



CITY OF OCEANSIDE
Medical Cannabis Facility
Employee/Owner Background Application

300 N. Coast Hwy
 Oceanside, CA 92054
 (760) 435-3544

MEDICAL CANNABIS FACILITY APPLICANT INFORMATION

Name as Shown On Application	⇒	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
		<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT INFORMATION

Social Security Number	⇒	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
		<input type="text"/>	<input type="text"/>	<input type="text"/>
California Driver's License	⇒	LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.
		<input type="text"/>	<input type="text"/>	<input type="text"/>

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
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LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)	CELL PHONE #
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LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
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CRIMINAL HISTORY

List all arrests and convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE LOCAL LICENSE APPLICATION SHALL BE GROUNDS FOR DISQUALIFICATION.

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

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF OCEANSIDE, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
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CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
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ADDITIONAL ARREST INFORMATION

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

LIST ALL REGULATED ONLY CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee with a Medical Cannabis Facility in the City. I desire and request the City Manager of the City of Oceanside, Chief of Police 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 background check to verify that I meet the qualifications required to obtain a Medical Cannabis Facility license to operate or to be employed with such business as required by the City Municipal Code and/or State Law.

I agree to provide any information requested or deemed necessary by the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency.

I understand this will serve to disclose any record of arrests to which I have been the subject, whether or not it resulted in a conviction. I further agree to hold the City of Oceanside, 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's check for the purpose of meeting the qualification for a Medical Cannabis Facility License or Employee Permit.

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 Oceanside Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
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