

MOUNTAIN VIEW POLICE DEPARTMENT  
1000 Villa Street • Mountain View, California 94041-1294  
650-903-6350 • FAX 650-962-0151

**City of Mountain View Cannabis Dispensary Pre-Background Questionnaire**

*Failure to disclose all information, as requested below, may result in disqualification from the cannabis dispensary application process.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Email: \_\_\_\_\_

Other than the name on the application, are there any other names you have ever gone by? \_\_\_\_\_

Employment History- List all company names, address and phone numbers for the last 10 years:

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List all companies that you have owned or operated and their location:

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List all locations of residence in the past 10 years (complete address):

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List all people you have been married to (name/ date of birth), the approximate date of marriage and, if applicable, the date(s) of dissolution of any marriage:

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City of Mountain View Cannabis Dispensary Pre-Background Questionnaire

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Have you ever been a defendant in any lawsuit? If yes, provide a description of the situation(s) and any court case numbers assigned.

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Have you ever been a suspect in any criminal investigation (even if charges were not filed)? If yes, provide a description of the situation(s), name of the agency doing the investigation(s), and any case or incident numbers associated to the investigation(s).

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Signature portion disclaimer:

**Application must be notarized prior to submission. Application is NOT complete without original signature of applicant.**

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Place Notary Seal above

Signature of Notary: \_\_\_\_\_

Notary License Number: \_\_\_\_\_

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