

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue with any and all information that you may have concerning me, my work record, my reputation, and my military service records. You may allow inspection of records by, and copies of these records may be provided to, an authorized representative of the Alcoholic Beverage Control Division. Information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted an Alcoholic Beverage Control Permit.

I hereby release you, your organization and others from liability or damages which may result from furnishing the information requested.

By checking this box, you are affixing an electronic signature and thereby swearing under oath that all information contained in the document is true and correct. Should you knowingly submit information in the document that is false or affix your electronic signature on behalf of another person or entity without the authority to do so, you will be guilty of perjury, and, upon conviction, may be punished by imprisonment in the State Penitentiary for a term not exceeding ten (10) years.