



CANNABIS BUSINESS EMPLOYEE/OWNER BACKGROUND APPLICATION [EACH OWNER AND EACH EMPLOYEE MUST FILL OUT A SEPARATE FORM]

CANNABIS BUSINESS INFORMATION								
CANNABIS BUSINESS NAME/DBA			IN THE BUSINESS, ARE YOU AN: (CHOOSE ONE) <input type="checkbox"/> Owner/Principal <input type="checkbox"/> Employee			BADGE ID REQUEST <input type="checkbox"/> ID Request		
BUSINESS ADDRESS, CITY, STATE, ZIP CODE					STATE BUSINESS LICENSE NUMBER (if known)			
APPLICANT INFORMATION								
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		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	
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		
CRIMINAL HISTORY								
<i>List all arrests or convictions other than infractions for traffic violations.</i>								
IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION. PLEASE READ THE APPLICATION CAREFULLY. ANY FALSE OR MISLEADING STATEMENTS, OR OMISSIONS ON THIS APPLICATION OR ON THE COMMERCIAL CANNABIS BUSINESS INITIAL APPLICATION, SHALL BE GROUNDS FOR DISQUALIFICATION.								
1	ARREST DATE		ARRESTING AGENCY / LOCATION / COURT NAME			REASON FOR ARREST / VIOLATION CODE		
	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			REASON FOR ARREST / VIOLATION CODE		
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)							
CITY STAFF USE ONLY								
DATE / TIME		\$ FEE AMOUNT PAID		RECEIPT #		CITY STAFF'S NAME		
				CITY DEPARTMENT				

CRIMINAL HISTORY (cont.)

3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	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	REASON FOR ARREST / VIOLATION CODE
	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	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT AND THIS DECLARATION IS EXECUTED AT _____ (CITY AND STATE).

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
x		

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

To Whom It May Concern:

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

I agree to provide any information requested by the City Manager or Chief of Police to the State of California Department of Justice and the Federal Bureau of Investigation, or any other law enforcement agency or third-party consultant authorized to receive such information 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 Sonoma, its officers, officials, employees, agents, and/or representatives harmless from any action(s), liability of any sort, expense (including attorney's and expert witness fees) or damages whatsoever arising from the taking of such fingerprints and/or photographs or forwarding them to the appropriate law enforcement agency for a record check and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Commercial Cannabis Business Permit or Employee Permit under the City of Sonoma's ordinances and/or regulations.

Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying on and/or omitting any information from this application form may be grounds for disqualification, denial of Conditional Certificate and/or Commercial Cannabis Business Permit or is grounds for termination of employment per the Sonoma City Ordinance No. 03-2019.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE

