



CITY OF FEDERAL HEIGHTS
 OFFICE OF THE CITY CLERK
 2380 W 90th Avenue
 Federal Heights, CO 80260

INVESTIGATION AUTHORIZATION AND AUTHORIZATION TO RELEASE INFORMATION

I, (please print) _____, as an owner for this licensee, hereby authorize the Local Marijuana Licensing Authority, the City of Federal Heights (“City”) Police Department, (hereafter, the “Investigatory Agency”) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agency to provide any and all such information deemed necessary by the Investigatory Agency. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agency a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue and any Colorado municipality to surrender to the Investigatory Agency a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agency to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e. dismissed charges or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws or as part of an agreement to which I was a party.

The Investigatory Agency reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agency may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the City, and its officers, officials, agents or employees of the City, shall not be held liable for the receipt, use or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives and assigns, hereby release, waive, discharge and agree to hold harmless, and otherwise waive liability as to the City, its officers, officials and other agents or employees of the City, for any damages resulting from any use, disclosure or publication in any manner, other than a willfully unlawful disclosure or publication of any material of information acquired during inquiries, investigations or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained or maintained by the Investigatory Agency, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

 Applicant’s Business Name

 Trade Name d/b/a

 Name of Owner (first, middle, last)

 Title of Owner

 Signature

 Date

State of Colorado
 County of _____

Subscribed and sworn to (or affirmed before me on _____, 20_____

by _____(name of individual making statement).

 Notary’s Official Signature

 Commission Expiration