



City of Grover Beach
Commercial Cannabis
EMPLOYEE / OWNER BACKGROUND APPLICATION

APPLICANT INFORMATION			
Name as Shown On Application	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION

EMPLOYER INFORMATION		
NAME OF BUSINESS	BUSINESS ADDRESS	BUSINESS PHONE

APPLICANT INFORMATION			
Last 4 of Social Security Number	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
California Driver's License	LAST NAME ON CA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)						CELL PHONE #	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)				BIRTH COUNTRY/STATE		LANGUAGES SPOKEN	

PREVIOUS RESIDENCES
<i>Please list all previous home addresses in the past 5 years, attached additional sheets if needed.</i>
ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)
ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)
ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)

PREVIOUS EMPLOYMENT		
NAME OF BUSINESS	BUSINESS ADDRESS	BUSINESS PHONE
NAME OF BUSINESS	BUSINESS ADDRESS	BUSINESS PHONE
NAME OF BUSINESS	BUSINESS ADDRESS	BUSINESS PHONE

CRIMINAL HISTORY			
List all arrest or convictions other than infractions for traffic violations IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE CANNABIS PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.			
1	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
STATEMENT OF PERJURY			
I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF GROVER BEACH, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
APPLICANT'S SIGNATURE		JOB TITLE (POSITION ON THE APPLICATION)	DATE
CITY STAFF USE ONLY			
DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME
			CITY DEPARTMENT

ADDITIONAL BACKGROUND INFORMATION

PLEASE ATTACH SEPARATE SHEET, AS NECESSARY

List whether, the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant, in the three years prior to the year of the permit application, such other licenses and or permits relating to similar business activities as in the permit application. If yes, please list the type, current status, issuing/denying for each license/permit.

List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances as defined in the Federal Controlled Substance Act, with the exception of medical cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996.

LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant / employee with a Commercial Cannabis Business in the City. I desire and request the City Manager or Chief of Police of the City of Grover Beach, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Permit to operate or to be employed with such business as required by the Grover Beach Municipal Code and State Law.

I agree to provide any information requested or deemed necessary to provide the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Grover Beach, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record's check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Permit or Employee Permit.

By signing this form I am acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Grover Beach City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
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