

**State of Wisconsin
County of Oneida
Township of Cassian**

**Application for Town License
and Authorization for Criminal History Check**

Applicant for License _____
Full name including middle

Maiden Name _____

Date of Birth _____

Place of Birth _____

Current Address _____

Other State's of Residence _____

Present Phone Number _____

Type of License/Location _____

I, the undersigned have applied for a license through the Township of Cassian and do hereby consent for the Township and the Oneida County Sheriff to conduct a criminal history background check that may include photograph and fingerprints. This information will be used in licensing consideration by the Township of Cassian.

I also hereby release the Oneida County Sheriff Department, or any other Municipal, State, Federal law enforcement, and the Township of Cassian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and release of information.

Signature of Applicant

Date _____

Witness