



City of Hayward Police Department



Cannabis Establishment Work Permit Application

Answer every question as accurately as possible. Type or print clearly in ink. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, indicate "N/A" in the appropriate box. Do not misstate or omit any material fact(s). All answers are subject to verification.

You are advised that this personal history record is an official document. Any misrepresentation or failure to reveal requested information may be deemed to be sufficient cause for denial of your application, or revocation of your permit.

Name of Cannabis Establishment: _____

Address of Cannabis Establishment: _____

1. PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Aliases, Nicknames, Maiden Names, Other Name Changes, Legal or Otherwise:					
Current Residence Address:			City:	State:	Zip:
Driver's License No:	State:	Expiration Date:	Phone: Home _____ Work _____ Cell _____ Other _____		
Social Security No:					
Occupation:					
Date of Birth:		Place of Birth (City, State, Country):			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color:	Hair Color:	Weight:	Height:	Race/Ethnicity:
Marks, Scars, Tattoos:					
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alien Registration No. _____					
If Naturalized, Certificate No. _____ Place of Naturalization: _____					
Date: _____					

2. PAST RESIDENCES: Excluding your current residence, list all residences you have had for the last 3 years.

Month and Year From – To	Street and Number	City	State/Zip Code
____ / ____ To ____ / ____			
____ / ____ To ____ / ____			
____ / ____ To ____ / ____			

3. CRIMINAL HISTORY (Convictions only):

- a. Have you ever been convicted of a felony?
 - Yes
 - No
- b. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed pursuant to Penal Code section 1203.4 must be disclosed.)
 - Yes
 - No

If you answered “yes” to either of the above questions provide details here.

Date of Arrest	Arresting Agency Location – City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

- c. Are you currently on probation?
 - Yes
 - No

If you answered “yes” to the above questions provide details here:

4. LICENSING HISTORY:

- a. Have you ever applied to any local, state or federal government agency for a cannabis permit, badge, or license in any state?
 - Yes
 - No
- b. Have you ever been denied a cannabis establishment work permit or license by any law enforcement agency, or had any such permit or license revoked or suspended?
 - Yes
 - No
- c. Have you ever withdrawn an application for a cannabis establishment work permit?
 - Yes
 - No

If you answered "yes" to any of the above questions provide details here:				
Government Agency	Type of Application	Approved/ Denied	Dates Held	Reasons for Denial, Revocation, or Suspension
			___ / ___ To ___ / ___	
			___ / ___ To ___ / ___	

- d. Have you ever been questioned about your participation in any drug-related offense, in or outside of California, or by any law enforcement agency?
 - Yes
 - No
- e. Have you ever been prohibited from being present on the premises of any cannabis establishment by any government officer, agency, or gambling establishment?
 - Yes
 - No

If you answered "yes" to either of the above questions provide details here:

DECLARATION

I, _____, attest that I have read the foregoing Work Permit Questionnaire and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my permit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____
Today's Date City, State

Signature of Application