

# Compliance Check Notification Agreement

Applicant's Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, do hereby authorize any law enforcement agency conducting any compliance check of the business with which I am employed to immediately notify the manager and/or owner of that business (my employer) of any failure on my part to comply with any state law, county ordinance, or city ordinance involving the illegal sale of alcohol or tobacco to underage persons.

I, the undersigned, do hereby authorize the acting law enforcement agency and its employees to release any information obtained in the course of above described compliance check to my employer in connection with my employment. I understand that in no event shall the City of Springfield, the Springfield Police Department, Greene County Missouri, the Sheriff's Department of Greene County Missouri, the Division of Alcohol and Tobacco or its employees be liable for any damages, including but not limited to actual, direct, special, indirect, incidental or consequential damages, caused by sharing information obtained as a result of such investigation with my employer. I understand that my employer is solely responsible for how it uses any information obtained as a result of such investigation and is solely responsible for any suspension or termination of employment that it deems appropriate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_