



# ONEIDA COUNTY SHERIFF'S OFFICE



*Grady M. Hartman*  
Sheriff

*Terri M. Hook*  
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** \_\_\_\_\_