



TOWN OF BRIDGTON
Town Clerk's Office
3 Chase Street
Bridgton, Maine 04009
(207) 647-8786

BACKGROUND CHECK AUTHORIZATION AND RELEASE
for Victualers License or Marijuana Establishment License Applicants and Co-Applicants

I/We, the undersigned, authorize the release of any and all criminal history record information to the Town of Bridgton (the "Town"). I/We waive any rights to privacy or confidentiality with respect to this Background Check Authorization and Release and any responsive criminal history record information obtained by the Town (collectively, the "Background Check"), even though some or all of the Background Check may be designated as "confidential" or "nonpublic" under state or federal law. I/We hereby indemnify and hold harmless the Town (including its officers, agents, and employees) from and against any and all claims, demands, liens, lawsuits, judgments, or actions of any nature that may be brought by me/us, my/our successors, heirs, or assigns, or any third party on account of the Town's solicitation of, use of, reliance on, dissemination of, or publication of some or all of the Background Check, whether or not the Background Check is accurate. Nothing herein shall operate in any practical effect to waive any defense, immunity, limitation of liability, or other protection available to the Town under applicable law, including the Maine Tort Claims Act.

Date: _____, 20____

Signature of Applicant or Co-Applicant

Print name: _____
Date of Birth: ____/____/_____

Date: _____, 20____

Signature of Applicant or Co-Applicant

Print name: _____
Date of Birth: ____/____/_____

Date: _____, 20____

Signature of Applicant or Co-Applicant

Print name: _____
Date of Birth: ____/____/_____

Date: _____, 20____

Signature of Applicant or Co-Applicant

Print name: _____
Date of Birth: ____/____/_____

Date: _____, 20____

Signature of Applicant or Co-Applicant

Print name: _____
Date of Birth: ____/____/_____

Date: _____, 20____

Signature of Applicant or Co-Applicant

Print name: _____
Date of Birth: ____/____/_____

All Applicants and Co-Applicants must sign this Background Check Authorization and Release.
Use additional sheets as needed.