Name of Individual (please print):</b>	
<b>Position:</b>	
<b>Trade Name of Establishment:</b>	
<b>Address of Establishment:</b>	

**THE FOLLOWING PARAGRAPH DOES NOT APPLY TO MANAGERS**

➤ I, as an applicant for the above referenced liquor/beer license, hereby authorize release of information pertaining to my financial qualifications in conjunction with the paragraphs listed above. I hereby consent to and authorize the release of any and all personal or business books, records, checkbooks, bank statements and records, financial data, balance sheets, income accounts, forms and all other applicable data and information relative to my credit standing and business reputation by any person or entity having possession or control thereof to any person presenting a signed copy of this Authorization and Consent to Release Information, or a true copy of a signed copy thereof, upon the express condition, however, that said release is limited to an investigation conducted pursuant to the aforesaid licensing and operation thereunder, but this consent shall continue to operate so long as above-named licensee shall hold said license, if granted, and for the term or terms of any renewals or extension thereof.

**THE FOLLOWING TWO PARAGRAPHS APPLY TO ALL APPLICANTS & MANAGERS**

➤ As an applicant for a Liquor/Beer License or a Manager's Registration before the Thornton Local Licensing Authority, I am required to furnish information concerning my moral, educational, and mental qualifications. In this regard, I hereby authorize the Thornton Police Department to make any and all appropriate inquiries regarding the above-enumerated qualifications. Moreover, I authorize those people or organizations selected by the Thornton Police Department to release any and all information of a confidential or privileged nature.

➤ I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. I further authorize the Thornton Police Department and Local Licensing Authority to discuss, in a public forum, any and all findings in regard to my moral, educational, and character qualifications, should I wish to proceed to that stage of the process with my application. I understand that any information or records obtained from you or by the City may become public records available upon request by the public.

<b>Signature</b>	<b>Date Signed</b>
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<b>SEAL</b>	Subscribed and sworn to before me by:
	in the County of Adams, State of Colorado, this                      day of                      , 20
	Notary Public:
	My Commission Expires: