

| City License Number(s): | | |
|-------------------------|--|--|
| Date Submitted: _ | | |
| Trade Name: | | |
| Premise Address: | | |

Please list each of your currently employed City Keyholder staff members for this Marijuana licensed location. This list will be reviewed in a detailed manner at the time of your annual city license renewal.

Please note that only reported City Keyholders may be alone at licensed locations, handle city inspections, lock and unlock doors, and arm and disarm the alarm at city marijuana licensed locations.

| City Keyholder Employee's Name | New Employee? (write <u>New</u> if keyholder has not prior been reported to city) | Have you confirmed that employee meets attached six city background criteria? (answer: yes or no <u>only</u>) | Employee's state badge number |
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BACKGROUND CHECK CRITERIA TO REVIEW WITH NEW KEYHOLDER- NO NEED TO COMPLETE OR SUBMIT

Marijuana Business License Background Check Form

City License #_____Trade Name:_____

Named Person:_____

PLEASE WRITE YES OR NO IN THE BOX IN RESPONSE TO QUESTIONS 1-6. ANSWERING YES TO ANY OF QUESTIONS 1-6 INDICATES CITY DENIAL OF LICENSE APPLICATION.

| 1) | Are there arrests or convictions involving moral turpitude for the named person (including but not limited to murder, burglary, robbery, arson, kidnapping, sexual assault, bribery and fraud)? Yes or No. |
|----|--|
| 2) | Are there felony arrests without court dispositions or felony convictions for violation of any law, rule or regulation other than drugs in the last ten years for the named person? Yes or No. |
| 3) | Are there felony arrests without court dispositions or felony convictions for violation of any law, rule or regulation for the use, sale or service of controlled substances in the last ten years for the named person? Yes or No. (If Yes and for Marijuana, collect information as to if felony would now be misdemeanor.) |
| 4) | Are there convictions for violation of any law, rule or regulation that indicate a pattern of behavior for the named person (five or more in the last ten years) that if continued would result in non-compliant licensed operations? Yes or No. |
| 5) | Are there five or more misdemeanor arrests in the last five years for violation of any law, rule or regulation for the named person (not total separate charges but individual arrest events)? Yes or No. |
| 6) | Is the named person currently on Probation or subject to a Deferred Sentence with terms that are not yet fully satisfied? Yes or No. |

IF ANSWERING YES TO ANY OF QUESTIONS 1-6 ABOVE, THEN ANSWER YES OR NO TO QUESTIONS 7-9. OTHERWISE ANSWER NOT APPLICABLE (N/A) TO QUESTIONS 7-9.

| 7) | Were all arrests and convictions (criminal, military, civil or administrative) for violation of any law, rule or regulation disclosed on the Individual Background Check forms and Marijuana License Application? Yes, No or N/A. |
|----|--|
| 8) | Are there Court Orders or other Court documents attached that confirm probation completed, fines paid, monitoring completed, and judgements satisfied? Yes, No or N/A. |
| 9) | Has Evidence of Rehabilitation or a Plan for Legal Compliance been submitted that includes explanation of all charges, change in personal conduct or person's new legal understanding and has enough time passed to show a change in current life conduct? Yes, No or N/A. |