CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS SERVICES BUREAU

Cannabis Dispensary Business License Application

Section A – Reason for Application

☐ New Application	☐ Transfer of Ownership	☐ Change of Address

Section B – Application Type

☐ Medicinal Cannabis Dispensary	☐ Adult-Use Cannabis Dispensary	☐ Adult-Use Cannabis Delivery Only *(Verified Equity Businesses Only)*

Section C – State License Types (Check Only One Per Application)

☐ **Type 9: Non-storefront retailer (delivery only)**
***A non-storefront retailer sells cannabis goods to customers only through delivery.**

☐ ***Type 10: Retailer**
***A storefront retailer has a physical location where cannabis goods are sold. Storefront retailers can also deliver cannabis goods.**

*****You will need to hold a valid medical cannabis dispensary license in order to be issued an adult-use cannabis dispensary license. If at any time, the medical cannabis license becomes invalid, the adult use cannabis dispensary license becomes null and void.

Section D – Equity Status Information (For Adult-Use applications only)

NOTE: Please visit www.longbeach.gov/cannabisequity for more information on the City's Cannabis Equity Program. Delivery-Only Dispensary licenses are available only to verified Equity Businesses (LBMC 5.92.1740(B)). Delivery-Only applicants must answer "Yes" to both questions below and attach the OCO Verification Letter and the LBMC Chapter 5.92 Verification of Equity Business Ownership Form.

Are you applying as an Equity Business? ☐ Yes ☐ No

If you marked "No", please proceed to Section E of this application.

If "Yes", have you been verified as an Equity Applicant by the Office of Cannabis Oversight?

☐ Yes ☐ No

If you marked "Yes", please attach to this application:

- Verification Letter issued by the Office of Cannabis Oversight
- LBMC Chapter 5.92 Verification of Equity Business Ownership Form

Section E – License Information

Are you applying to be a co-located cannabis business*? ☐ Yes ☐ No

If "Yes", what is the license account number for the associated cannabis business, if applicable?

MJ_____ *A co-located cannabis business means any business (entity) that is engaged in both adult-use and medicinal commercial cannabis activities on the same permitted premises for one (1) identical type of commercial cannabis activity.

Are you converting an existing medical application/license to adult-use or vice versa? ☐ Yes ☐ No If "Yes", what is the license account number for the license being converted? MJ_____
Do you plan on operating a microbusiness*? ☐ Yes ☐ No * The State requires microbusinesses to engage in at least three (3) of the following commercial cannabis activities: cultivation, manufacturing, distribution, and/or retail sale. The City does not issue microbusiness licenses. A separate application and City license is required for each activity.
Do you plan on operating a delivery service from the dispensary? ☐ Yes ☐ No

Section F – Business Information (Check Only One)		
☐ Corporation	☐ Limited Liability Company (LLC)	☐ General Partnership
☐ Limited Partnership	☐ Limited Liability Partnership (LLP)	☐ Sole Proprietorship

LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR):	
LAST NAME (SOLE PROPRIETORSHIP ONLY):	FIRST NAME (SOLE PROPRIETORSHIP ONLY):
DOING BUSINESS AS (DBA):	
PLACE AND DATE OF FILING OF FICTITIOUS BUSINESS NAME (DBA):	
TAXPAYER IDENTIFICATION NUMBER: TYPE: SSN/ITIN EIN NIN	SECRETARY OF STATE REGISTRATION ENTITY ID:
APPLICANT/BUSINESS PHONE: *	APPLICANT/BUSINESS EMAIL ADDRESS: *

MAILING ADDRESS: *	CITY:	STATE:
ZIP CODE:	COUNTY:	COUNTRY:

***Note: Contact information provided in these fields will be used by the City to communicate with applicant.**

Section G – Agent for Service of Process		
LEGAL LAST NAME:	LEGAL FIRST NAME:	
MAILING ADDRESS:	CITY:	
STATE:	ZIP CODE:	COUNTY:

