



# RIVERSIDE POLICE DEPARTMENT CANNABIS BUSINESS OWNER/EMPLOYEE INFORMATION SHEET CHECKLIST

1

## Complete Application Packet

*(Signatures on pages 2, 4, and 5)*

2

## Provide California Drivers License or California issued ID

3

## Payment for Live Scan Services (\$32)

- *Certified Check, & Money Orders are only accepted.*
- *Owners who submitted and paid for a Phase 2 application for a Storefront Retail Commercial Cannabis Permit are exempt.*



# RIVERSIDE POLICE DEPARTMENT CANNABIS BUSINESS OWNER/EMPLOYEE INFORMATION SHEET

Last Name*:	First Name*:	Middle Name*:	Date of Birth*:
List any and all names, nicknames or aliases you have used in the past:			
Home Address:	City:	State:	Zip:
Home Telephone Number:		Cell Phone Number:	
Email Address:			
Driver's License or Identification Number:		State of Issurance:	
State Business License Number:			Exp. Date:
Business Name:			
Business Street Address:	City:	State:	Zip:
Business Telephone Number:			
Job Title:			

**\*Listed names and date of birth must reflect listed drivers license or California ID information.**

**This application must include a copy of the applicant's California drivers license or California issued ID. Copies will be made for documentation purposes only.**

**Please refer to Riverside Municipal Code (RMC) Chapter 5.77 "CANNABIS BUSINESS ACTIVITIES", Sections 5.77.080 and 5.77.090 for all cannabis employee background requirements mandated by the City of Riverside.**

### THIS SECTION WILL BE COMPLETED BY RIVERSIDE POLICE DEPARTMENT

Reviewed by (Police Department Employee Only):	Title:
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## Persons Prohibited

Pursuant to Riverside Municipal Code (RMC) Chapter 5.77.090, any person is prohibited from holding or maintaining a cannabis business permit, or from being employed at a cannabis business if any of the following apply:

- 1.The owner/employee has been denied a cannabis license or permit suspended or revoked by any city, county, city and county or any other state cannabis licensing authority. This prohibition does not apply to an owner/employee that is not awarded a permit resulting from a city, county, city and county or any other state cannabis licensing authority not selecting them in an application process with a finite number of available permits.
- 2.The owner/employee was notified by the state, county, or city that they were conducting cannabis activity in violation of state law or City ordinances, codes, and requirements, and failed to cure the violation in a timely manner.
- 3.The owner/employee is delinquent in payment of any federal, state, or local taxes and/or fees and took no steps to cure the delinquency when notified by the appropriate agencies.

Signature: \_\_\_\_\_

By checking this box, I hereby attest that none of these three prohibitions to holding a permit or working in a cannabis business apply to me.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Criminal History

Pursuant to Riverside Municipal Code (RMC) Chapter 5.77.080, any person who is an owner, employee or who otherwise works within a cannabis business must be legally authorized to do so under applicable state law. Cannabis business owners shall be required to submit to a criminal background check for themselves and all persons in their employment. Employees must submit to a criminal background check within one month of being hired to a cannabis business. List all convictions in the area provided below on this page and the following pages.

By checking this box, I hereby attest that I have not had any prior convictions.

## Conviction Details

Arresting Agency/Court Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Date of Conviction: \_\_\_\_ \_\_\_\_ \_\_\_\_

Reason For Arrest/Conviction Charges: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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**Conviction Details**

Arresting Agency/Court Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Date of Conviction: \_\_\_\_ \_\_\_\_ \_\_\_\_\_

Reason For Arrest/Conviction Charges: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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County: \_\_\_\_\_ State: \_\_\_\_\_ Date of Conviction: \_\_\_\_ \_\_\_\_ \_\_\_\_\_

Reason For Arrest/Conviction Charges: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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County: \_\_\_\_\_ State: \_\_\_\_\_ Date of Conviction: \_\_\_\_ \_\_\_\_ \_\_\_\_\_

Reason For Arrest/Conviction Charges: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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Arresting Agency/Court Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Date of Conviction: \_\_\_\_ \_\_\_\_ \_\_\_\_\_

Reason For Arrest/Conviction Charges: \_\_\_\_\_

Disposition/Outcome: \_\_\_\_\_

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**I hereby attest the information contained within this form is true and correct and that I have not omitted any information or details. I understand that if information is found that was not disclosed, the right to a permit or my right to employment is subject to forfeiture.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Prior Regulated Cannabis Employers

Please list any previous regulated cannabis businesses that you have been involved in during the last three (3) years:

Business Name:			
Business Street Address:	City:	State:	Zip:
Business Telephone Number:			
Start Date: ___/___/_____	Job Title:		
End Date: ___/___/_____			

Business Name:			
Business Street Address:	City:	State:	Zip:
Business Telephone Number:			
Start Date: ___/___/_____	Job Title:		
End Date: ___/___/_____			

Business Name:			
Business Street Address:	City:	State:	Zip:
Business Telephone Number:			
Start Date: ___/___/_____	Job Title:		
End Date: ___/___/_____			

Business Name:			
Business Street Address:	City:	State:	Zip:
Business Telephone Number:			
Start Date: ___/___/_____	Job Title:		
End Date: ___/___/_____			

**I declare under penalty of perjury under the laws of the State of California that the above information I am submitting is true and correct. I further authorize the City of Riverside and its lawful representatives to take photographs, fingerprints, or use the information in this application to perform a criminal background check to meet the qualifications required by City Municipal Code and State law.**

Signature:

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_\_\_