CITY OF LAKEWOOD MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION Manager & Individual Background Investigation Report

This document provides basic information that is necessary for the licensing authority's investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

		5.00 9.50
1.	Name of Medical Marijuana Business:	
2.	Trade Name (dba):	
3.	Address of premises: Street name City & State	Zip Code
4.	Business Phone: 5. Email:	
PEF	RSONAL INFORMATION	
6.	Your name: Last Name First Name	Middle Initial
7.	Other names used (including maiden name):	
8.	Home Address: Street Name City & State	Zip Code
9.	Home Phone: 10. Cell Phone: (Area Code)	
11.	Date of Birth: 12. Place of Birth:	
13.	Sex:	
16.	Height: 17. Weight: 18. Hair Colo	r:
19.	Are you a U.S. Citizen?	
21	Alien Registration No.: 22. Naturalization No.:	
23.	List all states of residence (including military):	

24.	List residential addresses for the past 5 years (attach separate page if necessary)					
	Street Ad	ldress	City, S	tate & Zip Code		
25.	Is your current res	idence owned or re	nted?			
26.	If rented, give nam	ne, and complete a	ddress of landlord:			
27.	If owned, give name, and complete address of mortgagor:					
	LOYMENT HISTOR					
28.	Name of present e	mployer:				
29.	Type of Business:		30. Current Position	n:		
31.	Business address:	Street name	City, State	Zip	Code	
32.	Business phone no.: 33. Length of Employment:					
34.	Employment for th	e last 5 years:				
	Company Name		olete Address ame, city, state and zip	Position Held	To/From	
35.	Have you ever bee	en discharged from	a position? ☐ Y ☐ N	If yes, please exp	olain:	

FINANCIAL INFORMATION

36. List all personal bank accounts.

Bank	Address (street name, city, state & zip)	Type of Account	Account Number

37. List all personal outstanding loans and credit cards (attach a separate page if necessary).

Lender	Address (street name, city, state & zip)	Type of Loan	Account Number

38. Cash to be invested

Source	Address (street name, city, state & zip)	Amount	Account No.

ADDITIONAL BACKGROUND INFORMATION

39. List business license or permit history for the past 5 years:

Type of Permit or License and Jurisdiction	Name of Business	Address of Business (street name, city, state & zip)	Dates To/From

40. Have you ever had a license, permit or authorization to do business denied, revoked or suspend or had any professional or vocational license or permit denied, revoked or suspended?				
	ПΥ	□N		
	If yes, state t	he date, jurisdiction, and d	describe in full detail the reason:	
				<u> </u>
41.	List all of you	ır arrests (include date, cha	arge, location, conviction, sentence and disposition):	
42.	List all of you	ır traffic charges (include da	late, location, charge, conviction, sentence, and disposition	on):
he re	ereto is true ar sult in the reje	nd complete. I understand	his Background Investigation Report and all attachments I that any misrepresentation, falsification, or omission may suspension/revocation of the license. I consent to the to this application.	/
ap ph	plications sub	omitted to the City. I furthe Should an answer change,	gation to provide updated information on questions in er understand that I will need to be fingerprinted and e, or new information become available, I will contact the C	City
Ap	oplicant's Sigr	nature	Date	
Sı	ubscribed and	sworn to before me this	day of, 20	
No	otary Public			
M	y Commissior	n Expires:		