



### POLICE WAIVER

The Division is required, by law, to obtain proof that any applicant for licensure is of good reputation and is trustworthy. The purpose of this waiver is to obtain a police record check on all applicants (managers and owners included). Please complete this waiver and **TAKE IT TO YOUR LOCAL POLICE OR SHERIFF'S DEPARTMENT. A WRITTEN RESPONSE** from your local authority with their official stamp or seal placed upon this form or a written response from the police or sheriff's department on department letterhead **MUST accompany your application.**

NOTE: Applicants must obtain new record checks if the previous record checks are six months or older.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CITY, STATE, & ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: MALE FEMALE AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

I do hereby authorize the Ohio Department of Agriculture, Enforcement Division, to request any City, County, State or Federal Bureau, Department, or Agency to furnish any information in their files under the above name and information. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whosoever from any damage on account of furnishing said information whether or not final disposition is known.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

(OFFICIAL STAMP OR SEAL)