

CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH: (541)726-3753 • FAX: (541)726-3689



MEDICAL MARIJUANA DISPENSARIES 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)

APPLICANT INFORMATION			
Applicant's First, Middle & Last Name:		Any Aliases assumed names, previous legal names:	Date of Birth:
Residence Address (No P.O. Box)		City	State
Mailing address if different from residence address:		City	State
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?			
Business name of the facility you will be working and/or volunteering.			
Facility address you will be working and/or volunteering.			
Address: _____ City _____ State _____ Zip Code _____			
Driver's License or Identification Card No: Indicate State Issued: (Note: A copy will be made when you submit your application)			Facility MMD Number
Federal Tax ID Number (If applicable)		State of Oregon Registry Number (If applicable)	
ADDITIONAL INFORMATION			
Have you been prohibited by a court from participating in the Oregon Medical Marijuana Program (OMMP)? NO <input type="checkbox"/> YES <input type="checkbox"/>			
Name of person responsible for the medical marijuana dispensary (if different from applicant):			
SIGNATURE AND INFORMATION			
Please note that we require a minimum of two (2) weeks to process the application. Incomplete information will delay the review process.			
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	
FOR OFFICE USE ONLY			
Comments:			
For Office Use Only: License # _____			