



## CONSENT FOR RECORDS CHECK

(a) Name of Applicant: \_\_\_\_\_

(b) Current Resident Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City / State / Zip)

(c) Date of Birth: \_\_\_\_\_ (d) Social Security No.: \_\_\_\_\_

(e) Gender:  Male  Female (f) Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. (g) Weight: \_\_\_\_\_ lbs.

(h) Hair Color: \_\_\_\_\_ (i) Eye Color: \_\_\_\_\_

(j) Race:  Black  White  Asian / Pacific Islander  Native American  Other

(k) Driver's License State: \_\_\_\_\_ (l) Driver's License No.: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

This affidavit will serve to inform you that the above-referenced individual has made application to the Harford County Liquor Control Board for an Alcoholic Beverage License.

The Harford County Liquor Control Board is responsible for investigating all applicants and making a report on matters relating to criminal and traffic arrests, convictions, judgments, and similar dispositions which do not result in a publicly available record. Accordingly, you are hereby requested and authorized to disclose to the Liquor Control Board, its officers and employees, all information which is available to you relating to criminal and traffic arrests, convictions, and judgments involving said individual, and to otherwise cooperate with the Board and its investigation.

\_\_\_\_\_  
**Signature of Applicant**

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn to (or affirmed) on the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_,

before me, a notary public of the aforesaid State and County, by: \_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
 Signature of Notary Public

My Commission Expires: \_\_\_\_\_

SEAL