# City of Woodlake Commercial Cannabis Business Application Package - Testing
# Application Fee: $2,399

**Your initial application packet must include five (5) hardcopies of everything required below plus any attachments required. You must also have all documents in PDF format, USB Flash Drive, on a CD-drive or DVD.**

☑ *Included*

**Section 1**

- ☐ Confirmation of License Type Requested (one per application).

**Section 2**

- ☐ Site Plan, including all requested attachments.
- ☐ Zoning verification form

**Section 3**

- ☐ Operations and Security Plan, including all requested attachments.

**Section 4**

- ☐ The name of the applicant. If the applicant is an individual, both first and last name of the individual. For applicants that are business entities, the legal business name of the applicant.
- ☐ A copy of all documents filed with the California Secretary of State including but not limited to: business formation documents. If applicant is a foreign corporation, a certificate of qualification issued by the California Secretary of State pursuant to Section 2105 of the Corporations Code.
- ☐ The mailing address of the applicant.
- ☐ The physical address of the premises.
- ☐ The phone number of the premises (if available).
- ☐ The contact information for the designated primary contact person including the name, title, address, phone number and e-mail address of this individual.
- ☐ A list of types and numbers of licenses already received by the applicant from the California Bureau of Cannabis Regulation including the date the license was obtained and the licensing authority that issues the license.

**Section 5**

- ☐ Evidence of Legal Right to Occupy.

**Section 6**

- ☐ Signed Affidavit(s)
- ☐ A complete list of every person with over 20% interest in the proposed business including the full name, title within the entity, birthdate and place of birth, social security or tax identification number, phone number, e-mail, the date owner acquired interest in entity, the percentage of ownership interest, and if applicable the number of shares owned, any financial interest in any other cannabis business licensed by the State of California.
- ☐ For each owner a completed Live Scan/Background Packet (1 included, additional backgrounds $300)
- ☐ Signed indemnification agreement and acknowledgement form.

**Section 7**

- ☐ Applicant Certification Letter saying all information contained on all application documents is true and accurate (Section 7).

Please attach additional pages as needed to provide the information requested.

**All applications must be submitted in person.**

**NOTE:**

INCOMPLETE OR INCORRECT APPLICATIONS WILL BE REJECTED AND REQUIRE RESUBMITTING

It is the responsibility of the applicant to ensure that all pages are included in the application package and that the application is complete when returned to the City of Woodlake Community Development Department.

# Commercial Cannabis Business Application

**COMMUNITY DEVELOPMENT DEPARTMENT**
**350 N Valencia Boulevard**
**Woodlake, CA 93286**
**Phone: (559) 564-8055**

This form is a part of the application to request authorization of a facility as described in the City of Woodlake Commercial Cannabis Activity Ordinance 611. The facilities in this questionnaire are for cannabis related businesses only. All requested items and authorizations listed on this form must be completed and submitted or the application will be rejected.

An application is restricted to one facility in one location. The applicant must meet any additional standard criteria and fulfill any additional standard requirements typically associated with obtaining a Conditional Use Permit in the City. Requirements shall conform to the State licensing requirements as set forth by the California Business and Professions Code, Division 8, Chapter 3.5. Permit fees include a non-refundable application fee and an annual regulatory fee.

## Section 1- Specific Activity Requested

The facility must be proposed in the allowable zone in order for the application to be filed. It is the applicant's responsibility to confirm that the location selected is in the correct zone. For applicants seeking licensure please select from the choices below:

☐ Commercial Cannabis Testing

## Section 2 - Site Plan

1) Using a separate sheet of 18" X 24" plain white paper submit a scaled premises diagram showing the boundaries of the property and proposed premises with all boundaries, dimensions, entrances and exits, interior partitions, walls, rooms, windows and common or shared entryways. If the proposed premise consists of only a portion of the property, the diagram shall be labeled indicating which part of the property is the proposed premises and what the remaining property is used for.

2) The plan shall include the assessor's parcel number and shall be to scale and include all the following:
   - ☐ Designated holding area for cannabis designated for destruction
   - ☐ Designated composting area if licensee will compost plant waste on site
   - ☐ Designated refuse areas
   - ☐ Designated area(s) for harvested cannabis storage
   - ☐ Designated parking spaces
   - ☐ Photographs of the exterior of the building including the entrance(s), exit(s), street frontage(s), signage, and parking area.
   - ☐ Evidence of appropriate buffer from sensitive uses (per City of Woodlake Regulatory Ordinance).

