



Covina Police Department
 444 North Citrus Avenue
 Covina, CA 91723
 (626) 384-5595, Ext. 5623
<http://www.covinaca.gov/city-departments/police>

ENTERTAINMENT PERMIT

**AUTHORIZATION FOR
 RELEASE OF INFORMATION**

**ENTERTAINMENT PERMIT APPLICATION:
 AUTHORIZATION FOR RELEASE OF INFORMATION**

(Please type or print clearly.)

I, the undersigned, declare and affirm that I am the applicant described and identified in this application for licensure, certification, or registration in the City of Covina.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the Covina Police Department ("Department") any files, records, or information of any type regarding:

(If applicant is a Natural Person, insert legal name and date of birth below.)

Name

Date of Birth

(If applicant is a business entity, insert legal name of the business entity below.)

Business Entity Name

Natural Person (e.g., Sole Proprietorship)			
Print Name of individual or person authorized to sign on behalf of business entity:			
Title:			
CA Driver's License/ID #:			
Residential address:			
Mailing Address (if different):			
Contact Telephone Number:		E-Mail:	

Signature:		Date:	
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