



# Commercial Cannabis Employee Permit Application

# City of Oxnard

Department of Billing and Licensing  
214 South "C" Street, Oxnard, CA 93030  
Phone: 805.385.7817  
oxnard.org/cannabis

## APPLICANT INFORMATION

Name of Applicant (as it appears on your identification):  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth (DD/MM/YYYY): \_\_\_\_\_ (must be 21 years of age or older) Social Security No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Commercial Cannabis Business where you will be employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Primary Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SUP/DDR Number: \_\_\_\_\_ Local Equity Applicant:  Yes  No  
 Commercial Cannabis Business Permit Type:  Retail  Manufacturing  Distribution  Cultivation and Testing

## CANNABIS EMPLOYEE PERMIT REQUIREMENTS

Have you been convicted of an offense within the last seven years? If so, please list any crimes enumerated in Cal. Bus. And Prof Code Section 26057(b)(4) for which you were convicted. Failure to list any conviction will be reason for denial of the permit applied for.

Date	Location (City and State)	Charge(s)	Disposition

Have you been fired, resigned, or asked to leave from any previous employers within the last seven years? Failure to list any dismissal will be reason for denial of the permit applied for.

Date	Location (City and State)	Business Name	Reason for dismissal

## HOW SHOULD PAYMENT BE MADE?

- The forms of payment that we accept (and preferred payment means, in this order): Payments made to: The City of Oxnard
- Debit/Credit Card (Mastercard/VISA only)
  - Certified Check
  - Cashier's Check
  - Money Order
  - Cash
  - Personal/business checks, Wire Transfers - NOT ACCEPTED

## APPLICATION CERTIFICATION

Under penalty of perjury, I hereby declare that the information contained within and submitted with the form is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this form, denial of a permit or revocation of a permit issued.

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Title Date

## SEC. 11-455. CANNABIS EMPLOYEE PERMIT REQUIRED.

A request for a cannabis employee permit will only be initiated after securing a favorable recommendation for a commercial cannabis business permit. If an owner has employees at the time of submittal of the commercial cannabis business permit application, a request for a cannabis employee permit can be initiated in advance of issuance of a discretionary land use permit.