## Cannabis Business Application - Zoning Verification Form

**You must obtain an approved Zoning Verification Form for the proposed location of your business before proceeding with the application process**

### Property

Street Address _____ Woodlake, CA Zip: _____

Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____

Existing Use of Property: _____

Assessor Parcel Number: _____

### Proposed Use

Trade Name of Establishment (dba): _____

Description of proposed use: (including proposed use and summarize type of activity, as applicable):

_____

_____

### Premises

Attach a site plan, indicating (1) the lot, (2) all existing and proposed buildings, and (3) distances from the buildings(s) to all property lines.
Attach a floor plan, drawn to scale indicating dimensions. Total square footage: _____

### Use Category

☐ Commercial Cultivation
☐ Commercial Distribution
☐ Commercial Manufacturing
☐ Commercial Medicinal Retail Sales
☐ Commercial Non-Medicinal Retail Sales
☐ Commercial Testing

### Contact Information

Name of Owner or Contact Person: _____

Business Mailing Address: _____
(if different from physical address)

Business phone: _____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____

## Cannabis Business Application - Zoning Verification Form (continued)

### Map Required

Attach a street map that is drawn to scale. Indicate the proposed premise, at the center of a circle with a labeled 1,000-foot radius, such that the setback restrictions below may be verified by the Planning and Building Department.

### Staff Use Only

According to the map provided by the applicant, the proposed premise complies with the following setback restrictions:

☐ 1,000 feet from a public or private school

Zoning District: _____ Use Category: _____

Previous Reviews: _____

Reason for denial:

_____

_____

_____

Further Discretionary Review Required: _____

Application reviewed by: _____ Date: _____

## Section 3 – Operations and Security Plan

☐ A description of applicant's practice for transfer of cannabis products to and from premises.

☐ Check if additional documentation is attached

☐ Estimated number of employees.

☐ A description of all employee training programs addressing but not limited to health and safety hazards, emergency procedures, security procedures and training requirements.

☐ Check if additional documentation is attached

☐ A description of all necessary and ongoing equipment certification and maintenance processes methods and procedures.

☐ Check if additional documentation is attached

☐ A Material Safety Data Sheet formatted to include routine inspections.

☐ Check if additional documentation is attached

☐ Where inventory will be kept and how records will be maintained and reconciled.

☐ Check if additional documentation is attached

☐ A description of all security practices including but not limited to any panic buttons, dyes, bulletproof windows, or other.

☐ Check if additional documentation is attached

☐ A description of applicant's practices for preventing deterioration of any cannabis goods held by applicant.

☐ Check if additional documentation is attached

☐ The applicant's process to notify authorities of a product failure to pass any test.

☐ Check if additional documentation is attached

☐ Description of applicant's video surveillance system including camera placement and practices for maintenance of video surveillance equipment.

☐ Check if additional documentation is attached

☐ How applicant will ensure that all access points to the premises will be secured including the use of security personnel if applicable.

☐ Check if additional documentation is attached

☐ A description of the applicant's security alarm system.

☐ Check if additional documentation is attached

☐ A description of the operating hours of the facility.

☐ Check if additional documentation is attached

☐ A description of the Track and Trace system the applicant will employ.

☐ Check if additional documentation is attached

☐ Method(s) that will be used to dispose of unused cannabis.

☐ Check if additional documentation is attached

## Section 4 – Owner and Contact Information

Proposed Name of Business: _____

Applicant Entity Structure: (attach proof of status such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports status)

- ☐ Corporation
- ☐ Unincorporated Association
- ☐ Other (describe): _____

Tax Identification Number: _____

Business Applicant (Print Name): _____

Business Applicant Address: _____

Telephone: _____

Email: _____

Mobile: _____

Previous Business/Employment History (to cover 5 years): _____

_____

Business Applicant: _____ Date: _____

Name (Please Print) Title: _____

_____

Signature

Primary Contact (Print Name): _____

Primary Contact Address: _____

Telephone: _____

Email: _____

Mobile: _____

Previous address(es) (to cover 5 years): _____

Attach photocopy of:

- ☐ Copy of Seller's Permit issued by appropriate State of California Agency.
- ☐ Proof of address (Legal issued ID/driver's license).
- ☐ Proof of General Liability Policy.
- ☐ A list of types and numbers of licenses already received by the applicant from the California Bureau of Cannabis Regulation including the date the license was obtained and the licensing authority that issues the license.
- ☐ A copy of all documents filed with the California Secretary of State including but not limited to: business formation documents. If applicant is a foreign corporation, a certificate of qualification issued by the California Secretary of State pursuant to Section 2105 of the Corporations Code.

## Section 5 – Property Owner Affidavit

### Property Owner Affidavit

I,_____, authorize the Commercial Cannabis activity entitled _____, to use/purchase this property as a Commercial Cannabis facility, as those terms are defined in the City of Woodlake Municipal Code, should this facility obtain the appropriate Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property if leasing the property to the applicant.

**Legal Property Owner:** _____ Date: _____

_____ _____

Name (Please print) Title: _____

_____

Signature

**Legal Building Owner:** _____ Date: _____

Name (Please print) Title: _____

_____

Signature

**Attach:**

- ☐ Proof of possession of the premises and approval of use (deed, lease, lease assignment, agreement showing willingness to sell property if applicant obtains permit)

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Notary Use Only:

State of California
County of Tulare

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the he/she executed the same for the purpose therein contained.

I witness hereof, I hereunto set my hand and official seal.

_____

Notary Public

## Section 6 – Building Owner Affidavits

### Building Owner Affidavit

I,_____, authorize the Commercial Cannabis Facility entitled _____ to use/purchase this property as a Commercial Cannabis facility, as those terms are defined in the City of Woodlake Municipal Code, should this facility obtain a Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property if leasing the property to the applicant.

### Property Manager Affidavit (if applicable)

I,_____, authorize the Commercial Cannabis Facility entitled _____ to use this property as a Commercial Cannabis facility, as those terms are defined in the City of Woodlake Municipal Code, should this facility obtain a Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property.

**Please complete the following information:**

☐ A complete list of every person with over 20% interest in the proposed business including the full name, title within the entity, birthdate and place of birth, social security or tax identification number, phone number, e-mail, the date owner acquired interest in entity, the percentage of ownership interest, and if applicable the number of shares owned, any financial interest in any other cannabis business licensed by the State of California. For each owner a completed Live Scan check or receipt from Live Scan check.

| Name | Title | DOB | SS#/Tax ID# | Contact Phone Number | Date of acquired interest | Percent of ownership | Live Scan Check |
|---|---|---|---|---|---|---|---|
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## Section 7 - Applicant Certification

Under penalty of perjury, I hereby declare that the information contained within and attached to this application is complete true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit or revocation of a permit issued. By submitting this application, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of state law or City ordinance, or for incomplete, late or inaccurate applications/attachments, and that all fees paid in connection with this application are non-refundable.

Signature of Applicant

_____

Date _____

Date and Initials Received by the City of Woodlake Staff Member _____

**Staff use only: Application Complete**

**Staff use only: Application Incomplete**

# COMMERCIAL MARIJUANA APPLICATION INDEMNIFICATION AGREEMENT BY AND BETWEEN CITY OF WOODLAKE AND

_____

THIS INDEMNIFICATION AGREEMENT ("Agreement") is entered into this _____ day of_____, 20___ by and between the City of Woodlake ("City") and_____("Applicant").

**RECITALS**

WHEREAS, the Applicant has a legal and/or equitable interest in the certain real property located at Assessor Parcel Number(s):_____ ("Property"); and

WHEREAS, the Applicant has submitted an application to the City for a cannabis business on the Property, pursuant to Chapter 5.48 of the City of Woodlake Municipal Code, hereafter referred to as the "Project."

**TERMS**

NOW, THEREFORE, pursuant to Chapter 5.48 of the City of Woodlake Municipal Code, and in consideration of the premises, covenants and provisions set forth herein, the receipt and adequacy of which are hereby acknowledged, the parties agree as follows:

1. Nothing in this Agreement shall be construed to limit, direct, impede or influence the City's review and consideration of the Project.

2. Applicant shall defend, indemnify, save and hold harmless the City of Woodlake, its elected and appointed officials, officers, employees, agents and volunteers from any and all claims, actions, proceedings or liability of any nature whatsoever (including, but not limited to: any approvals issued in connection with any of the above described application(s) by City; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by City's advisory agencies, boards or commissions, appeals boards, or commissions, Planning Commission, or City Council; and attorneys' fees and costs awards) arising out of, or in connection with the City's review or approval of the Project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors.

