

# Medicinal Cannabis Light Manufacturing Application Packet

The City of Santa Monica has created this Medicinal Cannabis Light Manufacturing (MCLM) Application Packet to ensure a seamless transition into compliant operations.

## 2017-18 Cost Summary for New Applicants

Fee/Tax	Amount
Conditional Use Permit <i>(if applicable)</i>	\$17,204.55
Light Manufacturing Permit Application	\$99.58
Business License Planning Review Fee	\$398.57
Fingerprint/Live Scan Fee <i>(per person)</i>	\$107.13
Business License Minimum Tax <i>(non-profit businesses exempt)</i>	\$75
State Mandated CASp Fee	\$4
Industrial Waste Water Permit <i>(if applicable)</i>	Fees vary based on permit type

## Cannabis Ordinance

[Santa Monica Ordinance No. 2556](#) provides for licensing and regulations of medicinal cannabis businesses.

Learn more at [www.smgov.net/BusinessLicense](http://www.smgov.net/BusinessLicense)



## MCLM CHECKLIST

Submit all the following to the Business License office:

- Business License Application
- MCLM Permit Application
- Personal History Forms
- Live Scan Forms
- Copy of Articles of Organization or Incorporation
- Copy of State application for the proposed manufacturing operations  
*Note: a copy of the issued State permit will be required before a Santa Monica license can be issued*
- Site Plan
- Payment of all applicable taxes and fees



For **Business License** requirements, contact us  
Email: [business.license@smgov.net](mailto:business.license@smgov.net) | Telephone: (310) 458-8745

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## BUSINESS LICENSE APPLICATION COMMERCIAL LOCATION

Notice #:	
Official Use Only	
BL #:	
Fees Paid: \$	_____
Paid By:	<input type="checkbox"/> Ca. <input type="checkbox"/> Ck # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> Disc. <input type="checkbox"/> MC <input type="checkbox"/> Web
Date Paid:	_____
Processed by:	_____

### Santa Monica Business License Period—July 1 through June 30

There is no proration for a business license issued after the start of a licensing period. A daily license will expire at midnight on the day it was issued (*Special Event Promoters only*). A standard business license will expire on the next June 30th after it was issued. (SMCC 6.04.120 and 6.04.110)

Complete this application if your business is operated from a commercial location within the City of Santa Monica.

#### BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

1	DBA (if applicable):				
2	Legal Business Name:				
3	Business Physical Address:				
	Number	Street	Unit/Suite #	City	State Zip
4	Business Mailing Address:				
	<input type="checkbox"/> Same as Physical Address				
	Number	Street	Unit/Suite #	City	State Zip
5	Business Phone:		Alternate Phone: <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other		
6	Date business began (or will begin) within the City of Santa Monica?		Month	Day	Year
	Is this business a non-profit or exempt entity? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please provide documentation with your application
7	Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			CA Corporate ID # _____	
8	Email:			Website:	
9	Please describe in detail your business activity to be conducted within the City of Santa Monica:				
10	NAIC Code (if known):		Resale Number (if applicable):		Federal Employer ID #:
11	State License # (if applicable):		License Type:		Exp. Date:
12	Does this business sell tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No		If selling goods, what type of sales? <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Both <input type="checkbox"/> N/A		

#### OWNER/OFFICER INFORMATION (ALL FIELDS REQUIRED)

13	First Name:		Last Name:		
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
	Residential Address:				Phone:
	Number	Street	Unit/Suite #	City	State Zip
	Email:		DOB:	Driver's License or Gov't Issued ID	SSN:

#### ADDITIONAL OWNER/OFFICER INFORMATION (IF APPLICABLE)

14	First Name:		Last Name:		
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
	Residential Address:				Phone:
	Number	Street	Unit/Suite #	City	State Zip
	Email:		DOB:	Driver's License or Gov't Issued ID	SSN:

Complete next page

## AUTHORIZED REPRESENTATIVE CONTACT INFORMATION

15	<input type="checkbox"/> Same as owner	First Name:	Last Name:	Title:	
		Contact Phone:	Email:		

