

# **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Calvert County Liquor Board/Calvert County Sheriffs Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran's Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Calvert County Liquor Board to consider in determining my suitability for a liquor license. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a liquor license by the Calvert County Liquor Board.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

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Signature

Date

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Address

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DOB

SSN

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Notary

# CALVERT COUNTY LIQUOR BOARD

## PERSONAL HISTORY

PLEASE PRINT

YOU MUST ANSWER ALL QUESTIONS ON THIS FORM. IF THE QUESTION DOES NOT APPLY, WRITE N/A IN THE SPACE.  
ATTACH ADDITIONAL SHEETS IF NECESSARY.

Trade Name (d.b.a.): \_\_\_\_\_ City: \_\_\_\_\_

1. Name:

\_\_\_\_\_ (last) (first) (middle)

2. Other names used (maiden, other): \_\_\_\_\_

3. Residence Address:

\_\_\_\_\_ (number and street) (city) (state) (ZIP code)

4. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone:  
(\_\_\_\_\_) \_\_\_\_\_

5. SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_  
(State/Country) (mm) (dd) (yyyy)

6. Driver License or State ID #: \_\_\_\_\_ State: \_\_\_\_\_ Spouse's  
name: \_\_\_\_\_

7. List all states, other than Maryland, where you have lived during the past ten years:

—

8. Do you currently hold, or have you ever held a liquor license in this or any other state? \_\_\_Yes \_\_\_No

If yes, when, where and name of premises? \_\_\_\_\_

9. In the past twelve years, have you been convicted of **any** violation, misdemeanor or felony? \_\_\_Yes \_\_\_No

If yes, what, when and where? \_\_\_\_\_

10. Are you currently on parole or probation anywhere? \_\_\_Yes \_\_\_No

If yes, where? \_\_\_\_\_

11. Do you have any arrests or citations that have not been resolved? \_\_\_Yes \_\_\_No

If yes, arrested/cited for: \_\_\_\_\_ Date \_\_\_\_\_ County/City/State/ \_\_\_\_\_

## References & Friends/Associates

12. Give information on three references, not related by blood or marriage, not former employers and not mentioned elsewhere in this Personal History Statement, who are responsible adults or reputable standing in their community, who have known you well for at least five years. These references may include, but are not limited to teachers, counselors, house holders, clergy, etc.

A. Name: Last, First Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP
B. Name: Last, First Middle	Years Known	Hone Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State -	ZIP
C. Name: Last, First Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP

13. Give information on three references with whom you have associated (i.e. whom have seen frequently) during the last three years. Exclude relatives, former employers & persons mentioned elsewhere in this Personal History Statement

A. Name: Last, First Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP -
B. Name: Last, First Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP
C. Name: Last, First Middle	Years Known	Home Telephone	Occupation	Business Telephone
Home Address	Apt. No.	City	State	ZIP
Business Address		City	State	ZIP

## Driving History

**NOTE; If you answer "Yes" to any of questions 15-18, give details on - Continuation Page**

14. ( ) Yes ( ) No Do you currently have a valid driver's license?

15. ( ) Yes ( ) No Is your license now, or has it ever been DENIED, REFUSED, SUSPENDED, REVOKED, or subjected to any other similar penalty or action?

16. ( ) Yes ( ) No Were you ever involved in an accident?

17. ( ) Yes ( ) No Has an insurance company ever refused or canceled your policy?

18. ( ) Yes ( ) No Have the license plates &/or registration to any vehicle you drive ever been DENIED, SUSPENDED, REVOKED, or subjected to any similar

19. Provide requested information on all driver's licenses which are now or have been issued to you from any state (even though these licenses may not be expired or have been replaced by another issuing agency or state).

State	License Number	Expiration Date	Type or Class of License

20. Provide requested information on all traffic violations or citations (exclude parking tickets) that you have received, include in your response, but do not limit it to such violations as speeding, reckless driving, improper lane change, defective equipment and red lights.

Date	Violation/Charge	City/State	Police Agency	Disposition	Fine	Points

21. A. License Tag		State	Make	Model	Year	Owner's Name				
Owner's Address						Apt. #	City		State	ZIP
B. License Tag		State	Make	Model	Year	Owner's Name				
Owner's Address						Apt. #	City		State	ZIP
C. License Tag		State	Make	Model	Year	Owner's Name				
Owner's Address						Apt. #	City		State	ZIP
D. License Tag		state	Make	Model	Year	Owner's Name				
Owner's Address						Year	City		State	ZIP

## Arrest/Conviction

22. Have you ever been:

- A. ( ) Yes ( ) No Arrested?
- B. ( ) Yes ( ) No Charged by any law enforcement agency?
- C. ( ) Yes ( ) No Convicted of any offense against the law?
- D. ( ) Yes ( ) No Forfeited collateral in the connection with an arrest? -
- E. ( ) Yes ( ) No Placed on probation for a violation of the law?
- F. ( ) Yes ( ) No In juvenile court for an act which would have been a criminal act if committed by an adult?
- G. ( ) Yes ( ) No The plaintiff or defendant in any civil court action?
- Yes

23. Are you now:

- A. ( ) Yes ( ) No Charged with an offense by any law enforcement agency?
- B. ( ) Yes ( ) No On bail or personal recognizance or other condition of release?
- C. ( ) Yes ( ) No On probation of any type?

24. Do you now use, try, experiment, or etc. with:

- A. ( ) Yes ( ) No Marijuana (in any of its forms)?
- B. ( ) Yes ( ) No Cocaine (in any of its forms)?
- C. ( ) Yes ( ) No Narcotics of any kind?
- D. ( ) Yes ( ) No "Designer" drugs?
- E. ( ) Yes ( ) No Dangerous drugs of any kind?
- F. ( ) Yes ( ) No Medication other than under a doctor's prescription (excepting over-the-counter medications)?

