AUTHORIZATION AND CONSENT TO RELEASE INFORMATION
(Business)

Applicant Name: _____ Trade Name:_____

I,_____, as authorized agent of the applicant listed above, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, by and to ANY duly authorized employee of the City of Fort Collins, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of:

(a) the records of financial or credit institutions, including records of deposit, withdrawals, balances, loans, and also records of commercial or retail credit agencies;
(b) real and personal property tax statements and records, and other financial statements and records wherever filed; and/or
(c) records of complaint, suspension or revocation of any medical or retail marijuana license of any type, for alleged or actual violations of the law, including criminal, civil and/or traffic records wheresoever located.

I understand that all information obtained by an investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the applicant's suitability for licensing by the City of Fort Collins. I further authorize the City of Fort Collins and its employees to discuss, in a public forum, any and all information derived from said investigation. **I understand that all information or records submitted to or obtained by the City in connection with this application may be made available for public inspection under the Colorado Open Records Act except for such commercial, financial, medical or other information as may, by law, be kept confidential and withheld from inspection.**

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this signed authorization form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

_____
Signature Date

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this ___ day of _____, 20__, by

_____.

_____
Notary Public