



COUNTY OF STANISLAUS
Commercial Cannabis Business
Background Investigation Questionnaire

1010 10TH Street
 Modesto, CA 95354
 cannabis@stancounty.com

COMMERCIAL CANNABIS BUSINESS APPLICANT/OWNER INFORMATION

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

APPLICANT/OWNER INFORMATION

Social Security Number → <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"/>
California Driver's License → <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	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 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 CCB PERMIT 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 COUNTY OF STANISLAUS, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE *	TITLE (Applicant/Property Owner)	DATE
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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 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/property owner with a Commercial Cannabis Business in the County. I desire and request the County Chief Executive Officer, or Stanislaus County Sheriff, 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 Commercial Cannabis Business as required by the County Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide 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 Chief Executive Officer or Sheriff.

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 County of Stanislaus, 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 and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit.

By signing this form I am 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.

SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
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