



Town of Brunswick
Background Release Form
Applicants for Marijuana Establishments

I, _____ am a member/owner/partner of
(Print Name)

_____ .
(Name of Applying Entity)

I hereby authorize the Town of Brunswick to check into my background which may include, but is not limited to, a check of databases of criminal and civil records, licenses, a search of internet websites and interviews of people who may know me.

I hereby release any and all persons and entities who provide information about me/my entity to the Town of Brunswick from any and all claims and liability related to or from the information provided to the Town of Brunswick unless the person/entity providing the information knowingly falsifies it.

_____ (Signature)

_____ (Date)

_____ (Social Security Number)

_____ (Date of Birth)

_____ (Current Address)

_____ (Phone Number)

_____ (Driver's License Number)

_____ (State Issued)

_____ (Former State(s) of Residence)

_____ (Alias or Other Name(s))

This is not public information