



FOR OFFICIAL USE ONLY
BACKGROUND INVESTIGATION FEE
_____ PAYMENT RECEIVED (CITY EMPLOYEE INITIAL)
_____ Cash
_____ Check # _____
_____ Visa
(Finance category MD-BKGRND)

MARIJUANA BUSINESS APPLICANT & PRINCIPLE
BACK GROUND CHECK OMC 3-24-4(12)
A SEPERATE FORM MUST BE COMPLETED FOR
EACH INDIVIDULE PERSON

This application is to be completed by individuals, whether resident of the City of Ontario or not, who are the Applicant and/or a Principal with financial interest in a marijuana business that is licensed in the City of Ontario.

1.	Applicant Full Legal Name:			
	Alias Name(s) If Any:			
	Social Security Number:	Height:	Weight:	Date of Birth:
	Race:			
	Distinguishing Marks (scars, tattoos, etc):			

2.	Complete permanent home and local address of Applicant:			
	Address & Apt #:			
	City:	State:	Zip:	Phone:

3.	Employed by the following marijuana Dispensary in Ontario:			
	Address & Apt #:			
	City:	State:	Zip:	Phone:

4.	Applicant's government issued identification number & state of issuance:
----	--

5.	Applicant's Oregon Marijuana Worker Permit # & Expiration Date:
----	---

6.	Attach a color copy of Applicant's government issued identification. (D.L., Passport, I.D.)
----	---

7.	Attach a copy of Applicant's Oregon Marijuana Worker Permit
----	---

8. Have you ever been convicted of the following crimes: (check all that apply)

Felony _____ Misdemeanor _____ Narcotics _____ None _____

I, hereby certify, that I (applicant) have reviewed all information included in this application and confirm all information with said application is true and accurate to the best of my knowledge.

Application is **NOT** valid unless signed in the presence of an Ontario Police Department designee

Signature of Applicant

Date

Signature of Authorized Owner/Manager

Date

TO BE COMPLETED BY THE ONTARIO CITY MANAGER OR HIS DESIGNEE:

The following have reviewed the foregoing application and given their opinion:

___ Police Chief (yes/no) ___ Fire Chief (yes/no) ___ City Planner (yes/no)

_____ This application is hereby APPROVED and issuance of a MARIJUANA BUSINESS EMPLOYEE PERMIT is hereby authorized.

_____ I hereby DENY this application for the following reasons:

CITY MANAGER

NOTICE TO APPLICANT UPON APPROVAL

Pursuant to Ontario Municipal Code this permit may be revoked by the City Manager after notice and hearing for any of the following causes: fraud, misrepresentation or false statements contained in the application for a license, or false statement made in the course of carrying out duties of the permittee.

ADDITIONAL REQUIREMENTS/PROVISIONS

Additional requirements and provisions are set out in the attachment to this application specifically for the permit for which you have applied.