

## City of Marina

Economic Development Department – City Hall
211 Hillcrest Avenue
Marina, CA 93933
P: 831.384.3715
www.ci.marina.ca.us

## CANNABIS BUSINESS EMPLOYEE/OWNER BACKGROUND APPLICATION

			CAN	INABIS BUSI	INESS	INFOR	MATION						
CANI	NABIS BUSINESS NAME/DE	IN	IN THE BUSINESS, ARE YOU AN: (CHOOSE C				ONE) BADGE ID REQUEST						
						☐ Owner/Principal ☐ Employee				□ ID Request			
BUSI	NESS ADDRESS, CITY, STAT	l l	STATE BUS				SINESS LICENSE NUMBER (if known)						
				APPLICANT	T INFC	ΡΜΔΤΙ	ON						
			LAST NAME C	ON SOCIAL SECURITY	FIRST NAME ON SOCIAL SECURITY CARD   MIDDLE NAME ON SOCIAL SECURIT					N SOCIAL SECURITY CARD			
Social Security Number													
L			₽										
Driver's License #/State			LAST NAM	LAST NAME ON DRIVER'S LICENSE			FIRST NAME ON DRIVER'S LICENSE			MIDDLE NAME ON DRIVER'S LICENSE			
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_	SEX	AGE	DATEC	OF BIRTH	RACE	HEIGH	VV	EIGHT	'	HAIR	EYES		
	Male Female	DDESS CITY 71	D CODE (NO B C	D POVES ALLOWE	.D/					CEI	I DHONE #		
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <i>NO P.O. BOXES ALLOWED</i> )  CELL PHONE #									L PHONE #				
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)  BIRTH COUNTRY/STATE  LANGUAGES SPOKEN										AGES SPOKEN			
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				CRIMIN	IAL HI	STORY							
		<u>List all</u>	arrests or co	onvictions othe			ns for traffi	c violation	<u>ıs.</u>				
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CRIMINAL HISTORY (cont.)											
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5 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		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 TO THE BEST OF MY KNOWLEDGE.											
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 Marina. I desire and request the City Manager, or Chief of Police of the City of Marina, 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 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 or deemed necessary to provide 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 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 Marina 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 check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit.											
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 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 Marina Ordinance.											
APPLICANT SIGNATURE APPLICANT NAME (PRINT)						DATE					
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