

APPLICANT RELEASE FORM

ATTACHMENT A TO APPLICATION FOR LIQUOR LICENSE

I UNDERSTAND BY SIGNING THIS ATTACHMENT TO APPLICATION FOR LIQUOR LICENSE, THAT THE MARYLAND HEIGHTS POLICE DEPARTMENT IS AUTHORIZED TO INVESTIGATE MY FITNESS FOR MAKING SUCH APPLICATION FOR A LIQUOR LICENSE, AND ANY MEMBER OF THE MARYLAND HEIGHTS POLICE DEPARTMENT OR OTHER OFFICERS OF THE CITY ARE AUTHORIZED TO MAKE INSPECTIONS OF MY ESTABLISHMENT AFTER THE ISSUANCE OF SAID LIQUOR LICENSE FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH THE LAWS OF THE STATE AND OF THE CITY OF MARYLAND HEIGHTS.

WITHIN TEN (10) DAYS HEREAFTER, I SHALL FURNISH TO THE CITY OF MARYLAND HEIGHTS A RECENT PHOTOGRAPH OF ME, TOGETHER WITH A PHOTOGRAPH OF THE BUSINESS PREMISE EXTERIOR DESCRIBED ON THE APPLICATION.

I UNDERSTAND AND AGREE THAT IF ANY STATEMENTS OR ANSWERS IN THE ATTACHED APPLICATION ARE UNTRUE, OR IF I FAIL TO COMPLY WITH THE LAWS OF THE STATE AND THE CITY OF MARYLAND HEIGHTS PERTAINING TO LIQUOR, ANY LICENSE ISSUED UPON THIS APPLICATION MAY BE SUSPENDED OR REVOKED.

I UNDERSTAND BY SIGNING THIS RELEASE I AM AUTHORIZING THE MARYLAND HEIGHTS POLICE DEPARTMENT TO CONDUCT A POLICE RECORD CHECK AS PART OF THE APPLICATION PROCEDURE AND THAT INFORMATION WILL BE ANALYZED BY THE APPROPRIATE LAW ENFORCEMENT AGENCY.

Signature of Applicant

STATE OF MISSOURI)
) SS.
COUNTY OF ST. LOUIS)

Comes now _____ of lawful age, being first duly sworn upon oath and states that he has read the foregoing release and fully understands and agrees with the same.

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

Notary Public

My Commission Expires: _____