

TURLOCK POLICE DEPARTMENT APPLICATION FOR CANNABIS PERMIT

PERMIT TYPE:

New Renewal

I hereby submit my application for a permit under TMC 5-21, Cannabis Regulations:

Position Applying For: _____

Applicant Name: _____ DOB: _____
Last First Middle

Aliases, or Other Names Used: _____ Sex: Male Female

Address: _____
Number Street City Zip Code

Prior Addresses: _____
(List for past 3 years) Number Street City Zip Code

Phone: _____
Home Cell Msg/Other

California Driver's License No./ID Card No.: _____

Physical Description: _____
Height Weight Hair Color Eye Color Scars / Marks / Tattoos

Have you worked at another similar business, either as an owner or employee? Yes No

If yes, where and when? _____

I attest that I have reviewed the Turlock Municipal Code; Section 5-21 et seq. _____
Initials

BACKGROUND INFORMATION:

	YES	NO
1. Have you ever been arrested for or convicted of any crime, including pleas of nolo contendere?	_____	_____
2. Have you ever been charged by information or under indictment by any court, for any crime?	_____	_____
3. Have you ever been a fugitive from justice?	_____	_____
4. Are you under 21 years of age?	_____	_____
5. Are you currently on Probation or Parole for any crime? (Include State or Federal)	_____	_____
6. Have you ever been the subject of any restraining order, whether temporary or permanent?	_____	_____
7. Have you ever been an unlawful user or addicted to any narcotic, drug or alcohol?	_____	_____

8. Do you have any restrictions on your driving privileges? _____
9. If you were in the military, were you ever arrested, charged or convicted of any crime? _____
10. Have you ever been found by a court to be a danger to yourself or others? _____
11. Have you ever been found by a court to be not guilty by reason of insanity? _____
12. Have you ever been found by a court to be a mentally disordered sex offender? _____

If you answered YES to any of the above questions, give a complete explanation of each, including type of offense with dates and locations.

**ADDITIONAL INFORMATION
REQUIRED FOR OWNER/ MANAGER OF CANNABIS DISPENSARY**

Name of Business: _____

Address of Business: _____

Phone Number of Business: _____

State Cannabis License Number: _____

List the person(s) who will be in charge of and be responsible for the order and due observance of the provisions for the Cannabis permits.

Last First Phone

Last First Phone

Last First Phone

I certify, the applicant's name listed on this application, has my permission to apply for this Cannabis permit as an employee or independent contactor for this business.

Signature Owner/ Manager

Date

I certify, under the penalty of perjury, that by signing and submitting this application, all of the statements contained herein are true and correct. I have not omitted or concealed any material facts. I understand that knowingly making a false statement, or concealing or omitting any material fact, may result in the denial of a Cannabis permit, the revocation of an existing permit and / or criminal action.

Signature Applicant

Date