



<b>FOR OFFICIAL USE ONLY</b>
BACKGROUND INVESTIGATION FEE
____ PAYMENT RECEIVED (CITY EMPLOYEE INITIAL)
____ Cash
____ Check # _____
____ Visa
<b>(Finance category MD-BKGRND)</b>

**MARIJUANA BUSINESS EMPLOYEE PERMIT APPLICATION**  
**OMC 3-24-6**

This application is to be completed by individuals, whether resident of the City of Ontario or not, employed by a marijuana dispensary that is licensed in the City of Ontario.

1.	Applicant Full Legal Name:			
	Alias Name(s) If Any:			
	Social Security Number:	Height:	Weight:	Date of Birth:
	Race:			
	Distinguishing Marks (scars, tattoos, etc):			

2.	Complete permanent home and local address of Applicant:			
	Address & Apt #:			
	City:	State:	Zip:	Phone:

3.	Employed by the following marijuana Dispensary in Ontario:			
	Address & Apt #:			
	City:	State:	Zip:	Phone:

4.	Applicant's government issued identification number & state of issuance:
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5.	Applicant's Oregon Marijuana Worker Permit # & Expiration Date:
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6.	Attach a color copy of Applicant's government issued identification. (D.L., Passport, I.D.)
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7.	Attach a copy of Applicant's Oregon Marijuana Worker Permit
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**8. Have you ever been convicted of the following crimes: (check all that apply)**

**Felony** \_\_\_\_\_ **Misdemeanor** \_\_\_\_\_ **Narcotics** \_\_\_\_\_ **None** \_\_\_\_\_

**I, hereby certify, that I (applicant) have reviewed all information included in this application and confirm all information with said application is true and accurate to the best of my knowledge.**

Application is **NOT** valid unless signed in the presence of an Ontario Police Department designee

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Owner/Manager

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE ONTARIO CITY MANAGER OR HIS DESIGNEE:**

The following have reviewed the foregoing application and given their opinion:

\_\_\_ Police Chief (yes/no) \_\_\_ Fire Chief (yes/no) \_\_\_ City Attorney (yes/no)

\_\_\_\_\_ This application is hereby APPROVED and issuance of a MARIJUANA BUSINESS EMPLOYEE PERMIT is hereby authorized.

\_\_\_\_\_ I hereby DENY this application for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CITY MANAGER

**NOTICE TO APPLICANT UPON APPROVAL**

Pursuant to Ontario Municipal Code this permit may be revoked by the City Manager after notice and hearing for any of the following causes: fraud, misrepresentation or false statements contained in the application for a license, or false statement made in the course of carrying out duties of the permittee.

**ADDITIONAL REQUIREMENTS/PROVISIONS**

Additional requirements and provisions are set out in the attachment to this application specifically for the permit for which you have applied.