With respect to review or approval, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the Project, including any contention the Project or its approval is defective because a City ordinance, resolution, policy, standard or plan is not in compliance with local, State or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation, hereunder shall apply regardless of whether the City prepared, supplied or approved plans, specifications or both.

3. The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.

4. The City will promptly notify Owner and Applicant of any such claim, action, or proceeding that is or may be subject to this Indemnification and will cooperate fully in the defense. The City may, within its unlimited discretion, participate in the defense of any such claim, action, or proceeding if the City defends the claim, action, or proceeding in good faith.

5. The City Council shall have the absolute right to approve any and all counsel employed to defend the City. To the extent the City uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the City upon demand. Such resources include, but are not limited to, staff time, court costs, City Counsel's time at its regular rate for non-City agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.

6. For any breach of this obligation the City may rescind its approval of the Project.

7. The Applicant shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant, which approval shall not be unreasonably withheld. The City must approve any settlement affecting the rights and obligations of the City.

8. The parties agree that this Agreement shall constitute a separate agreement from any Project approval, and that if the Project, in part or in whole, is invalidated, rendered null or set aside by a court of competent jurisdiction, the parties agree to be bound by the terms of this Agreement, which shall survive such invalidation, nullification or setting aside.

9. This Agreement shall be construed and enforced in accordance with the laws of the State of California.

10. The Applicant shall pay all court ordered costs and attorney fees.

11. The defense and indemnification of City set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the proceeding.

After review and consideration of all of the foregoing terms and conditions, Applicant, but its signature below, hereby agrees to be bound by and to fully and timely comply with all of the foregoing terms and conditions.

Dated: _____

Applicant(s):

| | |
|---|---|
| Printed Name | Signature |
| Printed Name | Signature |
| Printed Name | Signature |
| Printed Name | Signature |

# Commercial Cannabis Permit Application Acknowledgement Form

- ✓ I/we have read, fully understand and agree to operate within the regulations identified in The City of Woodlake's Ordinance's and all other applicable state laws and regulations as it relates to commercial cannabis operations and further understand that my permit(s) may be revoked for not operating in compliance with said regulations.

- ✓ I/we understand the City reserves the right to reduce the size of area allowed for cultivation under any clearance or license issued, in the event that environmental conditions, such as a sustained drought or low flows in the watershed will not support diversions for irrigation.

- ✓ I/we understand that it is our responsibility as the applicant to obtain will serve letters from all utility companies that will be serving my development. I/we understand that we will bear the sole cost of any upgrades, transmission improvements needed to serve my development as required by the utility companies.

- ✓ I/we agree that all structures utilized for Commercial Cannabis Businesses will be planned and built in accordance with applicable Building Codes and to the satisfaction of the City.

- ✓ I/we understand that the information I provide with my application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.

- ✓ I/we agree to defend, indemnify, and hold harmless the City from any defense costs, including attorneys' fees or other loss connected with any legal challenge brought as a result of the City's review and/or approval of this license issuance. I/we agree to execute a formal agreement to this effect on a form provided by the City and available for my inspection.

- ✓ I/we understand that the application fee is non-refundable even if I cancel my application or it is denied during the process.

- ✓ I/we acknowledge that without a complete application package my application may be delayed.

- ✓ I/we recognize that the Community Development Department and Police Chief reserves the right to request additional information if necessary to complete review or processing of the application, and confirm or promote conformance to ordinance-specific requirements and standards.

- ✓ I/we authorize the City, its agents, and employees to seek verification of the information contained within the application including a background check of the applicant and all employees and independent contractors.

| Printed Name | Signature | Date |
|---|---|---|
| Printed Name | Signature | Date |

# Background Investigation Packet – Business Owners
# (Must be completed by each owner)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application. I hereby certify that all of the answers provided and statements made in this questionnaire are true and complete. I understand any misstatements of material fact, omissions, incomplete answers, or inaccurate responses will subject me to disqualification or dismissal.

