



# COUNTY OF INYO

COUNTY COMMERCIAL CANNABIS PERMITTING OFFICE

207 WEST SOUTH STREET  
BISHOP, CA 93514  
760.873.7860

## COMMERCIAL CANNABIS BUSINESS OWNER/EMPLOYEE BACKGROUND APPLICATION

### COMMERCIAL CANNABIS BUSINESS APPLICANT INFORMATION

Name of Owner as Shown on Application:

### BACKGROUND CHECK APPLICANT INFORMATION

Name on California Driver's License				California Driver's License Number			
Name on Social Security Card				Social Security Number			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth	Height	Weight	Hair Color	Eye Color	
Current Home Address ( <b>NO P.O. BOXES ALLOWED</b> )		City	State	Zip Code	Phone		
List any other names you have ever used				Birth Country and State			

### CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations. If additional space is needed, attach additional sheets to this application. **Note that any false statements, misleading statements or omissions on this application or the business license application shall be grounds for disqualification.**

1	Arrest Date	Arresting Agency/Location/Court Name	Charge/Reason for Arrest
	Disposition (What was the outcome of this case? Were you sentenced? Did you have to pay a fine? Probation? Parole?)		
2	Arrest Date	Arresting Agency/Location/Court Name	Charge/Reason for Arrest
	Disposition (What was the outcome of this case? Were you sentenced? Did you have to pay a fine? Probation? Parole?)		
3	Arrest Date	Arresting Agency/Location/Court Name	Charge/Reason for Arrest
	Disposition (What was the outcome of this case? Were you sentenced? Did you have to pay a fine? Probation? Parole?)		

### STATEMENT OF PERJURY

I declare, under penalty of perjury, under the laws of the State of California and the County of Inyo, that the information submitted through this document is true and correct to the best of my knowledge.

Applicant Signature	Job Title	Date
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COMMERCIAL CANNABIS EMPLOYMENT HISTORY (LIST REGULATED BUSINESSES ONLY)

Business Name	City/State	Phone	Start Date	End Date
Business Name	City/State	Phone	Start Date	End Date
Business Name	City/State	Phone	Start Date	End Date

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern,

I am an applicant/employee with a Commercial Cannabis Business in the County. I desire and request the County Chief Administrative Officer, Director of the Inyo County Commercial Cannabis Permit Office, or Sheriff of the County of Inyo, 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 operate 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 Administrative Officer, Director of the Inyo County Commercial Cannabis Permit Office, 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 Inyo, 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 or Employee Permit.

Furthermore, I hereby authorize the Chief Administrative Officer, Director of the Inyo County Commercial Cannabis Permit Office, or Sheriff of Inyo County 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. I hereby confirm I have received a copy of my consumer rights.

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 County Ordinance.

Applicant Signature	Date
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