 **OFFICE OF CANNABIS MANAGEMENT**

915 I STREET, 1st Floor

SACRAMENTO, CA 95814

(916) 808-8955

**Remit this form to the address above with:**

**A copy of the completed State of California Request for Livescan Form**

**A legible copy of the applicant’s *valid (not expired)* government issued identification**

**CANNABIS EMPLOYEE/INTERESTED PARTY BACKGROUND AUTHORIZATION FORM**

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| --- | --- | --- |
| **PRINT FULL NAME** | | |
| **DAYTIME PHONE** | **EMAIL ADDRESS** | |
| **CURRENT RESIDENCE ADDRESS** | | |
| **DRIVER'S LICENSE** | **DATE OF BIRTH** | **U.S. CITIZEN**  **□ YES □ NO** |
| **TYPE OF BUSINESS**   * **Cultivation** * **Delivery** * **Dispensary** * **Distribution** * **Manufacturing** * **Testing Lab** * **Microbusiness** | **SELECT INTERESTED PARTY TYPE**  **□ OWNER**  **□ OFFICER, MEMBER OF THE BOARD OF DIRECTORS, LIMITED LIABILITY COMPANY MANGER, OR PERSON WITH SIMILAR RESPONSIBILIES**  **□ 20% OR MORE INTEREST IN COMPANY** | |
| **BUSINESS NAME** |
| **BUSINESS ADDRESS (INCLUDING SUITE OR UNIT NUMBER)** | **BUSINESS PHONE** | |
| **Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application?**  **□ YES I AM □ NO I AM NOT** | | |
| **HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by verdict, plea of guilty, plea of no contest, fines paid, diversion programs completed including DUI).**  **□ NO □ YES (give the date of the arrest, offense you were charged with and the city or jurisdiction)** | | |
| **APPLICANT SIGNATURE** | | |
| **I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE**  **AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE**  **THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.**    **Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |