

**TOWN OF GROTTTOES**  
**REQUEST FOR BACKGROUND CHECK FOR ISSUANCE OF PEDDLERS BUSINESS LICENSE**



**Name of Business** \_\_\_\_\_

**Address of Business** \_\_\_\_\_

**Name of Business Owner** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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**Name of Applicant** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Address of Applicant** \_\_\_\_\_

**Applicant's Phone Number** \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Town of Grottoes Police Department whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background check, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my ability to obtain a Town of Grottoes Peddlers License.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses (including reasonable attorney fees), arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_