



**Please Read Carefully. These Steps will not be taken out of order.  
You cannot start operations until you have completed all steps.**

**Step One** (Appointment) – Make an appointment to submit your application.

**Contact Information:**

City of Costa Mesa  
Development Services Department  
Community Improvement Division (CID)  
Phone: (714) 754-5618  
Hours: Monday through Friday, between 8 a.m. and 5 p.m.  
Email: [katie.angel@costamesaca.gov](mailto:katie.angel@costamesaca.gov)  
Website: [www.costamesaca.gov](http://www.costamesaca.gov)

**Step Two** (Application Submittal) – During your appointment, submit all items listed on the application checklist. This includes all applicable fees. **Important! CID staff will not accept an application if it is not complete.**

**Step Three** (Background Appointment) – CID staff will contact you within two days following the intake of your application packet to set up a 2<sup>nd</sup> appointment. During this appointment you will be provided background check paperwork for all the owner(s)/corporate officer(s) that you listed in Part 2 of the application. All individuals listed as owner(s)/corporate officer(s) must be present to have their photo taken for the purpose of an ID badge. **Important! This step applies to owner(s)/corporate officer(s) only.** You will have an opportunity to start the background check process for employees after completing Step Five.

This background paperwork will consist of two specific forms:

1. **Medical Marijuana Business Permit Supplemental Background Check Application.**
  - a) This form shall be completed and signed by each individual listed in Part 2 of your application. Hold onto these form(s) for submittal in Step Four.
2. **Live Scan Form.**
  - a) This form is used to run a background check through the Costa Mesa Police Department's Live Scan System. The police department charges a separate fee for each individual processed. **Important! CID does not accept this fee. For fee information please use their contact information on next page.**



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- c) Staff will assign a unique form with an identifier code for each individual that you have listed in Part 2 of the application.
- d) You must make an appointment with the Costa Mesa Police Department for each person to be processed. For fee information and to make an appointment please call **714-754-5033**.
- e) The police department will provide you two carbon copies of the completed Live Scan form. Please retain one copy for your records and provide the other copy to CID staff in Step Four.

**Step Four** (Completed Live Scan Submittal Appointment) - After all the individuals listed in Part 2 of your application have completed the Live scan process, you must then call CID staff at **(714) 754-5618** and make an appointment to submit the completed Live Scan carbon copies. **Once this step is completed CID staff will continue processing your application.**

**Step Five** (Notice to Proceed) - After your application has been reviewed and if no issues are found, a Notice to Proceed will be issued allowing you to move onto the **Planning Division's Conditional Use Permit (CUP) application process**, if applicable.

At this point you may also begin the submittal process of background applications for employees. Please call CID staff at (714) 754-5618 for submittal requirements.

**Step Six** (Issuance of Business Permit and ID badges) - In order for CID to issue your business permit you must have:

- An approved CUP with all conditions of approval met.
- All applicable permits must be finalized which may include but are not limited to building permits and or fire permits.
- An approved Certificate of Occupancy, if applicable. Temporary certificates of occupancy **are not allowed**.
- Proof of insurance

Once you have satisfied these requirements then you may call CID staff for an appointment to receive your business permit and ID badges.

**Step Seven** (Apply for a business license) – please call (714) 754-5234 or email at [bl@costamesaca.gov](mailto:bl@costamesaca.gov).



**Please Read Carefully. Your application will not be accepted if deemed incomplete.**

**All Applicants Must Provide the Following Information:**

- 1. **Completed Medical Marijuana Business Permit Application Forms (Part 1 and Part 2) *Important! The application shall be signed and notarized by the applicant and property owner.***
- 2. **Copy of DMV issued driver's license, DMV issued ID card, or passport for each owner/officer.**
- 3. **Copy of social security card for each owner/officer.**
- 4. **Proof of address for each owner/officer (DMV issued driver's license, DMV issued ID card, passport, or recent utility bill in owner/officers name).**
- 5. **Documents pertaining to business structure, if applicable:**
  - a. Articles of Incorporation
  - b. Articles of Organization
  - c. Certificate of Limited Partnership
  - d. Statement of Partnership Authority
- 6. **Business Plan that includes at a minimum:**
  - a. Describe the target consumer for your product or service.
  - b. A budget for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operation costs. The budget must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs, as well as a description of the sources and uses of funds.
  - c. Proof of capitalization, in the form of documentation of cash or other liquid assets on hand, Letters of Credit or other equivalent assets.
  - d. A schedule for beginning operation, including a narrative outlining any proposed construction and improvements and a timeline for completion.
  - e. A pro forma for at least three years of operation.



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- f. How the business will conform to local and state law and the Attorney General's Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use.
- g. An Operational Plan that describes the day-to-day operations which meet the industry best practices for the specific type of permit in which they will be applying for in the City. At a minimum it should include the following:
  - i. Describe the total number of employees that will be employed.
  - ii. Identify any third party vendors/consultants that will be utilized at your onsite operation.
  - iii. Describe the supply chain your facility will utilize to acquire items for this operation.
  - iv. Describe how cannabis will be tracked from the supplier to final product. Specifically outline the details on how it will be monitored to prevent diversion.
  - v. Detail the specifics of manufacturing from the prospective of components and materials moving down the production line. This should identify each step of production process and give numerical detail, such as production capacity.
  - vi. Describe in detail the methods used to store and then distribute products after production. At minimum it should include the following:
    - 1. Onsite warehousing capacity.
    - 2. Location of any offsite warehousing if applicable.
    - 3. The number of vehicles used for the transportation.
    - 4. The type of vehicles utilized for this transportation.
    - 5. Whether a third party transport company will be utilized. You must identify the transport company.
  - vii. Describe how waste will be managed and made unusable.



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7. **Security Plan prepared by a qualified security consultant that includes at a minimum, the following components (additional components may be added by the City during the CUP review process):**
  - a. Details on operational security, including but not limited to:
    - i. Employee specific policies, training, sample written operational policies and procedures;
    - ii. Transactional security;
    - iii. Visitor security;
    - iv. Third party contractor security. Security personnel, if utilized, must be licensed by the State of California Bureau of Security and Investigative Services;
    - v. Delivery security.
  - b. A description and detailed schematic of the overall facility security, including but not limited to:
    - i. Perimeter security:
      1. An alarm system on all perimeter entry points and perimeter windows shall be professionally installed, maintained, and monitored. The alarm system shall be approved by the City
      2. The exterior of the business shall be monitored at all times by web-based closed-circuit television for security purposes. The camera and recording system must be approved by the City and must be of adequate quality, color rendition, and resolution to allow the ready identification of any individual committing a crime anywhere on or adjacent to the location. The recordings shall be maintained for a period of not less than six months. The owner/operator shall make the recordings available to the Costa Mesa Police Department within 24 hours of receipt of such a request.
    - ii. Building ingress and egress access security:
      1. Sensors shall be installed to detect entry and exit from all secure areas;
      2. Any bars installed on the windows or the doors of the medical marijuana business shall be installed only on the interior of the building.



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- iii. Product security (at all hours):
1. All medical cannabis and medical cannabis products shall be stored in a secured and locked room, safe, or vault, and shall be kept in a manner as to prevent diversion, theft, and loss.
iv. Internal security measures for access (area specific):
1. Limited access areas accessible only to authorized medical marijuana business personnel shall be identified in the Security Plan and on all plans submitted to the City.
v. Each medical marijuana business shall have the capability to remain secure and operational during a power outage and shall ensure that all access doors are not solely controlled by an electronic access panel, thus ensuring that locks are not released during a power outage.

8. Floor Plan. A floor plan showing existing conditions. If changes are proposed as part of the project, then a proposed floor plan should also be submitted. The floor plan(s) should be accurate, dimensioned and to-scale (minimum scale of 1/4").

9. Operation History. Provide a written statement, signed under penalty of perjury, as to whether the medical marijuana business with one or more management members in common with the applicant, previously operated in this or any other county, city or state under a similar license/permit, and whether the medical marijuana business applicant ever had such a license/permit denied, revoked or suspended and the reason(s) therefore.

10. Fees. Payment must be made by a certified check, cashier's check or money order made payable to the City of Costa Mesa. The schedule of fees is as follows:

Table with 2 columns: Fee Name and Amount. Rows include Medical Marijuana Business Permit Application Fee (\$21,525.00) and Supplemental Background Check Fee (\$300.00\*).

\*Cost per individual owner/officer. This does not include fees for Live Scan that will be collected at the time of processing by Costa Mesa Police Department.



## **Materials Included in Application Packet**

Additional material included in this packet:

- Medical Marijuana Business Permit Application Form (Part 1 and 2)
- Live Scan Fingerprinting Instructions (unique identifiers must be assigned to each individual being Live Scan fingerprinted and therefore each applicant must obtain a form with an assigned identifier from a Community Improvement Division staff member)

## **Submittal Instructions**

Submit two (2) hard copies of the application and one (1) digital copy.

Hard copy applications must be submitted in three ring binders with tabbed dividers labeled as follows:

- Medical Marijuana Application Form (include checklist items #1-5 and #9)
- Corporate Documents (include checklist item #5)
- Business Plan (include checklist item #6)
- Security Plan (include checklist item #7)
- Floor Plan (include checklist item #8)

Applications are to be taken by appointment only by contacting staff at the number below.

All items on the checklist must be included in order for staff to accept the application.

## **Contact Us**

**City of Costa Mesa  
Development Services Department  
Community Improvement Division  
Phone: (714) 754-5618  
Hours: Monday through Friday, between 8 a.m. and 5 p.m.  
Email: [katie.angel@costamesaca.gov](mailto:katie.angel@costamesaca.gov)  
Website: [www.costamesaca.gov](http://www.costamesaca.gov)**



**Applicant(s):** It is your responsibility to check with the Development Services planning division regarding any land use questions for your proposed location prior to starting this process. In addition, be aware that failure of any owner(s)/corporate officer(s) to pass the Live Scan background process will automatically disqualify this application. Processing fees are non-refundable.

Application Fee: \$21,525.00\*

**SECTION 1 – PERMIT TYPE** [Please check type of permit you are requesting]

- Medical Marijuana distributor
- Medical Marijuana manufacturer or processor
- Medical Marijuana testing laboratory
- Medical Marijuana research and development laboratory

**SECTION 2 – PROPOSED LOCATION AND PROPERTY OWNER INFORMATION**

Property Address: \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

Does this location currently have a conditional use permit (CUP) allowing the type of use you are requesting?

[Please check appropriate box]

YES  CUP # \_\_\_\_\_ NO

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_





**SECTION 3 – APPLICANT INFORMATION**

Business Name/DBA \_\_\_\_\_

Business structure - [Please check appropriate box]

- Sole Proprietor
- Corporation
- Limited Liability Company (LLC)
- Limited Partnership (LP)
- General Partnership (GP)
- Other

**Business Contact Information:**

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Agent for Service Contact Information:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



**SECTION 4 – AFFIRMATION**

Please read carefully:

I understand that as defined by Title 1, section 1-35(l), of the Costa Mesa Municipal Code (CMMC). I am deemed the responsible party for any violation(s) of the CMMC that may arise at the proposed facility location.

I understand and acknowledge that the operation of this Medical Marijuana facility must adhere to all the requirements of Title 9, Chapter VI of the CMMC and all other applicable state and local laws and all regulations promulgated thereunder and affirm that this business will be operated in compliance with applicable state and local law and all regulations promulgated thereunder. I understand and acknowledge that any permit issued based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing statements are true and correct.

**Signatures – Property owner and Applicant must provide notarized signatures.**

**Applicant**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Property Owner**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



SECTION 4 – AFFIRMATION cont.

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
) ss.
County of Orange )

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public
MY COMMISSION EXPIRES: \_\_\_\_\_

\*\*\*\*\*

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
) ss.
County of Orange )

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public
MY COMMISSION EXPIRES: \_\_\_\_\_



**SECTION 6 – “OFFICE USE ONLY”**

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Application Determined Complete: \_\_\_\_\_ By: \_\_\_\_\_

Application No.: \_\_\_\_\_

Fee amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_



Property Address \_\_\_\_\_

Business Entity Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Status: \_\_\_\_\_

Please provide the following for each (attach additional sheets if necessary):

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*\*\*\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*\*\*\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



Please provide the following for each owner/corporate officer (attach additional sheets if necessary):

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



Please provide the following for each owner/corporate officer (attach additional sheets if necessary):

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



Please provide the following for each owner/corporate officer (attach additional sheets if necessary):

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_





Please provide the following for each owner/corporate officer (attach additional sheets if necessary):

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



City of Costa Mesa, Development Services Department  
 Community Improvement Division  
 77 Fair Drive P.O. 12000, Costa Mesa, CA 92628-1200  
 Phone: (714) 754-5618 Fax (714) 754-4856

## Medical Marijuana Business Permit Live Scan Fingerprinting

City of Costa Mesa Municipal Code Section 9-495(g)(12) requires that every owner, manager, supervisor or employee of the medical marijuana business must undergo a fingerprint background check by the Police Department to verify that person’s criminal history.