**Owner Name**: _____

**Home or Cell Phone**: _____

**Home Address:** _____

**Date of Birth**: _____

**Tax ID Number**: _____

**Height:** _____

**Weight**: _____

**Hair Color**: _____

**Signature**:_____

**Date**:_____

**Items to be completed as part of the Packet at the Woodlake Police Department:**

Live Scan (attached)

Photograph (taken at the Woodlake Police Department)

Fingerprinting (done at the Woodlake Police Department)

Copy of Driver's License, DMV issued ID Card or Passport

Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Owner's name)

Staff use only: Pass background check ☐

**Add more pages as necessary to accommodate responses.**

1. Indicate whether, the owner has been convicted of any of the violent felonies listed below as specified in subdivision (c) of Section 667.5 of the Penal Code or a serious felony as specified in subdivision (c) of Section 1192.7 of the Penal Code including:

**Section 667.5**

- Murder or voluntary manslaughter.
- Mayhem.
- Rape as defined in paragraph (2) or (6) of subdivision (a) of Section 261 or paragraph (1) or (4) of subdivision (a) of Section 262.
- Sodomy as defined in subdivision (c) or (d) of Section 286.
- Oral copulation as defined in subdivision (c) or (d) of Section 288a.
- Lewd or lascivious act as defined in subdivision (a) or (b) of Section 288.
- Any felony punishable by death or imprisonment in the state prison for life.
- Any felony in which the defendant inflicts great bodily injury on any person other than an accomplice which has been charged and proved as provided for in Section 12022.7, 12022.8, or 12022.9 on or after July 1, 1977, or as specified prior to July 1, 1977, in Sections 213, 264, and 461, or any felony in which the defendant uses a firearm which use has been charged and proved as provided in subdivision (a) of Section 12022.3, or Section 12022.5 or 12022.55.
- Any robbery.
- Arson, in violation of subdivision (a) or (b) of Section 451.
- Sexual penetration as defined in subdivision (a) or (j) of Section 289.
- Attempted murder.
- A violation of Section 18745, 18750, or 18755.
- Kidnapping.
- Assault with the intent to commit a specified felony, in violation of Section 220.
- Continuous sexual abuse of a child, in violation of Section 288.5.
- Carjacking, as defined in subdivision (a) of Section 215.
- Rape, spousal rape, or sexual penetration, in concert, in violation of Section 264.1.
- Extortion, as defined in Section 518, which would constitute a felony violation of Section 186.22.
- Threats to victims or witnesses, as defined in Section 136.1, which would constitute a felony violation of Section 186.22.
- Any burglary of the first degree, as defined in subdivision (a) of Section 460, wherein it is charged and proved that another person, other than an accomplice, was present in the residence during the commission of the burglary.
- Any violation of Section 12022.53.
- A violation of subdivision (b) or (c) of Section 11418. The Legislature finds and declares that these specified crimes merit special consideration when imposing a sentence to display society's condemnation for these extraordinary crimes of violence against the person.

**Section 1192.7**

- Murder or voluntary manslaughter
- Mayhem
- Rape
- sodomy by force, violence, duress, menace, threat of great bodily injury, or fear of immediate and unlawful bodily injury on the victim or another person
- oral copulation by force, violence, duress, menace, threat of great bodily injury, or fear of immediate and unlawful bodily injury on the victim or another person;
- lewd or lascivious act on a child under 14 years of age;
- any felony punishable by death or imprisonment in the state prison for life;
- any felony in which the defendant personally inflicts great bodily injury on any person, other than an accomplice, or any felony in which the defendant personally uses a firearm;
- attempted murder;
- assault with intent to commit rape or robbery;
- assault with a deadly weapon or instrument on a peace officer;
- assault by a life prisoner on a noninmate;
- assault with a deadly weapon by an inmate;
- arson;
- exploding a destructive device or any explosive with intent to injure;
- exploding a destructive device or any explosive causing bodily injury, great bodily injury, or mayhem;
- exploding a destructive device or any explosive with intent to murder;
- any burglary of the first degree;
- robbery or bank robbery;
- kidnapping;
- holding of a hostage by a person confined in a state prison;
- attempt to commit a felony punishable by death or imprisonment in the state prison for life;
- any felony in which the defendant personally used a dangerous or deadly weapon;
- selling, furnishing, administering, giving, or offering to sell, furnish, administer, or give to a minor any heroin, cocaine, phencyclidine (PCP), or any methamphetamine-related drug, as described in paragraph (2) of subdivision (d) of Section 11055 of the Health and Safety Code, or any of the precursors of methamphetamines, as described in subparagraph (A) of paragraph (1) of subdivision (f) of Section 11055 or subdivision (a) of Section 11100 of the Health and Safety Code;
- any violation of subdivision (a) of Section 289 where the act is accomplished against the victim's will by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person;
- grand theft involving a firearm;
- carjacking;
- any felony offense, which would also constitute a felony violation of Section 186.22;
- assault with the intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220;
- throwing acid or flammable substances, in violation of Section 244;
- assault with a deadly weapon, firearm, machinegun, assault weapon, or semiautomatic firearm or assault on a peace officer or firefighter, in violation of Section 245;
- assault with a deadly weapon against a public transit employee, custodial officer, or school employee, in violation of Section 245.2, 245.3, or 245.5;
- discharge of a firearm at an inhabited dwelling, vehicle, or aircraft, in violation of Section

