Marijuana Licensee Background Application

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Business Name:			
Authorized Agent's Last Name	First Name	SSN:	
Authorized Agent's Title			
Address	City	State	Zip

I, _____, as authorized agent of the applicant listed above, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, by and to ANY duly authorized agent employee of agent of the City of Commerce City, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of:

(a) the records of financial or credit institutions, including records of deposit, withdrawals, balances, loans, and also records of commercial or retail credit agencies;

(b) real and personal property tax statements and records, and other financial statements and records wherever filed; and/or

(c) educational records and records of complaint, suspension or revocation of any marijuana license of any type and records of alleged or actual violations of the law, including criminal, civil and/or traffic records wheresoever located. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic' under the provisions of state or federal laws.

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I understand that all information obtained by an investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the applicant's suitability for licensing by the City of Commerce City. I further authorize the City of Commerce City and its employees to discuss, in a public forum, any and all information derived from said investigation. I understand that all information or records submitted to or obtained by the City in connection with this application may be made available for public inspection under the Colorado Open Records Act except for such commercial, financial, medical or other information as may, by law, be kept confidential and withheld from inspection.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this signed authorization form will be considered valid as an original hereof. A photocopy of this release form will be valid, as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

_____

Authorized Agent's Signature Date

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this ___ day of _____, 20__, by _____.

_____

Notary Public My Commission Expires: _____

SECTION 1: APPLICANT

1. YOUR FULL NAME
   LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE
   NUMBER / STREET APT / UNIT
   CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS
   HOME ( ) WORK ( ) EXT OTHER ( ) ☐ CELL ☐ FAX

6. HOME EMAIL BUSINESS EMAIL

7. If you were born outside of the United States, are you a U.S. citizen? ..... ☐ Yes ☐ No
   If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... ☐ Yes ☐ No

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	9. BIRTHDATE	10. SOCIAL SECURITY NUMBER – –

11. DRIVER'S LICENSE NO. STATE EXP	12. PHYSICAL DESCRIPTION HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- **Provide *ALL* applicable information in the spaces below.**
- **Mark "N/A" if a category is not applicable or if the individual is deceased.**
- **If more space is needed, continue your response on the last page.**

☐ N/A **Spouse**

A) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
HOME PHONE ( )	CELL PHONE ( )	EMAIL	YEARS OF MARRIAGE

☐ N/A **Former Spouse(s)**

B) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		
HOME PHONE ( )	CELL PHONE ( )	EMAIL	YEAR OF DISSOLUTION

SECTION 2: RELATIVES AND REFERENCES *continued*

14. REFERENCES

List 3 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
WORK PHONE ( )	CELL PHONE ( )	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?

B) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP

	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY		STATE ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT) CITY		STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL	
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	
	WORK PHONE ( )	CELL PHONE ( )	EMAIL	

SECTION 3: EDUCATION

15. Check applicable: ☐ High School Diploma ☐ GED

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? ☐ Yes ☐ No
CITY		STATE	

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED
TYPE OF DEGREE EARNED	CITY		STATE
B) NAME	FROM	TO	TOTAL UNITS EARNED
TYPE OF DEGREE EARNED	CITY		STATE

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	COMPLETED ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY		STATE
B) NAME	FROM	TO	COMPLETED ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY		STATE

SECTION 4: RESIDENCE

19. LIST OF RESIDENCES

- List ***ALL*** residences during the last 5 years. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page the last page.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO **Present**
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	

CITY	STATE	ZIP	EMAIL

Names of those with whom you live:

B) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

C) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

D) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

E) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

20. Have you ever been evicted or asked to leave a residence? ..... ☐ Yes ☐ No

If you answered yes, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

21. JOB EXPERIENCE IN THE LAST 5 YEARS

- List jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed continue your response on the last page.) include all businesses with which you have been associated, including corporations, partnerships and other ventures in which you were an officer, director, partner, stockholder, member or in any other related capacity
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.

A) NAME OF EMPLOYER/BUSINESS NAME	FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
JOB TITLE			EMAIL	

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

Would there be a problem if we contact your current employer?
☐ Yes ☐ No

IF YES, EXPLAIN, BUT UNDERSTAND THAT THEY MAY BE CONTACTED AS PART OF THIS BACKGROUND INVVESTIGATION:

B) NAME OF EMPLOYER / BUSINESS NAME | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

C) NAME OF EMPLOYER/BUSINESS NAME | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

D) NAME OF EMPLOYER /BUSINESS NAME | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

E) NAME OF EMPLOYER / BUSINESS NAME | FROM | TO

ADDRESS (NUMBER / STREET OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER ( ) | EXT

JOB TITLE | EMAIL

DUTIES / ASSIGNMENTS

☐ F-T ☐ P-T ☐ Temp
☐ Self-employed ☐ Volunteer

22. Have you been terminated from a job (last 5 years)? ..... ☐ Yes ☐ No

23. Were you ever the subject of a written complaint at work? ..... ☐ Yes ☐ No

If you answered yes to any of **Questions 22 or 23**, explain (include when, where and circumstances; indicate corresponding number):