## BUSINESS ACTIVITY INFORMATION (REQUIRED)

16 Please designate the type of business you are or intend to engage in at the address in line 3:

<input type="checkbox"/> Agent/Broker (Commodities, Real Estate, Etc.) <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Building Contractor (Specialty: _____) <input type="checkbox"/> Corporate or Administrative Headquarters <input type="checkbox"/> Delivery or Pickup — <b>complete the delivery application</b>	<input type="checkbox"/> Professions (Lawyer, Doctor, Etc.) <input type="checkbox"/> Rental of Property (Commercial or Residential) — <b>submit the Lessor Supplemental Form with this application</b> <input type="checkbox"/> Retail/Wholesale/Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Other (specify): _____
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17 Number of personnel working 4 hours or more per week at this site? \_\_\_\_\_

18  Check here if you do not wish your business' information posted on the City of Santa Monica's website.

## DECLARATION AND SIGNATURE (ALL FIELDS REQUIRED)

I declare, under penalty of making a false declaration, that I am authorized to complete this form, and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable Santa Monica Municipal Code provisions, state and federal laws and all conditions set forth above. I also understand and I am familiar with such local, state and federal laws and the conditions set forth above may result in revocation of this license.

Print Name:	Title:
Signature:	Date:

## FEES DUE:

**RETURN ENTIRE APPLICATION PACKET WITH PAYMENT TO ABOVE ADDRESS • MAKE CHECK PAYABLE TO THE CITY OF SANTA MONICA**  
*Acceptance of payment does not constitute approval of business license. Authorization to conduct business is not granted until license is issued.*

**Check here and enter \$0 in the Business License Tax box below if claiming the Small Business Exemption (SBE)**  
*You may not claim the SBE if annual worldwide gross receipts will exceed \$40,000.00 or if you are filing this application more than thirty (30) days after your business start date.*

**Check here and enter Exempt in the Business License Tax box below if claiming tax exempt status.**  
*Please submit proof of exemption status with your application.*

<p><b>NOTE:</b> On 9/19/12, Governor Brown signed into law Senate Bill 1186 which adds a state fee of \$1 on any applicant for a local business license, similar instrument or permit, or renewal. On 10/11/17, Governor Brown signed into law Assembly Bill 1379, which increases the fee to \$4 for six years from 1/1/18 through 12/31/23. The purpose of this fee is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for business in order to facilitate compliance with federal and state disability laws, as specified under federal law. Compliance with disability access is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligation to comply with the disability access laws at the following agencies:</p> <p>The Division of the State Architect at <a href="http://www.dgs.ca.gov/das/home.aspx">www.dgs.ca.gov/das/home.aspx</a>                  The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a>                  The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a></p>	LICENSE FEES DUE		OFFICIAL USE ONLY
	Please Note: Fee payments are non-refundable		
	Business License Tax (if operating as a for profit business)	\$ 75.00	\$
	Zoning Review Fee (Complete form)	\$ 398.57	\$
	State Mandated Fee	\$ 4.00	\$
	Light Manufacturing Permit	\$ 99.58	\$
	Fingerprinting/Live Scan Fee (per person)	\$ 107.13	\$
	Late Penalty	\$	\$
	BID Fees	\$	\$
	Additional Fees	\$	\$
	Total Due	\$	\$
	Amount Paid	\$	\$
Fees Due	\$	\$	

*Thank you for doing business in the City of Santa Monica!*

SANTA MONICA BUSINESS LICENSE APPLICATION — COMMERCIAL

## BUSINESS LICENSE COMMERCIAL ZONING REVIEW FORM

OFFICIAL USE ONLY	
BL#	
REC#	

*Businesses operating from a commercial location are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.*

### BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):	
Business Physical Address:			
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i>
		<i>State</i>	<i>Zip</i>
Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

### BUSINESS ACTIVITY INFORMATION

*Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)*

A.	Are you the owner of the subject property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Is the business currently licensed in the City of Santa Monica?	<input type="checkbox"/> Yes, BL# _____	<input type="checkbox"/> No
C.	Is your business moving from one location to another on the same property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Is the business relocating to the building's 2nd floor or above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Is the business activity similar to the previously licensed tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Does the business lease space from an existing, licensed tenant in the same profession? <i>(e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Is the business located in a shared office space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### COMMERCIAL LOCATION INFORMATION

1.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?	<input type="checkbox"/> 100%	<input type="checkbox"/> 99%-76%	<input type="checkbox"/> 75-51%	<input type="checkbox"/> 50-26%	<input type="checkbox"/> 25-16%	<input type="checkbox"/> 15-1%	<input type="checkbox"/> None	
2.	Are you operating a business that has obtained an entitlement through City Planning? <i>(e.g. Conditional Use Permit, Alcohol Exemption)</i>	<input type="checkbox"/> Yes							<input type="checkbox"/> No
	If Yes, please list case #:								
3.	Does the business use, promote and allow for a walk-in clientele?	<input type="checkbox"/> Yes							<input type="checkbox"/> No
	If No, please explain:								
4.	Do you prepare or sell food at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have customer seating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5.	Do customers purchase food at a walk-up counter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do wait staff take orders from the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6.	Describe the food sales:								
7.	Does this business involve the sale of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alcohol license type:					

*If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.*

Complete next page

SANTA MONICA BUSINESS LICENSE — COMMERCIAL ZONING REVIEW FORM



## BUSINESS LICENSE INDUSTRIAL WASTE WATER PERMIT APPLICATION

OFFICIAL USE ONLY

BL # \_\_\_\_\_

Date Stamp

An industrial waste water permit is required for certain commercial and industrial facilities that discharge to the City sewer or storm water collection systems which have potential to impact the publicly owned treatment works or water of the State. For more information on the industrial waste water permit, please contact the Water Resources Protection Program at 310-458-8325.

### BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

1	Legal Business Name:	DBA:
2	Business Physical Address:	
	<i>Number</i> <i>Street</i> <i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>	
3	Business Mailing Address:	
	<input type="checkbox"/> Same as Physical Address <i>Number</i> <i>Street</i> <i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>	
4	Business Phone:	Alternate Phone: <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other

**All applicants subject to the Industrial Wastewater Permit fee are also subject to the application fee in addition to any other fees applicable to the business activity.**

Description of Business Activity	Permit Fee	Application Fee	Total
<input type="checkbox"/> <b>Permit Class 1:</b> Small market, vet/pet hospital, small hotel/motel (less than 20 beds), coffee shop, small food establishment—single deep fryer, no grease interceptor/trap device.	\$232.83	\$75.32	<b>\$308.15</b>
<input type="checkbox"/> <b>Permit Class 2:</b> Small bakery, mid-sized market, rug/upholstery, welding, auto repair (1—2 bays), med-sized motel (21-60 beds), bar/nightclub, food establishment with 2 or more fryers.	\$854.98	\$75.32	<b>\$930.30</b>
<input type="checkbox"/> <b>Permit Class 3:</b> Med-sized bakeries, franchise/chain restaurant, gas stations, large markets, hotel/motel (61-250 beds), auto dealerships, car washes, aircraft repair, auto repair (3-4 bays), car rental, light manufacturing, construction dewatering up to 15,000 gallons/day, food establishments with between 150-200 seats.	\$1,310.23	\$75.32	<b>\$1,385.55</b>
<input type="checkbox"/> <b>Permit Class 4:</b> Large commercial bakeries, market with kitchen/deli, auto repair (4 or more bays), construction dewatering up to 18,000 gallons/day.	\$1,894.76	\$75.32	<b>\$1,970.08</b>
<input type="checkbox"/> <b>Permit Class 5:</b> Hospitals, colleges, pharmaceutical (less than 5 labs), petroleum, oil/grease recycling, med-heavy industry, construction dewatering up to 100,000 gallons/day.	\$2,350.04	\$75.32	<b>\$2,425.36</b>
<input type="checkbox"/> <b>Permit Class 6:</b> Metal finishing/plating, site under remediation, paint/pesticide formulators, pharmaceutical (more than 5 labs) construction dewatering in excess of 100,000 gallons/day.	\$5,362.00	\$75.32	<b>\$5,437.32</b>
<input type="checkbox"/> <b>Permit Class 99:</b> Dentists and all dental activities; Coffee shops with <b>no cook line</b> .	\$133.74	\$75.32	<b>\$209.06</b>

