



## 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.

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**

\_\_\_\_\_ 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 (    ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. HOME EMAIL		BUSINESS EMAIL	
7. If you were born outside of the United States, are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
			-    -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT    WEIGHT    HAIR COLOR    EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> <li>Provide <b>ALL</b> applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable or if the individual is deceased.</li> <li>If more space is needed, continue your response on the last page.</li> </ul>

<input type="checkbox"/> N/A	<b>Spouse</b>
A) NAME	HOME ADDRESS (NUMBER / STREET / APT)    CITY    STATE    ZIP
HOME PHONE (    )	CELL PHONE (    )    EMAIL    YEARS OF MARRIAGE

<input type="checkbox"/> N/A	<b>Former Spouse(s)</b>
B) NAME	HOME ADDRESS (NUMBER / STREET / APT)    CITY    STATE    ZIP
HOME PHONE (    )	CELL PHONE (    )    EMAIL    YEAR OF DISSOLUTION

SECTION 2: RELATIVES AND REFERENCES <i>continued</i>
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14. REFERENCES			
<b>List 3 people</b> who know you well, such as social and family friends, co-workers, military acquaintances. <u>Do not include</u> 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
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**SECTION 3: EDUCATION**

15. Check applicable:     High School Diploma     GED

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Yes <input type="checkbox"/> 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
			<input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY		STATE

  

B) NAME	FROM	TO	COMPLETED
			<input type="checkbox"/> Yes <input type="checkbox"/> 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
		<b>Present</b>
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
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Names of those with whom you live:

B) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO
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CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
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ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ( )
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CITY	STATE	ZIP	EMAIL
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C) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO
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CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
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ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ( )
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CITY	STATE	ZIP	EMAIL
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D) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO
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CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
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ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ( )
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CITY	STATE	ZIP	EMAIL
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E) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO
---	------	----

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
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ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ( )
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CITY	STATE	ZIP	EMAIL
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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
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ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR
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CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
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JOB TITLE	EMAIL
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DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN, BUT UNDERSTAND THAT THEY MAY BE CONTACTED AS PART OF THIS BACKGROUND INVESTIGATION:							
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						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
22. Have you been terminated from a job (last 5 years)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
23. Were you ever the subject of a written complaint at work? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
If you answered yes to any of <b>Questions 22 or 23</b> , 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: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214:	
26. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are you or have you been delinquent in any judgements due to or liens imposed by any governmental agency? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
30. Are you or have you been delinquent in any student loans?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever borrowed money to pay for a gambling debt? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you currently have any outstanding debts as a result of gambling? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever been denied or had disciplinary action taken against such license ? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of <b>Questions 28-34</b> , 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	BALANCE
	ACCOUNT TYPE	
	BANK NAME	BALANCE
	ACCOUNT TYPE	
	BANK NAME	BALANCE
	ACCOUNT TYPE	
	BANK NAME	BALANCE
	ACCOUNT TYPE	
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
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CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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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. IMMIGRATION OR VISA NUMBER	COUNTRY OF ISSUE	DATE OF ISSUE	EXPIRATION DATE	LEGAL NAME ALIEN RESIDENT CARD OR VISA NUMBER WAS ISSUED TO:
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**SECTION 12: MOTOR VEHICLE OPERATION**

48. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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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