- (A) Any person who is an employee or who otherwise works within a commercial cannabis business must be legally authorized to do so under applicable State law.
- (B) Any person who is an employee or who otherwise works within a commercial cannabis business must obtain a commercial cannabis employee work permit from the city prior to performing any work at any commercial cannabis business.
- (C) Applications for a commercial cannabis employee work permit shall be developed, made available, and processed by the city manager or his or her designee(s), and shall include, but not be limited to, the following information:
- (1) Name, address, and phone number of the applicant;
  - (2) Age and verification of applicant. A copy of a birth certificate, driver's license, government issued identification card, passport or other proof that the applicant is at least 21 years of age must be submitted with the application;
  - (3) Name, address of the commercial cannabis business where the person will be employed, and the name of the primary manager of that business;
  - (4) A list of any crimes enumerated in Cal. Bus. and Prof. Code, Section 26057(b)(4) for which the applicant or employee has been convicted;
  - (5) Name, address, and contact person for any previous employers from which the applicant was fired, resigned, or asked to leave and the reasons for such dismissal or firing;
  - (6) The application shall be accompanied by fingerprints and a recent photograph of the applicant in a form and manner as required by the city manager or his or her designee(s);
  - (7) A signed statement under penalty of perjury that the information provided is true and correct;
  - (8) If applicable, verification that the applicant is a qualified patient or primary caregiver;
  - (9) A fee paid in an amount set by resolution of the city council in an amount necessary to cover the costs of administering the employee work permit programs. The fee is non-refundable and shall not be returned in the event the work permit is denied or revoked.
- (D) (1) The applicable city department head or his or her designee(s) shall review the application for completeness, shall conduct a background check to determine whether the applicant was convicted of a crime or left a previous employer for reasons that show the applicant:
- (a) Has been convicted of a crime involving dishonesty, fraud or deceit, including but not limited to fraud, forgery, theft, or embezzlement as those offenses are defined in Cal. Penal Code, Sections 186.11, 470, 484, and 504a; or
  - (b) Has committed a felony or misdemeanor involving fraud, deceit, embezzlement; or
  - (c) Was convicted of a violent felony, a crime of moral turpitude; or
  - (d) The illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substances Act, except for cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996.
- (2) Discovery of these facts showing that the applicant is dishonest or has been convicted of the requisite crimes are grounds for denial of the permit. Where the applicant's sentence (including any term of probation, incarceration, or supervised release) for possession of, possession for sale, sale, manufacture, transportation, or cultivation of a controlled substance is completed, such underlying conviction shall not be the sole ground for denial of a commercial cannabis work permit. Furthermore, an applicant shall not be denied a permit if the denial is based solely on any of the following: (i) a conviction for any crime listed in subsection (D)(1)(d) above for which the applicant has obtained a certificate of rehabilitation pursuant to Cal. Penal Code, Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3, or (ii) a conviction that was subsequently dismissed pursuant to Cal. Penal Code, Sections 1203.4, 1203.4a, or 1203.41 or any other provision of State law allowing for dismissal of a conviction.
- (E) The applicable department head or his or her designee(s) shall issue the commercial cannabis employee permit or a written denial to the applicant within 30 days of the date the application was deemed complete. In the event the cannabis employee work permit cannot be issued within this time period, then the city manager or his or her designee(s) may issue a temporary work permit for an employee upon completing a preliminary background check and if the business can demonstrate to the city manager or his or her designee(s) that the employee is necessary for the operation of the business. The temporary permit may be immediately revoked by the city manager or his or her designee(s) upon determination that the applicant has failed the background check or upon the issuance of the permanent work permit.
- (F) An employee work permit shall be valid for a 12-month period and must be renewed on an annual basis. Renewal applications shall contain all the information required in subsection (C) above including the payment of a renewal application fee in an amount to be set by resolution of the city council.
- (G) In the event a person changes employment from one commercial cannabis business in the city to another, the work permit holder shall notify the applicable department head or his or her designee(s) in writing of the change within ten days, or the work permit shall be suspended or revoked, and such person shall not be permitted to work at any commercial cannabis business in the city.
- (H) The city may immediately revoke the commercial cannabis employee permit should the permit holder be convicted of a crime listed in subsection (D) above or if facts become known to the city that the permit holder has engaged in activities showing that he or she has been convicted of a crime involving dishonesty.
- (I) The city manager or his or her designee(s) is hereby authorized to promulgate all regulations necessary to implement the work permit process and requirements.
- (J) The applicant may appeal the denial or revocation of a commercial cannabis employee permit by filing a notice of appeal with the city clerk within ten days of the date the applicant received the notice of denial. The city manager or his or her designee shall hear such appeal and his or her decision shall be final and not subject to further appeals.
- (K) The applicable city department head or his or her designee(s) shall issue a permit in the form of a personal identification card that can be worn in a prominent and visible location. The identification card shall be maintained in good and readable condition at all times.

(Ord. No. 2960, 2965, 2994)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0560400 Code assigned by DOJ Type of Application: (check one) [ ] Employment [X] License, Certification, Permit [ ] Volunteer

Job Title or Type of License, Certification or Permit: Cannabis Employee Permit

Agency Address Set Contributing Agency:

OXNARD POLICE DEPARTMENT

Agency authorized to receive criminal history information

04376

Mail Code (five-digit code assigned by DOJ)

251 SOUTH "C" STREET

Street No. Street or PO Box

Corporal Steven Ramirez

Contact Name (Mandatory for all school submissions)

OXNARD

City of Oxnard

CA

State

93030

Zip Code

(805) 385-7650

Contact Telephone No.

Name of Applicant: (Please print) Last First MI

AKA's: Last First

CDL No.

DOB: SEX: [ ] Male [ ] Female

Misc. No. BIL- Agency Billing Number (if applicable)

HT: WT:

Misc. No.

EYE Color: HAIR Color:

Home Address:

POB: Place of Birth

Street or PO Box

SOC: Social Security Number

City, State and Zip Code

Your Number: OCA No. (Agency Identifying No.)

Level of Service [ ] DOJ [ ] FBI

If resubmission, list Original ATI No.

Records Checks: CLEAR ATTACHMENT

Crime Analysis Checks: CLEAR ATTACHMENT

CDL

Gang

W/W

Lexis

Altaris

Probation/Parole

Fusion

Roarke

Records Tech ID#:

Crime Analyst ID#:

Live Scan Transaction Completed by: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed

# Licensing

## INVESTIGATION QUESTIONNAIRE

### Background Check



<b>FOR LICENSING USE ONLY:</b> <input type="radio"/> Initial Permit _____ <input type="radio"/> Receipt # _____ <input type="radio"/> Renewal _____ <input type="radio"/> Amount _____ Requires Drivers License <input type="checkbox"/> Yes or <input type="checkbox"/> No	<b>FOR P.D. USE ONLY:</b> <input type="radio"/> 10-29 _____ <input type="radio"/> Receipt # _____ <input type="radio"/> CDL No. _____ <input type="radio"/> Amount _____ <input type="radio"/> Valid CDL Presented <input type="checkbox"/> Yes or <input type="checkbox"/> No
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Driver's License or Identification No. \_\_\_\_\_ Form of Identification: \_\_\_\_\_

Business Tax Certificate/License/Permit Applying For: \_\_\_\_\_

Business Name/Present Employer: \_\_\_\_\_ Control # \_\_\_\_\_

1. Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

2. Sex:  F  M Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ DOB \_\_\_\_\_

3. AKA: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Home Address: \_\_\_\_\_  
Number Street City State Zip

6. Prior Home Address: \_\_\_\_\_  
Number Street City State Zip

7. Have you been convicted of an offense within the last seven years? If so, provide the requested information for each conviction. Attach separate sheet if necessary. Failure to list any conviction will be reason for denial of the permit applied for. (See reverse for convictions that will result in denial of application)

Date	Location (City and State)	Charge(s)	Disposition

Date	Location (City and State)	Charge(s)	Disposition

Date	Location (City and State)	Charge(s)	Disposition

I hereby certify that the information listed above is true and correct to the best of my knowledge and belief. I am aware that if any of the above statements are falsely answered, it will be reason for denial of this license or permit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Initial Permit:</b> <input type="radio"/> Approved DOJ Rap Date: _____ DMV Date: _____ <input type="radio"/> Denied _____ <small>Code section Conviction Date</small>	<b>Renewal:</b> Initial Scan Date: _____ NO SUBSEQUENT ARREST ON FILE Date: _____ By: _____
Reviewed By: _____ Date: _____	

Distribution: Original – Licensing Final      Yellow-PD Records      Pink-Licensing Application



## CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City	State	Zip Code
Contact Person	Title	Phone No.
Credit Card Number <small>&lt;Please do not send this information via email&gt;</small>	CVV2 or CID No. (3 digit No.)*** <small>&lt;Please do not send this information via email&gt;</small>	Expiration Date <small>&lt;Please do not send this information via email&gt;</small>
Card Type  <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Amount	
LICENSE INFORMATION		
Certificate Type & Number	Control Number	
Business Name		

\*\*\* Card Identification Number (CID No.) is the last three (3) digits located on the back of the credit card.

**By signing below I, the cardholder or authorized user, understand and agree to pay the amount stated above and authorize the City of Oxnard to charge my credit card.**

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

Date:	# Pages:
To:	From:
Co./Dept.	Co. <b>LICENSING DIVISION</b>
Phone #:	Phone #:
Fax #:	Fax #: <b>(805) 385-7836</b>

FOR OFFICE USE ONLY	
Form of Acceptance:	<b>EM   ZM   AM   NM</b>
Approval #:	_____
<b>Receipt#</b>	_____
<b>(GIVE TO CUSTOMER)</b>	
Clerk Initial:	_____
Date:	_____