



City of Solvang

Medical Cannabis Dispensary

| APPLICANT INFORMATION | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|-----------------------------------------|------------|------------------------------------|--------|------------------|---------------------------------|--|
| Name: | LAST NAME | | | FIRST NAME | | | MIDDLE NAME | | |
| BUSINESS/EMPLOYER INFORMATION | | | | | | | | | |
| NAME OF CANNABIS BUSINESS | | | BUSINESS ADDRESS | | | | BUSINESS PHONE | | |
| APPLICANT OR EMPLOYEE INFORMATION | | | | | | | | | |
| Social Security Number | | LAST NAME ON SOCIAL SECURITY CARD | | | FIRST NAME ON SOCIAL SECURITY CARD | | | MIDDLE NAME ON SOCIAL SEC. CARD | |
| | | | | | | | | | |
| Driver's License | | LAST NAME ON DRIVER'S LICENSE | | | FIRST NAME ON DRIVER'S LICENSE | | | MIDDLE NAME ON DRIVER'S LIC | |
| State | Number | | | | | | | | |
| | | | | | | | | | |
| SEX | AGE | DATE OF BIRTH | PLACE OF BIRTH | | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR | |
| Male | Female | | | | | | | | |
| LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i> | | | | | | | CELL PHONE # | | |
| LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) | | | | | | | LANGUAGES SPOKEN | | |
| PREVIOUS RESIDENCES | | | | | | | | | |
| <i>Please list all previous home addresses in the past 5 years, attached additional sheets if needed.</i> | | | | | | | | | |
| ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i> | | | | | | | | | |
| ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i> | | | | | | | | | |
| ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i> | | | | | | | | | |
| ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i> | | | | | | | | | |
| STATEMENT OF PERJURY | | | | | | | | | |
| I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF SOLVANG, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. | | | | | | | | | |
| APPLICANT'S SIGNATURE | | | JOB TITLE (POSITION ON THE APPLICATION) | | | | DATE | | |
| | | | | | | | | | |

OWNER/OPERATOR/EMPLOYEE BACKGROUND APPLICATION

CRIMINAL HISTORY

List all arrests and/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 THE CANNABIS 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.) | | |
| 4 | 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.) | | |
| 5 | 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.) | | |
| 6 | 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.) | | |
| 7 | 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.) | | |
| 8 | 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

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

ADDITIONAL BACKGROUND INFORMATION

PLEASE ATTACH SEPARATE SHEET, AS NECESSARY

List whether you have had any other Cannabis licenses and/or permits issued to and/or revoked from any agency, in the three years prior to the date of this application. Please list the type of, current status of, issuing/denying agency for each license/permit.

List whether you have had any involvement with any other retail business in the City of Solvang, including the name and address of such business, the type of business, the capacity in which you were involved; and whether the business is or was the subject of any criminal investigation or prosecution, civil investigation, administrative action or civil lawsuit; or whether you have ever been denied registration, a permit, or a license required to operate a business in any other city, county, or state.

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant / employee for a Medical Cannabis Business in the City. I desire and request the City Manager or Sheriff of the City of Solvang, 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 Medical Cannabis Permit to operate or to be employed with such business as required by the Solvang Municipal Code and 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 City Manager 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 City of Solvang, 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 Medical Cannabis Permit.

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 or is grounds for termination of employment per the Solvang City Ordinance.

APPLICANT'S SIGNATURE

JOB TITLE (POSITION ON THE APPLICATION)

DATE