

TOWN OF TRENTON
1071 STATE HWY 33
WEST BEND, WI 53095
262.675.6009

AUTHORIZATION WAIVER AND CONSENT

The undersigned, being an associated individual or agent related to an establishment applying for an Alcoholic Beverage License in the Town of Trenton, Washington County, Wisconsin, does hereby authorize the Town of Trenton, through the Town of Trenton Police Department, to obtain from the Federal Bureau of Investigation, from the Wisconsin Crime Information Bureau, and from the Washington County Sheriff's Department any information and records which those agencies may have concerning the undersigned applicant; and hereby, consent to and waives any objection to the use of any such information and records by the Town in determining whether to grant an operator's license to the undersigned applicant.

Please print clearly

Dated this _____ day of _____, 20_____.

PRINT Full Name _____

Driver's License Number _____

Date of Birth _____

Sex M F

Signed _____

Witness Signature _____

Place of Employment/Alcohol License Holder _____

Date Received	_____ / _____ / _____
Pass/Fail	Initials: _____
Date	_____ / _____ / _____