Old Orchard Beach THE FINEST, CLEANEST BEACH IN THE WORLD

Old Orchard Beach Adult Use Marijuana Business Release of Information (1/2023)

Release – The application cannot be accepted without this release.		
I,_____, hereby authorize the Town of Old Orchard Beach, (hereafter, the Town) to conduct a complete investigation into the background of the person(s) and/or entity using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Town to provide any and all such information deemed necessary by the Town. I hereby waive any rights of confidentiality in this regard. **I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Town whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege. I authorize the release of this information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.** **The Town reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Town may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Town, and other agents or employees of the Town shall not be held liable for the receipt, use or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Town of Old Orchard Beach, and other agents or employees of the Town for any damages resulting from any use, disclosure, or publication in any matter, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Town, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.**		
Authorizing Business Agent's Signature	**Date:**	**Date of Birth:**
Printed Name:	**Email Address:**	**Phone Number:**