246;

- commission of rape or sexual penetration in concert with another person, in violation of Section 264.1;
- continuous sexual abuse of a child, in violation of Section 288.5;
- shooting from a vehicle, in violation of subdivision (c) or (d) of Section 26100;
- intimidation of victims or witnesses, in violation of Section 136.1;
- criminal threats, in violation of Section 422;
- any attempt to commit a crime listed in this subdivision other than an assault;
- any violation of Section 12022.53;
- a violation of subdivision (b) or (c) of Section 11418; and
- any conspiracy to commit an offense described in this subdivision.

If yes, explain.

2. Does the owner have a conviction for hiring, employing, or using a minor in transporting, carrying, selling, giving away, preparing for sale, or peddling, any controlled substance to a minor; or selling, offering to sell, furnishing, offering to furnish, administering, or giving any controlled substance to a minor? If yes, explain.

3. Does the owner have a felony conviction involving fraud, deceit, or embezzlement? If yes, explain.

4. Does the applicant have a felony conviction for drug trafficking with enhancements pursuant to Section 11370.4 or 11379.8 of the Health and Safety Code? If yes, explain.

5. Does the applicant, or any of its officers, directors, or owners, has been subject to fines, penalties, or otherwise been sanctioned for cultivation or production of a controlled substance on public or private lands pursuant to Section 12025 or 12025.1 of the Fish and Game Code? If yes, explain.

6. Does the applicant, or any of its officers, directors, or owners, has been sanctioned by a licensing authority or a city, county, or city and county for unauthorized commercial cannabis activities, has had a license suspended or revoked under this division in the three years immediately preceding the date the application is filed with the licensing authority? If yes, explain.

7. Failure to obtain and maintain a valid seller's permit required pursuant to Part 1 (commencing with Section 6001) of Division 2 of the Revenue and Taxation Code. If yes, explain.

8. Are you a member or have you been associated with any criminal street gang? If yes, explain.

9. Is there anything else, you feel the background investigator should know about you or your experiences?

10. List 5 references that the City may contact.

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

# Background Investigation Packet – Employee
# (Must be completed by each employee)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application. I hereby certify that all of the answers provided and statements made in this questionnaire are true and complete. I understand any misstatements of material fact, omissions, incomplete answers, or inaccurate responses will subject me to disqualification or dismissal.

**Employee Name**: _____

**Home or Cell Phone**: _____

**Home Address:** _____

**Date of Birth**: _____

**Height:** _____

**Weight**: _____

**Hair Color**: _____

**Signature**:_____

**Date**:_____

**Items to be completed as part of the Packet at the Woodlake Police Department:**

Live Scan (attached)

Photograph (taken at the Woodlake Police Department)

Fingerprinting (done at the Woodlake Police Department)

Copy of Driver's License, DMV issued ID Card or Passport

Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Employee's name)

Staff use only: Pass background check ☐

STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

CA0540800
ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

WOODLAKE POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

350 N. VALENCIA BLVD.
Street Address or P.O. Box

MICHAEL MARQUEZ
Contact Name (mandatory for all school submissions)

WOODLAKE — City
CA — State
93286 — ZIP Code

(559) 564-3346
Contact Telephone Number

Applicant Information:

Last Name

First Name — Middle Initial — Suffix

Other Name (AKA or Alias) Last

First — Suffix

Date of Birth

Sex ☒ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number 141384
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State CA — ZIP Code

Your Number: CA0540800
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City — State — ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency — LSID — ATI Number — Amount Collected/Billed

ORIGINAL - Live Scan Operator  SECOND COPY - Applicant  THIRD COPY (if needed) - Requesting Agency