



City of Emeryville

INCORPORATED 1896
1333 Park Avenue
Emeryville, California 94608-3517
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BACKGROUND CHECK APPLICATION FOR MASSAGE ESTABLISHMENT OR MEDICAL CANNABIS (MARIJUANA) DELIVERY

All personnel/employees related to an applicant/business wishing to apply for a permit for a medical cannabis (marijuana) delivery within the City of Emeryville, or any individual seeking to offer massage services who is not certified by the Massage Therapy Council, is required to submit this background check application to:

City of Emeryville
Police Department
Attn: Police Chief
2449 Powell Street
Emeryville, CA 94608

The information provided in this application shall be confidential, and shall not be subject to public inspection or disclosure, except as may be required by federal, state or local law or pursuant to valid subpoena or court order. Disclosure of information shall not be deemed a waiver of confidentiality by the applicant or any individual named in the application. The City shall incur no liability for the inadvertent or negligent disclosure of such information.

The Police Chief reserves the right to seek additional information from the applicant as allowed under applicable law.

Applicant must provide the following with this application:

- Name and current address.
- Criminal records, if applicable.
- Recent photograph (*photograph must have been taken no later than 6 months prior to the date of the application*).
- Complete set of fingerprints.

APPLICANT INFORMATION

<input type="text"/>			
Full Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>		
Home Phone No.	Cell Phone No.		

BUSINESS INFORMATION

- Type of Permit:
- Medical Cannabis (Marijuana) Delivery
 - Massage Establishment

<input type="text"/>			
Business/Organization Name			
<input type="text"/>			
Business Owner/Representative Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>		
Contact Phone No.	Alternate Contact Phone No.		

SUPPLEMENTAL QUESTIONS FOR MEDICAL MARIJUANA DELIVERY PERMIT APPLICATIONS

- 1) Are you required to register as a sex offender, under Section 290 of the California Penal Code? Yes No
- 2) Within the past five (5) years from the date of the application, has the Department of Motor Vehicles suspended, revoked, or placed you on probation for a cause involving the safe operation of a motor vehicle? Yes No
- 3) Within the past five (5) years from the date of the application, have you been convicted of any of the following offenses:
 - a) Driving under the influence? Yes No

- b) Reckless driving involving bodily injury? Yes No
- c) Failure to possess a valid driver's license?
- d) Any offense punishable as a serious or violent felony? Yes No
- e) Convicted of a crime of theft in either degree? Yes No
- 4) Within the past ten (10) years from the date of the application, have you been convicted of any crime against a person in either degree, or been a prohibited person in a restraining order? Yes No
- 5) Have you ever been convicted of any offense involving moral turpitude? Yes No
- 6) Have you ever been involved in a motor vehicle accident causing death or personal injury within the past two (2) years from the date of the application? Yes No
- 7) Have you been involved in three or more motor vehicle accidents within the year immediately preceding the date of the application? Yes No

If you answered "Yes" to any of the questions above, please provide an explanation for each question below. Additional information may be provided on the back of this form.

Question No.	Explanation

I certify, under penalty of perjury, that all of the information contained within this application is truthful and factual to the extent of my knowledge.

 Signature _____ Print Name _____ Date