



County of Santa Cruz
 Cannabis Licensing Office
 701 Ocean Street, Room 520
 Santa Cruz, CA 95060
 831-454-3833
Cannabisinfo@santacruzcounty.us



Personal Background Information

To be completed by anyone with a Financial Interest in a Cannabis Business

Complete a separate form for each person.

Historical information requested should be given for the past 10 years, except where otherwise noted as less.

Be sure to initial each page and any additional pages provided. Sign and date the last page.

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			2a. Type of Financial Interest (Owner, Investor, etc.)
3. ADDRESS WHERE YOU LIVE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () CELL FAX
6. CONTACT EMAIL		7. BEST WAY TO REACH YOU:	
8. CITIZENSHIP			
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
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			
10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER	12. DRIVER'S LICENSE	
	- -	NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION			
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: REFERENCES

14. IMMEDIATE FAMILY

14.A Spouse / Registered Domestic Partner

Deceased

N/A

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

15. LIST OF REFERENCES

- List -3-4 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.

15.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?						

15.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?						

15.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?						

15.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	How do you know this person?						

SECTION 3: RESIDENCE HISTORY

16. LIST OF RESIDENCES

- List all residences during the last 10 years
- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do NOT use PO 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, attach additional sheets and label as Section 3.

16.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you live:					

16.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:					
Reason for moving:					

16.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:					
Reason for moving:					

16.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:					
Reason for moving:					

SECTION 5: LEGAL

► Disclosure of Criminal History

- This section requires you to report detentions, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. You are required to disclose this information, unless specifically exempted by state or federal law.

22 Have you **EVER** been convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes No
 IF YES, explain each incident:

22.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

22.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

22.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

23. Have you ever been placed on court probation? Yes No
24. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
25. Have the police ever been called to your home for any reason? Yes No
26. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
27. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No

SECTION 5: LEGAL *continued*

28.. Have you ever fraudulently received welfare, unemployment compensation workers' compensation, or other state or federal assistance? Yes No

29. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No

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

If you answered "YES" to any of **Questions 23-31**, explain (include court case or document, dates, and circumstance – *reference corresponding*)

► Involvement in Criminal Acts – Part 1

31. Have you committed any of the following acts **within the past 10 years**? (You do NOT have to report any acts committed **prior to age 15.**)

• **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

31.1	Animal abuse and/or neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.3	Battery (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.4	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.5	Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.6	Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.8	Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.10	Filing a false police report	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.11	Hit & run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.12	Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: LEGAL *continued*

31.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.17	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.20	Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.24	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.36	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the items(s) in **Question 32**, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g. 32.5) for each explanation.
- If more space is needed, attach additional sheets and label as Question 32.

32. Have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

32.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 5: LEGAL *continued*

32.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.14	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.15	Illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to ANY of the item(s) in Question 33, fully explain circumstances, including dates, names of individuals involved, and resolution *Reference the corresponding number (e.g., 33.3) for each explanation.*
- If more space is needed, attach additional sheets and label as Question 32.

SECTION 5: LEGAL *continued*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high”.
- Your responses should include — *but not be limited to* — your use of any of the following:
 - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc.*)
 - ▶ Barbiturates (*Downers*)
 - ▶ Cocaine / Crack Cocaine
 - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
 - ▶ GHB (*Date Rape Drug*)
 - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
 - ▶ Heroin / Opium
 - ▶ Mescaline
 - ▶ Morphine
 - ▶ PCP / Angel Dust
 - ▶ Quaaludes
 - ▶ Steroids
 - ▶ Tetrahydrocannabinol (THC)
 - ▶ Glue, paint, or any substance containing toluene

33. *Within the past year*, have you used any drug(s) as indicated above? Yes No

IF YES, give details including drug(s) used, most recent date used, and circumstances:

34. Excluding Cannabis, have you *EVER* engaged in any of the activities listed below involving illegal drugs, illegal narcotics or illegal substances, and/or prescription drugs without a prescription in the past 10 years:

- Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including drug(s) involved, over what time period(s), and circumstances.

35. During the *past five years*, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No
IF YES, explain:

SECTION 6: MOTOR VEHICLE INFORMATION

36. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

37. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

38. Have you ever been refused a driver's license by any state? Yes No

IF YES, explain (include when, where, and circumstances):

39. Has your driver's license ever been suspended or revoked? Yes No

IF YES, explain (include when, where, and circumstances)

40. List your current liability insurance on your vehicle(s).

40.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
				CONTACT NUMBER ()	
40.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
				CONTACT NUMBER ()	
40.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
				CONTACT NUMBER ()	

SECTION 7: OTHER TOPICS (History of the past 10 years)

- 41. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 42. Are you now, or have you ever 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
- 43. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No
- 44. In the past 10 years have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 45. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, 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 42–46**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: AFFIRMATION AND CONSENT

46. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s). In addition, I affirm that, under penalty of perjury, that the information contained within and submitted with this application form is complete, true and accurate. I understand that a misrepresentation of fact is cause for rejection of my application, denial of a license, or revocation of a license issued

Signature in Full: _____ ▶

Date: