



SALINAS POLICE DEPARTMENT

Investigations Division
222 Lincoln Avenue
Salinas, CA 93901

GENERAL AUTHORIZATION OF DISCLOSURE OF INFORMATION ON CANNABIS WORK PERMIT APPLICANT

The person whose signature appears below has filed an application for a Cannabis work permit with the Chief of Police for the City of Salinas pursuant to 5-05.09, and et seq. of the Salinas Municipal Code. The Chief of Police has the authority under Section 5-05.09 of the Salinas Municipal Code to investigate the applicants qualifications for the Cannabis work permit and to require the applicant to provide the information the Chief of Police seeks in order to conduct a thorough initial background in regards to issuance of a work permit.

Any information, documents, records, or writings that a person provides pursuant to this authorization shall be used solely for the administration of section 5-05.09 of the Salinas Municipal Code and shall not be disclosed by the Chief of Police except as required by applicable law.

This authorization is effective as of the date of execution and shall remain in effect so long as the applicant is permitted to work in a Cannabis located within the City of Salinas.

The applicant states as follows:

1. I hereby authorize and request all persons to whom this authorization is presented, having any information, documents, records, or writings of any nature whatsoever relating to or concerning me, to disclose such information, documents, records, or writings as the Chief of Police or any authorized designee of the Chief of Police may request.
2. I hereby authorize and request all persons having information, documents, records, or writings of any nature or kind whatsoever relating to or concerning me, to permit the Chief of Police or any authorized designee of the Chief of Police to review and copy any and all such information, documents, records, or writings as the Chief of Police or any authorized designee of the Chief of Police may request to review and copy.
3. I hereby authorize a photocopy of this authorization, duly executed by me, to be treated for all intents and purposes as valid as the original.

Print Name	Signature	Date
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CALIFORNIA ALL PURPOSE ACKNOWLEDGEMENT

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, County of _____

On _____ before me, _____, Notary Public,
(Name & Title of Officer)

personally appeared _____,
Name of Signer(s)

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 the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)