



City of Coalinga
Community Development Department

Commercial Medical Marijuana Employee Permit
Application Form for an Existing Operation

(Form to be completed prior to employee or independent contractor commencing work)

Per Chapter 5, Article 1, Section 9-5.128 of the City of Coalinga Municipal Code, Marijuana Cultivation, Manufacturing, Testing, Transportation and Distribution, a Commercial Medical Marijuana Employee Permit is required for every employee or independent contractor working at a Commercial Marijuana Operation or involved in transportation/delivery related services for a Commercial Marijuana Operation. It shall be the duty of the Applicant to ensure that Employee Permits are obtained from the City of Coalinga Police Department prior to the employee or independent contractor commencing work.

You have the right to access records containing your personal information which are maintained by the City of Coalinga Community Development Department.

Name of Facility: _____

Facility Location: _____

Facility's Tax Identification Number: _____

Parcel Number of Existing Facility: _____

Also known as "Fee Number" on property tax bill.

Name of Manager or Supervisor: _____

Telephone: _____ Email Address: _____

Manager or Supervisor Signature

Date

Each employee, independent contractor, and other person who will work at the Marijuana Operation or be involved in transportation/delivery related services for the Marijuana Operation shall be required to provide the following information under penalty of perjury, so that the Police Department can perform a background check.

Note: The City, its agents and employees are authorized to seek verification of the information contained within this application including background checks of all employees and independent contractors.

Name of Employee _____
Date of Birth: ____/____/____ Employee's Tax Identification Number: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Note: A photograph of the employee and fingerprints shall be taken by the Coalinga Police Department for identification purposes.
Telephone: _____ Email Address: _____
Current Mailing Address: _____

Signature of Applicant

Date