

ADDENDUM A

CRIMINAL HISTORY RECORD AUTHORIZATION

The City of Center Line may obtain a criminal history records check as part of the Medical Marihuana Facilities licensing process.

Complete a separate form for each individual subject to a background check.

Date: _____

I, _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the City of Center Line Clerk's Office. I understand that my ethnicity, date of birth, sex, and my age will not be made a part of my Application, nor will they be considered in the review of my License.

I acknowledge that a complete full background investigation, including but not limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Center Line City Clerk's Office has the right to deny issuance of a Permit based on the results of this investigation.

(Please Print Clearly)

Full Name:		Maiden/Other:
Date of Birth:	Sex:	Race:
Driver's License Number:		
OWNER EMPLOYEE <i>(circle one)</i> of the Applicant		
List all names you have ever used:		

Signature

NOTE: ALL CRIMINAL HISTORY RECORD AUTHORIZATION MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION

ADDENDUM B

OWNER INFORMATION

Full Name (Last, First, Middle):		Date of Birth:
Home Address:		Social Security Number:
Daytime Phone Number:	Alternate Phone Number:	
Business Name:		Website Address:
Primary Occupation:		
Primary Employer:		
Business Address of Primary Employer:		
Daytime Phone Number:	Email Address:	

Does the above-referenced person or any business with which he or she is affiliated owe money to the City of Center Line? Yes No

If Yes, describe the reason: _____

List all businesses in which the above-referenced person has an ownership percentage of 25% or greater:

NOTE: ALL OWNER INFORMATION FORMS MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION

ADDENDUM C

EMPLOYEE INFORMATION FORM

Full Name (Last, First, Middle):	Date of Birth:
Home Address:	
Daytime Phone Number:	Alternate Phone Number:
<u>Most Recent Employer:</u> Business Name: Position(s) Held: Dates of Employment: Reference Person/Phone Number:	

NOTE: ALL EMPLOYEE INFORMATION FORMS MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION