

# CITY OF SPRINGFIELD, OREGON

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## MARIJUANA CRIMINAL BACKGROUND CHECK FORM

Every principle (of Corporation or Limited Liability Company or Limited Partnership), any person with financial interest in the facility, employee or volunteer is required to complete this form. (Section 7.601 & Ord. NO. 6324)

SECTION I: APPLICANT INFORMATION					
Applicant's First, Middle & Last Name:		Previous Legal Names:		Date of Birth:	
Applicant's Address (No PO Box):			City:	State:	Zip Code:
Mailing address (if different from applicant's address):			City:	State:	Zip Code:
Phone:	Cell:	Email Address:			
I am: (please check a box) <input type="checkbox"/> Applicant: (includes principals of Corp, LLC etc.) <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____					
How long have you been working at the current facility?					

SECTION II: FACILITY INFORMATION				
Business Name:				
Facility Address:		City:	State:	Zip Code:
Driver's License or Identification Card No: (A copy will be made when you submit your application)			Indicate State Issued:	
Facility MMD Number: (If applicable)	Federal Tax ID Number: (If applicable)		State of Oregon Registry Number: (If applicable)	

SECTION III: ADDITIONAL INFORMATION
Have you been prohibited by a court from participating in the Oregon Medical Marijuana Program (OMMP)? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Name of person responsible for the MMD (if different from applicant):

SECTION IV: SIGNATURE AND INFORMATION	
<b>Please note that we require a minimum of two (2) weeks to process the application. Incomplete information will delay the review process.</b>	
I hereby declare that the above information provided is true to the best of my knowledge and belief, and that I understand it is subject to penalty for perjury. I understand that any new owner, manager, operator, employee, agent or volunteer must undergo a background check conducted by the city or the city's agent in order for my license to remain valid. I understand that a background check will be done and that a background check of each owner, manager, operator, employee, agent or volunteer will also be done upon renewal.	
Applicant's Name (Please Print)	Applicant's Signature
Date:	Contact Phone Number: