



COUNTY OF STANISLAUS

Commercial Cannabis Business Background Application

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

Page 1 of 2

COMMERCIAL CANNABIS BUSINESS APPLICANT INFORMATION

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

APPLICANT 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	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 #
<input type="text"/>	<input type="text"/>

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
<input type="text"/>			
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
<input type="text"/>			
3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
<input type="text"/>			

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.

APPLICANT'S SIGNATURE x	TITLE (Applicant/Property Owner)	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>



**COUNTY OF STANISLAUS
Commercial Cannabis Business
Background Information**

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

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 Permit to operator or to be employed with such 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 or is grounds for termination of employment per the County Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
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**Stanislaus County Sheriff's Department
Investigations Division**



**Cannabis
Background
Investigation
Questionnaire**

250 East Hackett Road
Modesto, CA 95358

"KEEPING THE PEACE SINCE 1854"

Background Investigation Questionnaire

Background Investigation Questionnaire

As an applicant, you are requested to complete this background questionnaire. This will help determine your eligibility for a cannabis permit with Stanislaus County.

Pursuant to the Americans with Disabilities Act (A.D.A.), you **are not expected nor are you required to furnish any information in this questionnaire which is of a medical nature.** For example, do not report work absences which were for illnesses or worker compensation injuries. Do not discuss or report any disabilities you may have. Do not discuss or report any information concerning illnesses you may have. This information is strictly medical in nature and, as this questionnaire is part of the pre-offer background suitability investigation, is not subject to disclosure during this portion of the process.

Please read and answer all of the following questions. All of the answers must be in your handwriting. You may not type the answers to the questions. YOU ARE ADMONISHED TO ANSWER ALL OF THE QUESTIONS TRUTHFULLY AND COMPLETELY. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration.

The commission of one or more of the offenses listed on this questionnaire may not automatically disqualify you from consideration. Your responses to these questions will be evaluated and considered in relationship to your entire background. Remember, your responses maybe subject to verification.

If you answer “Yes” to any question, you must provide a written explanation for each affirmative response. Each explanation must be on a separate Background Investigation Questionnaire Explanation Sheet. You must hand write your response, fully explaining the circumstances of each “Yes” answer.

Infraction Offenses

1. If you have committed any of the following infractions within the past seven years, please answer “Yes”. If you have not, please write “No”.
 - a. Violation of city ordinances? _____
 - b. Violation of any county ordinances? _____

Background Investigation Questionnaire

Misdemeanor Offenses

2. If you have committed any of the following misdemeanor offenses within the past seven years or since becoming employed with a public safety agency, please answer "Yes". If you have not, please answer "No"

- | | | | |
|--|-------|---|-------|
| a. Petty theft | _____ | b. Vandalism | _____ |
| c. N.S.F. checks | _____ | d. Drunk in public | _____ |
| e. Joy riding | _____ | f. Illegal gambling | _____ |
| g. Hit and run | _____ | h. Brandish a weapon | _____ |
| i. Possess alcohol as a minor | _____ | j. Possess/use altered ID or license | _____ |
| k. Prostitution | _____ | l. Defraud an innkeeper | _____ |
| m. Soliciting a prostitute | _____ | n. Indecent exposure | _____ |
| o. Voyeurism | _____ | p. Possess stolen property | _____ |
| q. Impersonate police officer, sheriff | _____ | r. Carry concealed or illegal weapon | _____ |
| s. Make annoying/prank phone calls | _____ | t. Assault or battery (includes fighting) | _____ |
| u. Drunk driving | _____ | v. Hunt or fish with out a license | _____ |
| w. Other | _____ | | |

Felony Offenses

3. If you have ever committed any of the following offenses, please write "Yes" on the line. If you have not, please write "No" on the line.

- | | | | |
|----------------------------|-------|-------------------------------------|-------|
| a. Murder | _____ | b. Unlawful sexual intercourse | _____ |
| c. Rape | _____ | d. Spousal battery | _____ |
| e. Robbery | _____ | f. Burglary | _____ |
| g. Arson | _____ | h. Grand theft | _____ |
| i. Forgery | _____ | j. Kidnapping | _____ |
| k. Embezzlement | _____ | l. Any sexual activity with a child | _____ |
| m. Child abuse | _____ | n. Forcible sexual activity | _____ |
| o. Auto theft | _____ | p. Domestic violence | _____ |
| q. Hit and run with injury | _____ | r. Aggravated felonious assault | _____ |
| s. Credit card theft | _____ | | |

General Questions

4. Do you own any illegal firearms? _____
- a. If so, please provide the number and type on a Background Investigation Questionnaire Explanation Sheet.
5. Have you ever discharged any firearm other than at an approved range, during the course of approved training, while hunting or during military operation? _____

Background Investigation Questionnaire

- 6. Have you ever been detained, questioned, investigated, or arrested for suspicion of having committed a criminal act, whether or not you were convicted? _____
- 7. Have you ever been questioned as a witness in any criminal investigation? _____
- 8. Have you ever been contacted by the police for any reason not previously discussed? _____
- 9. Did you fail to register for the Selective Service? _____
- 10. Have you ever been adjudged as a “Mentally Disordered Sex Offender”? _____
- 11. Have you ever carried, either on your person or in your vehicle, any type of weapon for protection? _____
- 12. Are you currently delinquent on any child support or alimony? _____
- 13. Have you ever failed to make or been late in paying any child support obligations you were legally required to make? _____
- 14. Do you have any prejudices against any group based on their race, religion, ethnic origin, or nationality? _____
- 15. Have you ever been a member of, or supported financially or otherwise, any organization or group, which advocates, advises, or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States or the Constitution of the State of California? _____
- 16. Did you in any way cheat, lie, or commit fraud during the application or evaluation process or during any portion of the background process? _____

Employment History

- 17. Have you ever resigned from employment in lieu of termination or as the result of any allegations of misconduct, whether founded or not? _____
- 18. Have you ever taken anything from your employer without authorization? _____
- 19. Have you ever had any conflicts or problems with your dealings with the public? _____

Driving Record

- 20. Has your automobile insurance ever been cancelled for any reason? _____

Background Investigation Questionnaire

- 21. Have you ever been refused a driver license? _____
- 22. Has your driver license ever been suspended or revoked for any reason? _____
- 23. Have you ever had a driver license issued by another state or country? _____

- 24. Has your automobile insurance ever been placed in an assigned risk category? _____

General Topics

Please answer these questions as part of this questionnaire. If you answer “Yes” to any question, please use a Background Investigation Questionnaire Explanation Sheet for your explanations.

- 25. Do you go by any other name other than the ones you have used on this background questionnaire (including any maiden names)? _____
- 26. Have you ever slapped, punched, kicked, or otherwise injured any spouse, roommate, or romantic partner? _____

For Applicants with Military Service

- 27. Did you ever serve in any branch of the military, whether active or reserve? _____

(If you answered, “No” to Question 27, go to Question 34)

- 28. List every base, fort, camp, station, ship, post, and location where you were assigned on a Background Investigation Questionnaire Explanations Sheet. Include all common and military addresses (i.e., Military District of Washington, Fort Myers, VA, or U.S.S. Enterprise, Long Beach, CA). Include dates of assignment.
- 29. Did you ever receive any non-judicial punishment (Article 15, Captain’s Mast) including any punishment which was expunged or removed from your record?

Yes [] No [] If you answered, “Yes”, list the date(s), offense(s), unit of assignment, post, base or station where assigned, and punishment imposed on a Background Investigation Questionnaire Explanation Sheet.
- 30. Were you ever subjected to Article 32 proceedings?

Background Investigation Questionnaire

Yes [] No [] If so, list date, offense, investigating officer, and location for each such proceeding on a Background Investigation Questionnaire Explanation Sheet.

31. Were you ever tried by court-martial?

Yes [] No [] If so, list each such proceeding to include where the court-martial was held, the type of court-martial, date, charge, and specifications of each court-martial and the findings on a Background Investigation Questionnaire Explanation Sheet.

32. Were you ever detained, arrested, jailed, or held by police or security forces in another country for anything other than minor traffic offenses?

Yes [] No [] If so, on a separate Background Investigation Questionnaire Explanation Sheet provide the date(s), location(s), police or security force(s) involved, and the disposition of each such contact.

33. Were you ever denied a security clearance or have a clearance revoked, suspended, or down graded?

Yes [] No [] If so, please provide details on a Background Investigation Questionnaire Explanation Sheet.

Drug Use History

34. Have you ever used, experimented with, consumed, possessed, manufactured, except as provided for by a written prescription issued by a licensed physician any of the following drugs?

Yes [] No [] If "Yes", please complete to following. If "No", please go on to question number 35.

	Type or Name of Substance	One Time	More Than One Time
A.	Cocaine		
B.	Barbiturates		
C.	Amphetamines (Speed, Uppers)		
D.	Heroin		
E.	L.S.D., S.T.P.		
F.	Psilocybin, Peyote, Mushrooms		
G.	Opium, Morphine, Base		
H.	Steroids (injected or oral)		
I.	Toluene (glue)		

Background Investigation Questionnaire

J.	Designer Drugs, Synthetics		
K.	Other		

NOTE: Any drug, which has been prescribed by a **licensed physician** pursuant to Federal laws, need not be disclosed in this questionnaire. Recreational or experimental drug use **is not protected** under the Americans with Disabilities Act or state law.

Supplemental Questions

35. Are you a member or been associated with any criminal street gang? If so, please explain.

36. Is there anything else, you feel the background investigator should know about you or your experiences?

Certification

I hereby certify that all of the answers provided and statements made in this questionnaire are true and complete. I understand any misstatements of material fact, omissions, incomplete answers, or inaccurate responses will subject me to disqualification or dismissal.

Signature of Applicant

Date Signed

Printed Name of Applicant

Background Investigation Questionnaire

Background Investigation Questionnaire
Explanation Sheet

Applicants Name: _____

Question Number: _____

I certify that this statement is a true, complete and accurate explanation to question No. _____. I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification or dismissal from employment.

Signature of Applicant

Date

Background Investigation Questionnaire

Background Investigation Questionnaire
Explanation Sheet

Applicants Name: _____

Question Number: _____

I certify that this statement is a true, complete and accurate explanation to question No. _____. I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification or dismissal from employment.

Signature of Applicant

Date

Background Investigation Questionnaire

Background Investigation Questionnaire
Explanation Sheet

Applicants Name: _____

Question Number: _____

I certify that this statement is a true, complete and accurate explanation to question No. _____. I understand that any misstatement, misrepresentation or any concealment of any relevant facts will subject me to disqualification or dismissal from employment.

Signature of Applicant

Date