



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