**None of the above** permit descriptions apply to my business activity. Please briefly describe your business activity:

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### ACKNOWLEDGMENT AND CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information in this document and that based on my knowledge I represent that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment

_____	_____
<i>Print First Name</i>	<i>Print Last Name</i>
_____	_____
<i>Signature</i>	<i>Title</i>
	_____
	<i>Date</i>

Office Use Only	
<input type="checkbox"/> Approved:	<input type="checkbox"/> Approved By:
<input type="checkbox"/> Denied:	Reason:

SANTA MONICA—WASTE WATER PERMIT APPLICATION

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## MEDICINAL CANNABIS LIGHT MANUFACTURER PERMIT APPLICATION

E: Salvador.Valles@smgov.net  
 W: smgov.net/departments/PCD

All sections of this form must be typed or printed in blue or black ink.

### SECTION A

#### BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name:		DBA (if applicable):	
Headquarters Address:			
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>
<small>State</small>	<small>Zip</small>		
Federal Employer Identification number (FEIN):		Is this business a non-profit or exempt entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the IRS 501c3 documentation with your application.			
Number of shares issued by Corporation:		Number of shares retained by Corporation:	
Business Phone:		Alternate Phone: <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other	

#### OWNERSHIP STRUCTURE

Select the type of ownership of this business. Complete this form and provide the information listed under the appropriate ownership type. If applicable, provide a copy of the fictitious business name statement.

<input type="checkbox"/> Sole Proprietorship  ⇒ Application Contact Information ⇒ Owner/Officer Background information ⇒ Manager information ⇒ Acknowledgement & Confirmation	<input type="checkbox"/> Partnership (including limited partnership)  ⇒ Owner information for <b>each owner or partner</b> <b>Please Note: If one or more of the partners is a corporation, complete all of the provisions listed under Corporation for that partner</b>  ⇒ Manager information ⇒ Owner Background information ⇒ Acknowledgement & Confirmation  <input type="checkbox"/> Attach a certified copy of the Certificate of Limited Partnership filed with the Secretary of State	<input type="checkbox"/> Corporation (including limited liability corporation)  ⇒ Owner/Officer information for <b>each of the current:</b> <ul style="list-style-type: none"> <li>● Owners</li> <li>● Officers</li> <li>● Directors</li> </ul> ⇒ Designated Officer information ⇒ Manager information  <ul style="list-style-type: none"> <li>● Stockholders holding more than 5% of the stock</li> <li>● Agent of service</li> </ul> ⇒ Owner Background information ⇒ Acknowledgement & Confirmation  <input type="checkbox"/> Attach a certified copy of the Certificate of Incorporation filed with the Secretary of State
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#### PARENT/SUBSIDIARY INFORMATION (If applicable)

Legal Business Name:					
Business Physical Address:					
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Description of the nature of the parent/subsidiary relationship to the entity applying for this permit:					

#### AGENT OF SERVICE CONTACT INFORMATION (If applicable)

First Name:		Last Name:	
Agent's Company Name (if applicable):		Department (if applicable):	
Agent Mailing Address:			
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>
<small>State</small>	<small>Zip</small>		
Agent Phone:		Agent Email:	

#### APPLICATION CONTACT INFORMATION (NOTE: Contact information provided below will be used by the City to communicate with applicant.)

First Name:		Last Name:	
Phone:		Email:	
Contact Mailing Address:			
<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>
<small>State</small>	<small>Zip</small>		

All sections of this form must be typed or printed in blue or black ink.

## SECTION B

### OWNER/OFFICER INFORMATION *(Attach as many sheets as needed; Each person listed here must also complete a personal history form)*

List all owners, officers, directors, general partners, principals and managing members, position held and percentage owned *(if applicable)*. Include any person who has any form of ownership interest in the business, including but not limited to inventory, equipment, real estate or services.