PHONE NUMBER:	EMAIL ADDRESS:

Section H – Community Liaison Information

LEGAL LAST NAME:	LEGAL FIRST NAME
COMMUNITY RELATIONS LIAISON MAILING ADDRESS:	
COMMUNITY RELATIONS LIAISON EMAIL ADDRESS:	
COMMUNITY RELATIONS LIAISON PHONE:	

Section I – Owner(s) Information

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:

DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

***Attach additional pages if necessary**

Section J – Business Manager(s) **NOTE: List any business managers associated with the business. If none, write N/A.**	
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	

PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

***Attach additional pages if necessary**

Section K – Owner Disclosures	Yes	No
1. Has any owner ever been convicted of, or entered into a plea of guilty or nolo contendere to, any felony in the United States or a foreign country?		
2. Has any owner ever had a cannabis license or permit suspended or revoked a city, county, or state?		
3. Has any owner ever been denied a cannabis business license or permit by a city, county, or state?		
4. Has any owner ever had a City of Long Beach license suspended or revoked?		
5. Has any owner ever been denied a cannabis business license by the City of Long Beach?		
6. In the past 3 years, has any owner been sanctioned, fined, enjoined from, found guilty of, or plead guilty or no contest to, any charge of engaging in commercial cannabis activity without the required permits, licenses, registrations, or approvals required by State or local law?		
If you answered “Yes” to any of the questions above, please provide a written statement detailing the date(s) and circumstances of such convictions, pleas of guilty or nolo contendere, sanctions, fines, denials, suspensions, or revocations, including, but not limited to, specific offenses and/or violations, agency involved, name of any business names, and account numbers.		

Section L – Other Cannabis Licenses

NOTE: List all State licenses and any out-of-state or other local licenses, permits, or authorizations to conduct commercial cannabis activity held by the owners of the business or the applicant entity. Attach additional pages if necessary.

LEGAL BUSINESS NAME:	TYPE OF LICENSE	LICENSE NUMBER	ISSUED BY	DATE OBTAINED

Section M – Premises Information

PREMISES PHYSICAL ADDRESS:

ASSESSOR PARCEL NUMBER (APN):

The applicant acknowledges that all records required for the operation of a commercial cannabis business must be stored, preserved, and maintained on the premises of the location seeking licensure.

Section N – Property Owner Information

PROPERTY OWNER LEGAL ENTITY NAME:

PROPERTY OWNER PHONE:

PROPERTY OWNER EMAIL ADDRESS:

PROPERTY OWNER'S CITY OF LONG BEACH COMMERCIAL/INDUSTRIAL BUSINESS LICENSE ACCOUNT NUMBER (IF APPLICABLE):

Section O - Security

SECURITY GUARDS	24 HOUR SECURITY PATROL
Will security guards be provided? ☐ Yes ☐ No	Will 24-hour security patrols be provided? ☐ Yes ☐ No
Number of security guards (if applicable):	

Days and hours security guards will be provided (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time (AM/PM)							
End Time (AM/PM)							

SECURITY GUARD COMPANY	**24-HOUR SECURITY PATROL**
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:

24 HOUR ALARM MONITORING COMPANY
ALARM MONITORING COMPANY:
ADDRESS:
TELEPHONE NUMBER:

Provide a list of all members with access to the surveillance camera system to be used:

_____

_____

_____

Provide a detailed description of the security plan for the proposed business (Attach additional pages if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

Section P – Operating Plan

Note: Attach additional pages if necessary. Delivery hours are limited to 9:00 a.m.–10:00 p.m. under LBMC 5.92.1715

Storefront hours of operation:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open (AM/PM)							
Close (AM/PM)							

Delivery hours of operation (if applicable):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open (AM/PM)							
Close (AM/PM)							

What type of products or services will be provided by the cannabis business for this specific application?

_____

_____

_____

What Point-of-Sale (POS) software will you be using to track sales and/or inventory of cannabis?

