



City of Santa Ana Regulatory Safety Permit

Individual Manager/Employee/Volunteer

2018 Renewal Application

THIS IS A PUBLIC DOCUMENT



Applicant Information

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State ZIP Code

Phone _____ **Email** _____

Date of Birth _____ **Driver's License** _____ **Social Security** _____

Have you ever been convicted of, or plead guilty/no-contest to a felony or misdemeanor drug charge within the past four years? **Yes** **No**

Date of Violation _____ **Arresting Agency** _____

Charge _____ **Disposition** _____

Have you been previously issued a Medical Marijuana Collective/Cooperative Employment Badge? **Yes** **No**
(please provide a copy if yes)

Employment Information

Business Name _____ **Phone** _____

Address _____

Supervisor _____ **Job Title** _____

Responsibilities _____

Acknowledgement and Signature

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.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Form is Completed	YES	NO
Live Scan Completed	YES	NO
Color Copy of Valid Government I.D.	YES	NO