SECTION 6: MILITARY EXPERIENCE

24. BRANCH OF SERVICE	38. DATES OF SERVICE From To

25. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
Re-entry Code (1–4) if applicable – *refer to your DD-214:*

26. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard If checked, date obligation ends:

27. Have you ever been the subject of any judicial or non-judicial disciplinary action (court martial, captain's mast, office hours, company punishment)?
☐ Yes ☐ No

SECTION 7: FINANCIAL

28. Are you, or have you been delinquent in the filing of any tax return, payment of taxes, interest or penalties with any taxing agency? ☐ Yes ☐ No

39. Are you or have you been delinquent in any judgements due to or liens imposed by any governmental agency? ..... ☐ Yes ☐ No

30. Are you or have you been delinquent in any student loans? ..... ☐ Yes ☐ No

31. Have you ever borrowed money to pay for a gambling debt? ..... ☐ Yes ☐ No
If yes, do you currently have any outstanding debts as a result of gambling? ..... ☐ Yes ☐ No

32. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ Yes ☐ No

33. Have you ever possessed a business or professional license, individually or as part of an ownership group? (Liquor, Attorney, Pawnbroker, real estate, medical, etc)..... ☐ Yes ☐ No

34. Have you ever been denied or had disciplinary action taken against such license ?
..... ☐ Yes ☐ No ☐ Yes ☐ No

If you answered yes to any of **Questions 28-34**, explain (include when, where, and why; indicate corresponding number):

SECTION 9: BANKING AND PERSONAL FINANCIAL INFORMATION – Please list *ALL* Accounts (Personal and Business) attach separate sheet if necessary for each question

35. BANK NAME	ACCOUNT TYPE	BALANCE
BANK NAME	ACCOUNT TYPE	BALANCE
BANK NAME	ACCOUNT TYPE	BALANCE
BANK NAME	ACCOUNT TYPE	BALANCE
BANK NAME	ACCOUNT TYPE	BALANCE
36. ANNUAL SALARY (SOURCE):		$
SALARY (SOURCE):		$
37. INTEREST INCOME (SOURCE):		$
INTEREST INCOME (SOURCE):		$
38. DIVIDENDS (SOURCE):		$
DIVIDENDS (SOURCE):		$
39. OTHER INCOME (SOURCE):		$
40. TOTAL AMOUNT INVESTED IN THIS BUSINESS		$

41. IDENTIFY EACH SOURCE(S) AND AMOUNT OF INVESTMENT IN THIS BUSINESS:	

SECTION 10: LEGAL

Disclosure of Convictions

This section requires you to report a conviction, which is an adjudication of guilt following a verdict of guilty by a court or jury, a plea of guilty, or a plea of nolo contendere. **Conviction includes**: deferred judgments and deferred sentences and, in some cases, offenses that may have been dismissed, expunged, sealed or pardoned. **It is strongly recommended that you consult with an attorney before omitting any information.**

42. **Either as an adult or a juvenile, have you EVER been convicted of any criminal offense in this state or in any other jurisdiction (including municipal courts and offenses punishable under the Uniform Code of Military Justice)?**

☐ Yes ☐ No

If yes, explain each incident. If more space is needed, continue on the last page.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

43. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ..... ☐ Yes ☐ No

44. Have you ever been a party in any civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Include any in which you or your insurance company, or anyone else on your behalf was required to make payment to the other party ..... ☐ Yes ☐ No

45. Have you ever been the subject of a protection order / restraining order? ..... ☐ Yes ☐ No

46. Have you ever filed a false insurance or workers' compensation claim? ..... ☐ Yes ☐ No

If you answered yes to any of **Questions 42–46**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

SECTION 11: IMMIGRATION INFORMATION				
47. IMMIGATION OR VISA NUMBER	COUNTRY OF ISSUE	DATE OF ISSUE	EXPIRATION DATE	LEGAL NAME ALIEN RESIDENT CARD OR VISA NUMBER WAS ISSUED TO:

SECTION 12: MOTOR VEHICLE OPERATION			
48. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

49. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

50. Have you ever had a driver's license suspended, revoked, cancelled or denied in any state?..... ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

SECTION 14: OTHER Disclosures

51. Have you ever been denied, refused or had a permit to carry a concealed weapon revoked? ..... ☐ Yes ☐ No

52. In the last 5 years, have you been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No

If you answered yes to any of **Questions 51-52,** give details on a separate sheet including dates and circumstances; indicate corresponding number.

ADDITIONAL SPACE

- Use additional sheets to provide information that does not fit elsewhere on this form. Identify the corresponding question and specific item being referenced.

OATH OF APPLICANT

I,_____, declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges Further, I am voluntarily submitting this application to the Commerce City Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado or Commerce City Marijuana license, and for 90 days following the expiration or surrender of such Marijuana license.

_____

Authorized Agent's Signature Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was signed before me this ___ day of _____, 20__, by _____.

Witness my hand and official seal.

My commission expires: _____ _____

Notary Public