

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am an applicant for a SECOND HAND STORE for the City of Terre Haute. In order to process my application, certain information must be made available to the Board of Works and Safety and to the City Controller's Office. This information is for my benefit. I hereby authorize, request and direct law officials, wherever situated, to release to the Board of Works and Safety, City Controller's Office or any agent designated by them, any document, information, record or file, concerning any arrest or conviction I may have regarding a criminal offense. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals or organizations from all liability to me that could arise in any and all legal communications privileges that I could claim.

Further, I appoint any agent designated to the City Controller's Office or Board of Works and Safety as my agent and attorney-in-fact for the sole purpose of collecting the information necessary for processing my application. I further direct that she/he be permitted to inspect all of said files and information, and be permitted to make copies at her/his discretion. This request can be treated as if I were making the request in person.

A copy of this release authorization is to be considered as legally binding as the original.

DATED: _____ SIGNED: _____

Subscribed and sworn before me, _____,
this _____ day of _____ 20_____.

NOTARY PUBLIC: _____

My commission expires on: _____

APPLICATION FOR SECOND HAND STORE PERMIT

DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

COMPANY REPRESENTED: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OWNER OF COMPANY: _____

TYPE OF PRODUCT BEING SOLD: _____

ADDRESS OF LOCATION WHERE PRODUCT IS TO BE SOLD:

TELEPHONE NUMBER: _____

DATE OF SALE: _____

PERSONAL REFERENCES:

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

DATE PERMIT ISSUED: _____

LICENSE NUMBER: _____

DATE LICENSE EFFECTIVE FROM: _____ TO _____

APPLICANT'S SIGNATURE

ISSUING AUTHORITY