



City of Lemoore

Commercial Cannabis EMPLOYEE / OWNER BACKGROUND APPLICATION

Please Mark One: Owner Employee

Please Mark One: New Renewal

APPLICANT INFORMATION

Name:	LAST NAME	FIRST NAME	MIDDLE NAME

EMPLOYER INFORMATION

NAME OF CANNABIS 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 SECURITY CARD
Driver's License State Number	LAST NAME ON DRIVER'S LICENSE	FIRST NAME ON DRIVER'S LICENSE	MIDDLE NAME ON DRIVER'S LICENSE

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
--	-----	---------------	------	--------	--------	------------	-----------

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

Please list all previous home addresses in the past 5 years, attached additional sheets if needed.

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>)
ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF LEMOORE, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE

CRIMINAL HISTORY

List all arrests and/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.)		
4	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.)		
5	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.)		
6	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.)		
7	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.)		
8	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 LEMOORE, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
-----------------------	---	------

ADDITIONAL BACKGROUND INFORMATION
PLEASE ATTACH SEPARATE SHEET, AS NECESSARY

List whether, you have had any other licenses and/or permits issued to and/or revoked from any agency, in the three years prior to the date of this application. Please list the type of, current status of, issuing/denying agency for each license/permit.

If known, list any and all business partners with 5% or more ownership interest who have been found guilty of, pled guilty to, entered a plea of nolo contendere or has a criminal record expunged that involved a felony or misdemeanor involving fraud, deceit, embezzlement, violent behavior, 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.

USE THIS SPACE TO EXPLAIN ADDITIONAL INFORMATION

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 Lemoore, 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 Lemoore 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 Lemoore, 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 Lemoore City Ordinance.

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
-----------------------	--	------