

MARIJUANA CRIMINAL BACKGROUND CHECK FORM



No license shall be issued until after a background check of the criminal record by the police department of the applicant and all individuals employed or volunteering with the business. (SMC Sections 7.602 & 7.1102)

SECTION I: APPLICANT INFORMATION			
First Name:	Middle Name:	Last Name:	
Previous Legal Names:			Date of Birth:
Applicant's Address: (No PO Box)	City:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as above	City:	State:	Zip:
Phone Number:	Cell Phone:	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: _____			
Driver's License or Identification Card No: (copy is required)		Indicate State Issued:	
How long have you been working at the current facility?			

SECTION II: FACILITY INFORMATION			
Business Name:			
Facility Address:	City:	State:	Zip:
Federal Tax ID Number:	State of Oregon Registry Number:		

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

SECTION IV: SIGNATURE	
Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing 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 be done upon renewal.	
Applicant's Name: (Please Print)	Date:
Applicant's Signature:	Phone Number: