

EVERYONE THAT IS LISTED IN SECTION A OR B ON FORM AT-115 IS SUBJECTED TO A BACKGROUND CHECK.

Those individuals must sign this authorization for the Town of St Germain to have a background check. Thank you

APPLICANT FULL NAME (please print) _____

Date of Birth _____

I hereby give permission for the St Germain Town Board to conduct a background check prior to considering my license application.

Signature

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