



# CITY OF NEVADA CITY

## Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street  
Nevada City, CA 95959  
(530) 265-2496 Ext. 130

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### MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

|                                       |                          |                           |                            |
|---------------------------------------|--------------------------|---------------------------|----------------------------|
| <b>Name as Shown On Application</b> → | LAST NAME ON APPLICATION | FIRST NAME ON APPLICATION | MIDDLE NAME ON APPLICATION |
|                                       | <input type="text"/>     | <input type="text"/>      | <input type="text"/>       |

### APPLICANT INFORMATION

|  |  |                                     |                                   |
|--|--|-------------------------------------|-----------------------------------|
| <b>Social Security Number</b> →<br><input type="text"/>      | 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"/>              |
| <b>California Driver's License</b> →<br><input type="text"/> | 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<br><input type="checkbox"/> Male <input type="checkbox"/> Female | AGE | DATE OF BIRTH | RACE | HEIGHT | WEIGHT | HAIR | EYES |
|--|-----|---------------|------|--------|--------|------|------|

|  |              |
|--|--------------|
| LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <b><u>NO P.O. BOXES ALLOWED</u></b> ) | CELL PHONE # |
|--|--------------|

|  |                     |                  |
|--|---------------------|------------------|
| LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) | BIRTH COUNTRY/STATE | LANGUAGES SPOKEN |
|--|---------------------|------------------|

### CRIMINAL HISTORY

**List all arrest or 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 MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

|          |   |  |                            |
|----------|---|--|----------------------------|
| <b>1</b> | 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.) |  |                            |
| <b>2</b> | 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.) |  |                            |
| <b>3</b> | 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 NEVADA CITY, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

|                            |   |      |
|----------------------------|---|------|
| APPLICANT'S SIGNATURE<br>x | JOB TITLE (POSITION ON THE APPLICATION) | DATE |
|----------------------------|---|------|

### CITY STAFF USE ONLY

|             |                    |              |                   |                 |
|-------------|--------------------|--------------|-------------------|-----------------|
| DATE / TIME | \$ FEE AMOUNT PAID | \$ RECEIPT # | CITY STAFF'S NAME | CITY DEPARTMENT |
|-------------|--------------------|--------------|-------------------|-----------------|



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**Medical Cannabis Dispensary**  
**Employee/Owner Background Information**

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 (530) 265-2496 Ext. 130

**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 COMMERCIAL 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 Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Nevada City, 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 Dispensary Permit to operator 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 to provide to the State of California Department of Justice and the Federal Bureau 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 Nevada City, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Medical Cannabis Dispensary Permit 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 Nevada City Ordinance.

|                       |      |                               |      |
|-----------------------|------|-------------------------------|------|
| APPLICANT'S SIGNATURE | DATE | PERSON REVIEWING APPLICATION: | DATE |
|-----------------------|------|-------------------------------|------|