

Commerce City Police Department

***Please Read and Sign Prior to Completing the Marijuana Licensee Background Application**

Business Name:		
Last Name	First Name	Full Middle Name
<p>Notice: The Marijuana Background Application Form is an official document. If you provide false information on your marijuana license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The City of Commerce City will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation, or criminal prosecution.</p> <p>If you need clarification of any of the following questions, please contact the Commerce City Police Department Investigations Division at 303-289-3648 or 303-289-3650 during business hours.</p>		

1. Have you ever been convicted of a felony at any time regarding the possession, distribution, or use of a controlled substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you served a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you been convicted of the offense of operating a marijuana business without a license in the last 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you failed to remedy an outstanding delinquency for taxes owed, an outstanding delinquency for judgments owed to a government agency, or an outstanding delinquency for child support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Are you a licensed physician making patient recommendations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you had your authority to act as a primary caregiver revoked by the state health agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee of the marijuana state licensing authority or a local licensing authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>STOP! If you answered YES to any of the above questions, by law you cannot obtain or hold a Colorado or Commerce City Marijuana license.</p> <p>I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado or Commerce City Marijuana license if at any time in the future I can ever answer "Yes" to any of the questions above.</p>		
Signature	Date	