



ONEIDA COUNTY SHERIFF'S OFFICE

Grady M. Hartman
Sheriff

Daniel L. Hess
Chief Deputy



State of Wisconsin

County of Oneida

Town of _____

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

Applicant for License _____
(First/Middle/Last)

Maiden/Previous Name(s) _____

Date of Birth _____

Place of Birth _____

Current Address _____

Present Phone Number _____

Type of License _____

Location of License _____

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

I also hereby release the Oneida County Sheriff's Office, any other Municipal, State, Federal law enforcement, and the Town of _____, 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** _____

Signature of Witness _____ **Date** _____