

**El Dorado County Sheriff's Office
Investigations Division**



**Commercial Cannabis
Background Investigation
Initial and Review Questionnaire**

To be completed by all applicants, owners(s) and person(s)
with financial interest, designated local contact, and
spouses/domestic partners.

200 Industrial Drive
Placerville, CA 95667
530-621-4723

"A modern approach to traditional law enforcement values; Total enforcement on crime and criminals; Total care for victims, witnesses and the community; Total professionalism, through training and by example"

Background Investigation Questionnaire

(To be completed by all applicants, owners and persons with financial interest, designated local contact, and spouses/domestic partners)

All applicants, owners and persons with financial interest, designated local contact, and the spouses or domestic partners of the above must complete this questionnaire to help determine eligibility for a commercial cannabis use permit with El Dorado County.

Please read and answer all of the following questions. ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. If any responses fail to fully answer any question or misstate any material facts, it will result in a delayed review or recommendation of denial from the Sheriff's Office and could lead to a denial of the Commercial Cannabis Use Permit.

The commission of one or more of the offenses listed on this questionnaire may not automatically result in a recommendation of denial. The responses to these questions will be evaluated and considered in relationship to the entire background and considered under the relevant El Dorado County and state standards for commercial cannabis background checks. Remember, all responses are subject to verification.

If **"Yes"** is answered on any question, your explanation must be provided for each affirmative response on a separate Background Investigation Questionnaire Explanation sheet, fully explaining the circumstance. The application may be typed or hand-written.



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Commercial Cannabis Use Permit and Background Application

BACKGROUND INVESTIGATION RELEASE

I am an applicant/owner of a proposed or existing commercial cannabis operation in El Dorado County or a person with financial interest, a designated local contact, or spouse/domestic partner required to have a background check completed through the Sheriff's Office for an application for a Commercial Cannabis Use Permit. I desire and request the El Dorado County Sheriff, and/or his/her employees, agents, and lawful representatives 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 Use Permit or to be employed with such business as required by the El Dorado County Code and/or State Law.

I agree to truthfully 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 El Dorado County, including but not limited to the El Dorado County Sheriff.

I understand this will serve to disclose all of the information requested regarding my criminal and financial background.

I agree to hold El Dorado County, its officers, employees, 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 records check and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Commercial Cannabis Use Permit or Commercial Cannabis Annual Operating Permit. I further agree to hold the County of El Dorado, its officials, officers, employees, agents, and lawfully delegated representatives, harmless from any action(s) or damages whatsoever or at all which may result from the disclosure of said records.

I hereby declare and attest under penalty of perjury that, to the best of my knowledge, the information contained within and attached to this application is complete, true, and accurate. I understand a misrepresentation of fact is cause for rejection of this application, recommendation of denial of the Commercial Cannabis Use Permit, revocation of the Commercial Cannabis Use Permit, and/or non-renewal of the Commercial Cannabis Annual Operating Permit.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION	DATE



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COMMERCIAL CANNABIS BUSINESS APPLICANT INFORMATION

The Authorized Agent/Applicant must have the legal authority to bind the entity. Provide information about the person who is completing this application. This information should be for a singular person, **NOT** the business name. The Authorized Agent will be considered the primary contact for the application unless another contact is identified.

Name as Shown On →		LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE 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
DRIVERS LICENSE NUMBER	STATE	LAST NAME ON CA DRIVER'S LICENSE	FIRST NAME ON CA DRIVER'S LICENSE	MIDDLE NAME ON CA DRIVER'S LICENSE
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT
			WEIGHT	HAIR
			EYES	
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)			PHONE NUMBER	EMAIL
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, ETC.)			BIRTH COUNTY/STATE	LANGUAGES SPOKEN
CURRENT MAILING ADDRESS, CITY, ZIP CODE				
BUSINESS PROPERTY ADDRESS, CITY, ZIP			PROPERTY ZONE	PARCEL NUMBER
PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR SPOUSE/DOMESTIC PARTNER				
SPOUSE/DOMESTIC PARTNER LAST NAME		FIRST NAME	MIDDLE	DATE OF BIRTH
				PHONE NUMBER
CURRENT MAILING ADDRESS, CITY, ZIP CODE			CA DRIVER'S LICENSE	SOCIAL SECURITY NUMBER
ADDRESS HISTORY				
LIST ALL PREVIOUS HOME ADDRESSES FOR THE PAST FIVE YEARS. USE ADDITIONAL PAGES IF NECESSARY.				
1	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING
2	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING
3	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING
4	DATES RESIDED	ADDRESS, CITY, STATE, ZIP		REASON FOR LEAVING
STATEMENT OF PERJURY				
I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE COUNTY OF EL DORADO, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
APPLICANT SIGNATURE		TITLE (Applicant/Property Owner)		DATE



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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 ANY ATTACHMENTS MAY BE GROUNDS TO RECOMMEND DENIAL OR REVOCATION OF A PERMIT.**

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.)		

COMMERCIAL CANNABIS EMPLOYMENT HISTORY

LIST ALL REGULATED COMMERCIAL CANNABIS EMPLOYMENT ONLY. PLEASE USE ADDITIONAL PAGES AS NEEDED

BUSINESS NAME	CITY / STATE	PHONE	DATES WORKED	CONTACT PERSON



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FINANCIAL INFORMATION FORM

FINANCIAL HISTORY - Attach additional copies if needed

Section A - List all investments made into the applicant's commercial cannabis business

1. Name of Investor	Address	Phone Number
Term(s) of Investment	Date of Investment	Amount \$
2. Name of Investor	Address	Phone Number
Term(s) of Investment	Date of Investment	Amount \$
3. Name of Investor	Address	Phone Number
Term(s) of Investment	Date of Investment	Amount \$
4. Name of Investor	Address	Phone Number
Term(s) of Investment	Date of Investment	Amount \$

SECTION B - List all loans made to the applicant's commercial cannabis business

1. Name of Lender	Address	Phone Number
Term(s) of Loan	Security Provided For Loan	Date of Loan
Amount		\$
2. Name of Lender	Address	Phone Number
Term(s) of Loan	Security Provided For Loan	Date of Loan
Amount		\$
3. Name of Lender	Address	Phone Number
Term(s) of Loan	Security Provided For Loan	Date of Loan
Amount		\$

SECTION C - List all funds belonging to the applicant

Financial Institution Name	Address	Account Type	Account Number	Amount \$
Financial Institution Name	Address	Account Type	Account Number	Amount \$
Financial Institution Name	Address	Account Type	Account Number	Amount \$
Financial Institution Name	Address	Account Type	Account Number	Amount \$

SECTION D - List all gifts of any kind given to the applicant for use in conducting commercial cannabis activity

Name of Provider	Address	Phone Number	Value/Description of Gift
Name of Provider	Address	Phone Number	Value/Description of Gift
Name of Provider	Address	Phone Number	Value/Description of Gift



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INFRACTION OFFENSES

1. If you have been arrested or convicted 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? _____

MISDEMEANOR & FELONY OFFENSES

(To Be Listed in Criminal History Above)

2. Have you ever been subject to a court order or proceeding, which prevented you from possessing, cultivating, or exporting cannabis/marijuana? _____

GENERAL QUESTIONS

3. Do you own any illegal firearms? _____
If so, please provide the number and type on a Background Investigation Questionnaire Explanation Sheet.
4. Have you ever discharged any firearm other than at an approved range, during the course of approved training, while hunting, or during military operation? _____
5. Have you ever been adjudged as a "Mentally Disordered Sex Offender"? _____
6. Are you currently delinquent on any child support or alimony? _____
7. Have you ever failed to make or been late in paying any child support obligations you were legally required to make? _____
8. Did you in any way cheat, lie, or commit fraud during the application or evaluation process or during any portion of the background process? _____
9. Do you go by any other name other than the ones you have used on this background questionnaire (including any maiden names)? _____
10. Are you a member or been associated with any criminal street gang? _____ **If you answered "Yes", please explain:**



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DRIVING RECORD

(To be filled out with an application for a delivery permit)

- 11. Has your automobile insurance ever been cancelled for any reason? _____
- 12. Have you ever been refused a driver's license? _____
- 13. Has your driver's license ever been suspended or revoked for any reason? _____
- 14. Have you ever had a driver's license issued by another state or country? _____
- 15. Has your automobile insurance ever been placed in an assigned risk category? _____

FOR APPLICANTS WITH MILITARY SERVICE

- 16. Did you ever serve in any branch of the military, whether active or reserve? _____
- 17. Did you ever receive any non-judicial punishment (Article 15, Captain's Mast) including any punishment which was expunged or removed from your record? _____

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.

- 18. Were you ever subjected to Article 32 proceedings? _____

If you answered "Yes", list the date(s), offense(s), investigation officer, and location for each such proceeding on a Background Investigation Questionnaire Explanation Sheet.

- 19. Were you ever tried by court-martial? _____

If you answered "Yes", 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.

- 20. Were you ever detained, arrested, jailed, or held by police or security forces in another country for a drug related offense? _____

If you answered "Yes" 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.

- 21. Were you ever denied a security clearance or have a clearance revoked, suspended, or downgraded?



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If you answered "Yes", please provide details on a Background Investigation Questionnaire Explanation Sheet.

DRUG USE HISTORY

22. 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? _____

If you answered "Yes" to question 21, please complete the following.

Type or Name of Substance		One Time	More Than One Time
A.	Cocaine		
B.	Barbiturates		
C.	Amphetamines (Uppers)		
D.	Heroin		
E.	LSD, STP		
F.	Psilocybin, Peyote, Mushrooms		
G.	Opium, Morphine, Base		
H.	Steroids (Injected or Oral)		
I.	Toluene (glue)		
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.



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CERTIFICATION

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Signature of Applicant

Date

Printed Name of Applicant



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BACKGROUND INVESTIGATION QUESTIONNAIRE EXPLANATION SHEET

Applicant's Name: _____

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