



**City of Coalinga**  
**Community Development Department**

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**Commercial Cannabis Employee Permit**  
**Application Form**

*(Form to be completed in conjunction with the Commercial Cannabis Registration Application)*

Per Chapter 5, Article 1, Section 9-5.128 of the City of Coalinga Municipal Code, Cannabis Cultivation, Manufacturing, Testing, Transportation and Distribution, a Commercial Cannabis Employee Permit is required for every employee or independent contractor working at a Commercial Cannabis Facility. 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.

Managers and Supervisors:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Have the person or persons having the management or supervisory responsibilities for the applicant's proposed business have been convicted of a crime? \_\_\_\_\_

If so, describe the nature of such offense, and the sentence received therefore.

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Each employee, independent contractor, and other person who will work at the Cannabis Operation or be involved in transportation/delivery related services for the Cannabis Operation shall be required to provide the following information under penalty of perjury, so that the Police Department can perform a background check. At the discretion of the Police Chief, a conditional employee permit may be issued pending a complete background check. If for some reason the applicant does not pass the background check, the conditional employee permit will be revoked.

**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 Social Security Number: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
<b>Note: A photograph of the employee and fingerprints shall be taken by the Coalinga Police Department for identification purposes.</b>
Telephone: _____ Email Address: _____
Current Mailing Address: _____

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note: Fill out employee information cards as needed.**

Name of Employee \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee's Social Security 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: \_\_\_\_\_

Name of Employee \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee's Social Security 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