## CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE AUTHORIZATION TO RELEASE INFORMATION

FROM:	LAS VEGAS METROPOLITAN POLICE DEPARTMENT  NOTE: All items must be initialed		
1	I understand that I am applying for a privileged license, permit or work card from the Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at a times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by the Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privace Act and other similar legal provisions.		
2	I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.		
3	I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.		
4	If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.		
5	If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.		
6	I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:  (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:  (b) to name the person or entity to whom this request is presented and insert that person's name in the		
	appropriate location on this request; and (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.		
7	I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be		

8	This power of attorney ends eighteen months from the date of execution.				
9	I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.				
10	0I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.				
11	A reproduction of this request by the xerox or si	imilar process shall be for all intents and purposes as valid as the original.			
12	I understand that falsifying my application is a	Gross Misdemeanor (NRS 199.120).			
13	I acknowledge that I have read the foregoing a	nd understand the content and import thereof.			
	In witness whereof, I hereby execute this reque	est at Las Vegas, Nevada.			
	Print Name	Signature			
St	ate of				
Co	ounty of				
	gned and Sworn to or Affirmed to fore me thisday				
of_	,20by _	Signature of Notarial Officer			
		Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request			
		Date:			

## CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE AUTHORIZATION TO RELEASE INFORMATION

FROM:	M: Clark County Department of Business License	NOTE: All items must be initialed
1	I understand that I am applying for a privileged license, permit or Business License, Nevada and acknowledge that the burden of pitimes upon me. I further understand that a full investigation will be responsibility by the Las Vegas Metropolitan Police Department of Business License and I accept any risk of adverse public notice may result from action with respect to my application. This authorized other similar legal provisions.	proving my qualifications for such a privilege is at all one made of my background, character and financial as agent of and for use by Clark County Department es, embarrassment, criticism or financial loss which prization and request is given freely and without
2	I hereby authorize and request all persons to whom this request is concerning me, to furnish such information to a duly appointed to Department, whether or not such information would otherwise statutory or common law privilege.	officer of the Las Vegas Metropolitan Police
3	I hereby authorize and request all persons to whom this request is concerning me, to permit a duly appointed officer of the Las Veg copy any such documents, whether or not such documents wou constitutional, statutory or common law privilege.	as Metropolitan Police Department to review and
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12	2I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).				
13I acknowledge that I have read the foregoing and understand the content and import thereof.					
	In witness whereof, I hereby execute this request a	at Las Vegas, Nevada.			
_	Print Name	Signature			
St	tate of				
Si	gned and Sworn to or Affirmed to  efore me thisday				
of_	,20 <b>by</b>	Signature of Notarial Officer			
		Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request  Date:			