



City of Santa Ana

Regulatory Safety Permit Application



Individual Manager/Employee/Volunteer Application

APPLICANT INFORMATION									
Last Name		First		M.I.					
AKA's:									
Street Address				Apartment/Unit #					
City			State	ZIP					
Phone #		Alternate Phone #							
D.O.B.		SSN		Driver's License					
Have you ever been convicted of, or plead guilty/no-contest to a felony or misdemeanor drug charge within the past four years?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, describe circumstances, date, city, or county and nature of charge									

EMPLOYMENT INFORMATION			
Business Name		Phone	
Address			
Supervisor		Job Title	
Responsibilities			

ACKNOWLEDGEMENT AND SIGNATURE	
<p>I certify under penalty of perjury that the foregoing information is true and correct. I also acknowledge that a criminal history, live scan and background check will be conducted on me for the purposes of determining my legal ability to work at a medical marijuana collective/cooperative. I understand that if any information in this application is deemed to be false or misleading, it will result in automatic rejection of this application form.</p>	
Signature	Date

FOR OFFICE USE ONLY		
Form is Completed	YES	NO
Livescan Completed	YES	NO
Color Copy of Valid Government Identification	YES	NO