The screening process requires each person to submit a Live Scan intake-form, show valid ID, and submit a fingerprint scan at the Costa Mesa Police Department. To start this process **applicants will need to obtain a Department of Justice Live Scan intake-form with a unique case number for each individual being screened** from the Community Improvement Division (CID) (2<sup>nd</sup> Floor) City Hall. To learn more about obtaining a unique Live Scan intake-form, please contact Katie Angel at 714-754-5618 or via email at [katie.angel@costamesaca.gov](mailto:katie.angel@costamesaca.gov).

The Live Scan fingerprinting must be performed at the Costa Mesa Police **BY APPOINTMENT ONLY**. For fee information and to schedule an appointment, please call 714-754-5033.

Location	Hours	Acceptable Forms of Payment
* Costa Mesa Police Dept. 99 Fair Drive Costa Mesa, CA 92627	Mon - Thurs: 8:00AM-3:30PM Fri: 8:00AM-11:30AM	Cash Cashier's Check Checks Money Order

Costa Mesa Police Department will notify the Community Improvement Division if the Live Scan background clearances resulted in a pass or fail at the California Department of Justice and Federal Bureau of Investigations levels of service.



**Medical Marijuana Business Permit  
Supplemental Background Check Application**

77 Fair Drive  
Costa Mesa, CA 92628  
**(714) 754-5618**

**MEDICAL MARIJUANA BUSINESS PERMIT APPLICANT INFORMATION**

<b>Name as Shown On Application</b>	⇒	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	⇒			

**APPLICANT INFORMATION**

<b>Social Security Number</b>	⇒	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
	⇒			
<b>California Driver's License</b>	⇒	LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.
	⇒			

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
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LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <b>NO P.O. BOXES ALLOWED</b> )	CELL PHONE #
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LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
--	---------------------	------------------

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA BUSINESS PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

<b>1</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>2</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>3</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

**STATEMENT OF PERJURY**

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF COSTA MESA, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE *	JOB TITLE (POSITION ON THE APPLICATION)	DATE
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**CITY STAFF USE ONLY**

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
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**Medical Marijuana Business Permit  
Supplemental Background Check Application**

77 Fair Drive  
Costa Mesa, CA 92628  
**(714) 754-5618**

**MEDICAL MARIJUANA BUSINESS PERMIT APPLICANT INFORMATION cont.**

<i>ARREST DATE</i>	<i>ARRESTING AGENCY / LOCATION / COURT NAME</i>	<i>CHARGE / REASON FOR ARREST</i>
<i>DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)</i>		
<i>ARREST DATE</i>	<i>ARRESTING AGENCY / LOCATION / COURT NAME</i>	<i>CHARGE / REASON FOR ARREST</i>
<i>DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)</i>		
<i>ARREST DATE</i>	<i>ARRESTING AGENCY / LOCATION / COURT NAME</i>	<i>CHARGE / REASON FOR ARREST</i>
<i>DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)</i>		

**LIST ALL REGULATED ONLY MEDICAL MARIJUANA EMPLOYMENT HISTORY**

<i>BUSINESS NAME</i>	<i>CITY / STATE</i>	<i>PHONE</i>	<i>START DATE</i>	<i>END DATE</i>

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant / employee with a Medical Marijuana Business Permit in the City. I desire and request the City Manager, or Chief of Police of the City of Costa Mesa, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Medical Marijuana Business Permit to operator or to be employed with such business as required by the City Municipal Code and State Law.

I agree to provide any information requested or deemed necessary to provide the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Costa Mesa, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record's check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Business Permit or Employee Permit.

By signing this form I am acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment from a Medical Marijuana Business Permit per the City of Costa Mesa Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
-----------------------	------	-------------------------------	------