<b>OWNER 1</b>	First Name:		Last Name:			
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____					
	Position / Interest held:			Percentage owned:		
	Residential Address:				Phone:	
	<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Email:			Driver's License Number:		Issuing State:	
<b>OWNER 2</b>	First Name:		Last Name:			
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____					
	Position / Interest held:			Percentage owned:		
	Residential Address:				Phone:	
	<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Email:			Driver's License Number:		Issuing State:	
<b>OWNER 3</b>	First Name:		Last Name:			
	Title: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____					
	Position / Interest held:			Percentage owned:		
	Residential Address:				Phone:	
	<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Email:			Driver's License Number:		Issuing State:	

## SECTION C

### MANAGERS AND KEY PERSONS *(Attach as many sheets as needed; Each person listed here must also complete a personal history form)*

List any managers and key persons who will be responsible for the activities of the Santa Monica Light Manufacturing operation. Include any individuals that are also listed as owners, officers, etc., in the previous section.

<b>MANAGER 1</b>	First Name:		Last Name:		Title:
	Residential Address:				Phone:
	<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>
Email:			Driver's License Number:		Issuing State:
<b>MANAGER 2</b>	First Name:		Last Name:		Title:
	Residential Address:				Phone:
	<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>
Email:			Driver's License Number:		Issuing State:
<b>MANAGER 3</b>	First Name:		Last Name:		Title:
	Residential Address:				Phone:
	<small>Number</small>	<small>Street</small>	<small>Unit/Suite #</small>	<small>City</small>	<small>State</small>
Email:			Driver's License Number:		Issuing State:

### ACKNOWLEDGEMENT AND CONFIRMATION

The undersigned hereby states that the statements made in this form are true and correct to the best of their knowledge and belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information may be cause for refusal to issue, suspension, or revocation, of any License issued.

\_\_\_\_\_ Signature

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

\_\_\_\_\_ Date

## MEDICINAL CANNABIS LIGHT MANUFACTURING PERSONAL HISTORY FORM

E: Salvador.Valles@smgov.net  
 W: smgov.net/departments/PCD

This form is required for each person listed in Sections B & C of the Medicinal Cannabis Light Manufacturer Permit Application Form. All forms must be typed or printed in blue or black ink.

### BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name:  
*(must match Secretary of State business registry)*

DBA:

Business Headquarters Address: \_\_\_\_\_  
Number Street Unit/Suite # City State Zip

Business Mailing Address: \_\_\_\_\_  
Number Street Unit/Suite # City State Zip

Business Contact Phone:

Contact Email:

### PERSONAL HISTORY—OWNER, OFFICER, MANAGER AND KEY PERSONS

First Name:

Last Name:

Title/Position:

Residential Address: \_\_\_\_\_  
Number Street Unit/Suite # City State Zip

Driver's License Number:

State:

Exp. Date:

Phone:

Date of Birth: 

Month	Day	Year

 I have resided in California for \_\_\_\_\_ years, in Los Angeles County for \_\_\_\_\_ years.

### CRIMINAL RECORD

Have you been convicted of a crime in the last seven years, which resulted in conviction or plea of nolo contendere (no contest)?  Yes  No  
 If yes, enter the information below. If you need more room, please attach a separate sheet.

A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Convictions dismissed under Penal Code section 1203.4, Health and Safety Code section 11361.8 or equivalent non-California law must be disclosed. Juvenile adjudications and traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances do not need to be included.

Criminal Record 1	Description of Charge:	Date Charged:
	Disposition:	
	Jurisdiction:	
Criminal Record 2	Description of Charge:	Date Charged:
	Disposition:	
	Jurisdiction:	
Criminal Record 3	Description of Charge:	Date Charged:
	Disposition:	
	Jurisdiction:	

### ACKNOWLEDGEMENT AND CONFIRMATION

The undersigned hereby states that the statements made in this form are true and correct to the best of their knowledge and belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information may be cause for refusal to issue, suspension, or revocation, of any License issued.

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Date*

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# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed