



SALINAS POLICE DEPARTMENT
Investigations Division
222 Lincoln Avenue
Salinas, Ca 93901

CANNABIS EMPLOYEE APPLICATION

The following is the work permit application approval process, please read the instructions carefully:

1. **Complete the Work Permit Application thoroughly and accurately. NOTARY FORM MUST BE COMPLETED PRIOR TO YOUR APPOINTMENT.**
2. Date, print, and sign your name in a legible fashion.
3. You will be required to complete the livescan portion **BEFORE** your appointment at the Salinas Police Dept. **Please bring a copy of your livescan form filled out by the livescan provider.**
4. You must bring the **original application** and valid identification, such as a driver's license, state identification card, military identification, or passport with you to your appointment. **(Note: Applicants who do not have the original application and valid ID will be turned away.)**
5. Once the application review/investigation process has been completed, the Investigations Division will provide you with a written notice granting or denying your application. Your application may be granted with or without limitations and conditions being placed on the work permit. If your application is denied, the written notice will provide the grounds for the denial and will provide you with an opportunity for an administrative hearing in which you can contest the denial.
6. The Salinas Police Department will notify the appropriate Cannabis Employer when the Applicant's Work Permit (badge) is ready to be picked up if the application is approved. We shall also notify the Cannabis employer & employee if your application has been denied.
7. No Work Permit may be issued unless and until the requisite application fees have been paid, the background investigation has been completed and the applicant is deemed qualified pursuant to SCC, Section 16B-30.50.

For Appointments please call: Evelia Marr at (831) 758-7226. If I am unable to take your call, please leave a message.

Appointment Date & Time

_____ @



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Sec. 16B-30.50. - Employees; employee work permits; identification.

- (a) Any person who is an employee or who otherwise works or volunteers within a commercial cannabis business must obtain a work permit from the chief of police. The chief of police is hereby authorized to promulgate all regulations necessary to implement the work permit process contemplated in this section including, but not limited to, the reasons for denial of a work permit to any person. A work permit shall be valid for a twelve month period and must be renewed on an annual basis. Applications for work permits shall be submitted under oath and shall contain a statement of the past criminal record, if any, of the applicant and such information as may be deemed necessary by the chief of police to determine whether it would be appropriate and in the public interest to issue a work permit to the applicant. The initial application shall be accompanied by fingerprints and a recent photograph of the applicant in a form and manner as required by the chief of police. In the event a person changes employment from one commercial cannabis business within the city to another, the work permit holder shall notify the chief of police in writing of the change of employment within ten days of such change or the work permit shall be suspended or revoked.
- (b) Each person to whom a work permit is issued shall wear his or her personal identification card, issued by the city of Salinas, at a prominent and readily-visible location on the outermost garment and approximately chest-high. Such identification card shall at all times be in good and readable condition.
- (c) Each owner or operator of a commercial cannabis business shall maintain on-site a current register of all the employees currently employed by the commercial cannabis business and shall produce such register to the chief of police, his/her designee, or any other city of Salinas official authorized to enforce the Salinas City Code for purposes of determining compliance with this chapter.
- (d) Each application for a work permit and renewal of an existing work permit shall be accompanied by a fee set by resolution of the city council and shall be valid for a period of twelve months from the date of issuance, unless terminated, suspended, or revoked sooner. The fee is non-refundable and shall not be returned in the event the work permit is denied, revoked, or suspended.

(Ord. No. 2597(NCS), § 2, 8-15-2017)



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PERSONAL INFORMATION *All info Mandatory*

Last Name First MI

Alias/Maiden Name First MI

Residence—Address Apt. City State Zip

Mailing Address * Provide a mailing address only if different than the Residence Address.

Home Phone Cell Phone

*Note: At least one phone number is required.

Drivers License/ ID Card # State Expiration Date Social Security Number

Date of Birth City & State of Birth Male Female

Hair Color Eye Color Height Weight Right Handed Left Handed

WORK HISTORY

Please list each job (including current) held within the past (5) five years. If you have no work history to list, you may go to the next page.

EMPLOYER POSITION FROM/TO (MM/YYYY) CITY,STATE REASON LEFT



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3. Within the ten (10) year period immediately preceding the submission of this application have you been convicted of any misdemeanor involving dishonesty, moral turpitude, prostitution, sale or possession for sale of a controlled substance, gambling, or any other crime substantially related to the qualifications, functions, or duties of the Cannabis Business, not including any convictions that have been expunged or dismissed as provided by law?

Yes No

ARREST DATE (mm/yyyy)	AGENCY	CITY/STATE	OFFENSE	DISPOSITION

4. For the purpose of this permit, who will be your employer?

Business Name: _____

Address: _____

Phone Number: _____

Hire Date: _____

Position: _____

Supervisor's Name: _____



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PLEASE READ CAREFULLY BEFORE SIGNING:

I have read the foregoing application and know the consequences thereof; that the statements contained on this application contain a full and true account of the information requested; that any misrepresentation of facts or failure to reveal information requested may be deemed sufficient cause to deny the issuance of a Work Permit. I am aware that late notifications or an omission or misrepresentation made on the application may be grounds for the revocation, denial or suspension of Work Permit pursuant to Salinas City Code, Section 16B-30.50. (See Attached).

In addition, I am aware that the Work Permit that I may be issued is the sole property of the Salinas Police Department and the City of Salinas. I understand that should my Commercial Cannabis employment be terminated, I am required to immediately surrender the Work Permit.

I certify under penalty of perjury under the laws of the State of California that the statements I have made on this application are true and correct. I have completely read this application and by signature acknowledge that I understand it.

Applicant Signature: _____ Date: _____

THIS IS AN APPLICATION ONLY, NOT A PERMIT