



CITY OF FONTANA

Cannabis Business Permit

Owner Background Application

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CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION

FIRST NAME ON APPLICATION

MIDDLE NAME ON APPLICATION

BUSINESS NAME ON APPLICATION

APPLICANT INFORMATION

Social Security Number

LAST NAME ON SOCIAL SECURITY CARD

FIRST NAME ON SOCIAL SECURITY CARD

MIDDLE NAME ON SOCIAL SECURITY CARD

California Driver's License

LAST NAME ON CAL. DRIVER'S LICENSE

FIRST NAME ON CAL. DRIVER'S LICENSE

MIDDLE NAME ON CAL. DRIVER'S LICENSE

SEX

AGE

DATE OF BIRTH

RACE

HEIGHT

WEIGHT

HAIR

EYES

Male Female

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)

CONTACT PHONE #

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)

BIRTH COUNTRY/STATE

LANGUAGES SPOKEN

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION. PLEASE CAREFULLY READ THE INFORMATION ON THE INSTRUCTION SHEET PRIOR TO FILLING OUT THE APPLICATION. ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE COMMERCIAL CANNABIS BUSINESS APPLICATION SHALL BE GROUNDS FOR DISQUALIFICATION.

| | | | |
|---|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| 1 | ARREST DATE | ARRESTING AGENCY / LOCATION / COURT NAME | REASON FOR ARREST / VIOLATION CODE |
| | 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 | REASON FOR ARREST / VIOLATION CODE |
| | 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 | REASON FOR ARREST / VIOLATION CODE |
| | DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) | | |
| 4 | ARREST DATE | ARRESTING AGENCY / LOCATION / COURT NAME | REASON FOR ARREST / VIOLATION CODE |
| | DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) | | |

CITY STAFF USE ONLY

| | | | | |
|-------------|--------------------|-----------|-------------------|-----------------|
| DATE / TIME | \$ FEE AMOUNT PAID | RECEIPT # | CITY STAFF'S NAME | CITY DEPARTMENT |
|-------------|--------------------|-----------|-------------------|-----------------|



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ADDITIONAL ARREST INFORMATION

| | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| ARREST DATE | ARRESTING AGENCY / LOCATION / COURT NAME | REASON FOR ARREST / VIOLATION CODE |
| 5 | DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) | |

PRIOR REGULATED CANNABIS EMPLOYERS

| | | | | |
|---------------|--------------|-------|------------|----------|
| BUSINESS NAME | CITY / STATE | PHONE | START DATE | END DATE |
| | | | | |
| | | | | |

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

| | | |
|---------------------|-----------------------------------------|------|
| APPLICANT SIGNATURE | JOB TITLE (POSITION ON THE APPLICATION) | DATE |
| * | | |

CRIMINAL BACKGROUND HISTORY INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant of a Commercial Cannabis Business in the City of Fontana. I desire and request the City Manager of the City of Fontana, 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 criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate such business as required by the City Municipal Code and State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau of Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager.

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

Furthermore, I hereby authorize the City Manager of the City and/or his/her agents, employee, or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me.

By signing this form, I 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 per the City of Fontana Ordinance.

| | | |
|---------------------|------------------------|------|
| APPLICANT SIGNATURE | APPLICANT NAME (PRINT) | DATE |
|---------------------|------------------------|------|