 **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**

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |