

To: San Francisco Police Department Permits Unit

1245 3rd Street, 5th Floor San Francisco, CA 94158 Phone: (415) 553-1115

By Appointment Only

Subject: BACKGROUND CHECK AND CLEARANCE FOR CANNABIS BUSINESS PERMIT(S)

Applicant's Name:					Date:		
Doing	Busine	ss As (DBA):					
Facility	y Addre	ess:					
Home	Addres	s:					
Phone Number:					E-Mail:		
Social Security #:				Place o	Place of Birth (State or Country):		
Driver's License # (or ID #/Passport #):				Date of	Date of Birth:		
Eye Color:			Hair Color:	Height	<u> </u>	Weight:	
			***DO NOT WRITE I	BELOW – FOR S	FPD USE ONLY**	*	
Yes O	No O	A violent felony conviction as specified in subdivision (c) of Section 667.5 of the California Penal Code* A serious felony conviction as specified in subdivision (c) of Section 1192.7 of the California Penal Code* A felony conviction involving fraud, deceit, or embezzlement*					
0	0	A felony 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 A felony conviction for drug trafficking with enhancements pursuant to Section 11370.4 or 11379.8 of the California Health and Safety Code					
incarcer	ration,	or supervised		for possession		ding any term of probation, sale, sale, manufacture,	
					Livescan Results, Date:		
Reviewed by (Print):			Star #:	Sign		ture:	
SEPI	D CHAR	GES \$189.00 F	PER BACKGROUND CHE	CK. APPLICAN	T NEEDS TO BE PE	RESENT. SUBMIT THIS FORM	

SFPD CHARGES \$189.00 PER BACKGROUND CHECK. APPLICANT NEEDS TO BE PRESENT. SUBMIT THIS FORM AND PAYMENT IN PERSON TO SFPD. CHECKS OR MONEY ORDER ONLY. NO CASH.

1 Dr Carlton B Goodlett Place, Room 018, San Francisco, CA 94102

Phone: 415-554-4420, Email: officeofcannabis@sfgov.org