Provide a detailed description of the business plan to dispose of any cannabis or product that is not sold in a manner that protects it from being ingested by an animal or person:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Section Q – Indemnity and Hold Harmless Agreement for Adult-Use Cannabis Business Permit

NOTE: Please only sign this page if you are applying for an Adult-Use Cannabis Business Permit. All owners must sign.

A. Permittee shall indemnify, protect and hold harmless the City, its Boards, Commissions, and their officials, employees, representatives, and agents ("Indemnified Parties"), from and against any and all liability, claims, demands, damage, loss, obligations, causes of action, proceedings, awards, fines, judgments, penalties, costs and expenses, including attorneys' fees, court costs, expert and witness fees, and other costs and fees of litigation, arising or alleged to have arisen, in whole or in part, out of or in connection with (1) the City's issuance of the Adult-Use Cannabis Business Permit; (2) the City's decision to approve the Permittee's operation of any commercial cannabis activity or any Commercial Cannabis Business operation; (3) the process used by the City in making its decision; (4) the alleged violation of any federal, State, or local requirements by the Permittee, or any of its officers, managers, employees, or agents; or (5) negligent or willful acts, errors, omissions or misrepresentations committed by Permittee, its officers, employees, agents, subcontractors, or anyone under Permittee's control (collectively "Claims" or individually "Claim"). The City may, at its sole discretion, participate at its own expense in the defense of any such action, but such participation shall not relieve any of the obligations imposed hereunder.

B. In addition to Permittee's duty to indemnify, Permittee shall have a separate and wholly independent duty to defend Indemnified Parties at Permittee's expense by legal counsel approved by City, from and against all Claims, and shall continue this defense until the Claims are resolved, whether by settlement, judgment or otherwise. No finding or judgment of negligence, fault, breach, or the like on the part of Permittee shall be required for the duty to defend to arise. City shall notify Permittee of any Claim, shall tender the defense of the Claim to Permittee, and shall assist Permittee, as may be reasonably requested, in the defense.

C. If a court of competent jurisdiction determines that a Claim was caused by the sole negligence or willful misconduct of Indemnified Parties, Permittee's costs of defense and indemnity shall be (1) reimbursed in full if the court determines sole negligence by the Indemnified Parties, or (2) reduced by the percentage of willful misconduct attributed by the court to the Indemnified Parties.

D. The provisions of this Section shall survive the expiration or termination of this permit.

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

Section R – Declarations

1. I hereby declare that I am authorized to submit this application on behalf of the entity listed on the application because I am an owner of the entity or because I have authority from the owner.

2. I acknowledge that any false, misleading, or fraudulent statement of material fact in this application by an agent of an owner, or an owner, will be held against the owner and is grounds for denial of this application, or suspension or revocation of the license and permit associated with this application.
3. I hereby declare that I have read and understand all the laws, rules and regulations, and policies and procedures associated with my application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will abide by such laws, rules, and policies during the application process after my license is issued by the City.
4. I hereby declare that I have conducted my own research and investigation regarding the compliance of my proposed location with state and local laws, including, but not limited to, location requirements, zoning regulations, and address requirements. I further declare that the proposed location of the cannabis business license fully complies with applicable state and local law.
5. I acknowledge that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained within this application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.
6. I acknowledge that any license to which I am being added as an owner may be subject to existing agreements, actions, or restrictions, including disciplinary action, or any other limitation imposed by the City or third-party and I voluntarily agree to be bound by any such limitation(s) on the license.
7. I acknowledge the City will review this application for compliance with applicable laws, regulations, and ordinances, and that my application may be denied as allowed by laws, rule, or policies of the City.
8. I acknowledge the City may initiate disciplinary action on this license based upon any conduct associated with the license, including, but not limited to, conduct by owners, previous owners, managers, employees, agents, or any other person connected or associated with the licensee. I further acknowledge that this license constitutes a revocable privilege and that I am liable for all actions associated with this license.
9. I acknowledge that this application does not confer an entitlement or a vested right to receive a license and/or permit, and I acknowledge that I must qualify for, and obtain, a license or license status that I am seeking prior to operating or otherwise claiming that I have any such right to a license or to operate.
10. I certify that the business identified in this application, if employing two or more employees at the proposed property, will enter into, or has entered into, a labor peace agreement and will abide by the terms of said labor peace agreement.
11. I acknowledge that a change to the entity name, corporate ID, and/or Federal Tax ID Number is considered a transfer of ownership and that prior approval from the City is required before initiating any such transfer. I also acknowledge that a change to the DBA or conversion from a non-profit to a for-profit, and vice versa, without changing the entity name, corporate ID, and/or Federal Tax ID Number is not considered a transfer of ownership.
12. I hereby declare that I have read this acknowledgement and advisement, that I have had the opportunity to consult with, and be represented by, legal counsel of my own choice prior to the execution and submission of this application, and that I am knowingly and voluntarily submitting my application in compliance with this acknowledgement and advisement and all applicable laws.
13. I acknowledge that I am jointly and severally liable for any and all taxes, fees, and charges associated with the license.
14. I acknowledge that am responsible for knowing and complying with all state and local laws and regulations applicable to commercial cannabis activity, including, but not limited to, the Medicinal and Adult Use Cannabis Regulation and Safety Act and applicable Chapters of the Long Beach Municipal Code. I acknowledge I am responsible for compliance with subsequent updates to cannabis laws and regulations.
15. I hereby declare the information contained within and attached to this application is complete, true, and accurate. I understand any false, misleading or fraudulent statement of material fact is cause for rejection of this application, denial of the license, or revocation of an issued license.
16. I consent for the City Manager, or his or her designee, to enter the proposed premises to conduct inspections of the process during application process and after a business license has been issued. I acknowledge that it is unlawful for any property owner, landlord, and lessee, or employee, manager, owner, or any other person having any responsibility over the operation of an applicant or licensee pursuant to Chapter 5.90 and 5.92 of the Long Beach Municipal Code to refuse to allow, impede, obstruct or interfere with an inspection.
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

TMA:db A18-02059 (7-5-18)

00903524.docx

Section S – Application Attachments **NOTE: See application instructions for required detailed information.**	
Staff Only	**All Applications**
☐	☐ Approval letter issued by the Office of Cannabis Oversight (Equity Businesses Only)
☐	☐ Equity Business Owner Confirmation Form (Equity Businesses Only)
	Corporation, Limited Liability Companies, Limited Liability Partnerships:
☐	☐ Copy of your Articles of Incorporation/ Organization; and
☐	☐ Copy of your Statement of Information
☐	☐ Proof Entity is Registered and in Good Standing with Secretary of State and Franchise Tax Board
☐	☐ Copy of one (1) fully legible valid government issued form of identification for each owner
☐	☐ Copy of Live Scan receipt/completion for each owner. If a Live Scan has been completed within the last 6 months, you do not need to get a new Live Scan done, but a copy of the completed Live Scan receipt is still required.
☐	☐ Copy of CA Seller's Permit issued to the business site address
☐	☐ Copy of Fictitious Business Name Filing, if applicable.
☐	☐ Property Owner Authorization Form
☐	☐ If the applicant is the owner of the property, please include a copy of the title or deed to the property in addition to the Property Owner Authorization Form.
☐	☐ Copy of Property Owner's City of Long Beach Commercial/Industrial Business License, if applicable.
☐	☐ Premises Diagram (Identify the secured storage and designated loading area, pursuant to LBMC 5.92.1740)
☐	☐ Photographs accurately depicting the entire exterior of the proposed business site, including entrances, street frontages, parking, front, rear, and sides of the proposed site.
☐	☐ Equity Incubation Plan (Not required for Equity Cannabis Businesses or Medical Cannabis Businesses)
	Medical Cannabis Applications (in addition to attachments above)
☐	☐ Proof of Worker's Compensation Insurance
☐	☐ Proof of Liability Insurance
☐	☐ Copy of one (1) fully legible valid government issued form of identification for each business manager
☐	☐ Copy of Live Scan receipt/completion for each business manager. If a Live Scan for a City of Long Beach cannabis business license application has been completed within the previous 6 months, include the Live Scan receipt from the previous application in place of a new Live Scan receipt.

CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS SERVICES BUREAU
BUSINESS LICENSE DIVISION
411 W. Ocean Boulevard, 6TH Floor • ·Long Beach, CA 90802 • (562) 570-6211 FAX (562) 499-1097

PROPERTY OWNER AUTHORIZATION

I, _____, declare under penalty of perjury that:
(Name of Property Owner/ Authorized Representative)

1. I am the Property Owner of record, or the duly authorized representative of the Property Owner, for the real Property located at _____ ("the Property").
(Proposed Business Site)

2. The Property Owner acknowledges that the proposed commercial cannabis business _____ has the legal right to occupy the
Tenant Applicant (Corporation/LLC/Partnership/Sole Owner)

   Property. The Property Owner acknowledges and consents to the above-stated proposed commercial cannabis business conducting the following types of commercial cannabis activity (check all that apply) at the Property:

   ☐ CULTIVATION ☐ DISPENSARY (RETAIL) ☐ DISTRIBUTION
   ☐ MANUFACTURING ☐ TESTING LABORATORY ☐ DELIVERY-ONLY

3. No person shall engage in commercial cannabis activity on the proposed Property without all licenses and permits required by the Long Beach Municipal Code (LBMC) and State law to conduct commercial cannabis activity while an application for a Medical Marijuana Business License and/or an Adult-Use Cannabis Business License is pending.
4. The City of Long Beach may enter the Property to conduct inspections the Property during application process and after a business license has been issued.
5. I have read, understand, and will ensure compliance with the terms of LBMC Chapter 5.90 ("Medical Marijuana Businesses") and/or the terms of LBMC Chapter 5.92 (Adult-Use Cannabis Businesses and Activities"), as applicable. I further understand that as the legal owner of the property, I am responsible for any violation and nuisance activity which may occur at the above-mentioned property.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____	_____	_____
(Authorized Signature)	(Printed Name & Title)	(Date)
_____	_____	_____
(Authorized Signature)	(Printed Name & Title)	(Date)
_____	_____	_____
(Authorized Signature)	(Printed Name & Title)	(Date)

***This authorization form will not be valid without notarization. The authorization contained in this form automatically expires upon sale or transfer of title to the Property. If sale or transfer of the Property occurs prior to obtaining a business license, the applicant must resubmit this notarized form with approval of the new legal owner(s) of the Property.**

Transfer of Ownership Acknowledgement

(Attach this form if you are submitting a Transfer of Ownership application)

Owner(s) Transferring Interest - The following individual(s) has/have transferred their interest in the business:	
LAST NAME:	FIRST NAME:
PREVIOUS BUSINESS TITLE:	PREVIOUS PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
PREVIOUS BUSINESS TITLE:	PREVIOUS PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
PREVIOUS BUSINESS TITLE:	PREVIOUS PERCENTAGE OWNED:
Revised Ownership Interest - The ownership interest has been transferred to the following owner(s):	
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	REVISED PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	REVISED PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	REVISED PERCENTAGE OWNED:

Oath

I/we certify that the information contained herein is complete, true, and accurate. I/We understand any false, misleading, or fraudulent statement of material fact in this form is grounds for rejection of a business license application, denial of the license, or revocation of an issued license. I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The owner(s) transferring their interest and all new owner(s) must sign this form to be valid. All signatures included in this form must be notarized to be valid.

PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:

* **Attach multiple pages if necessary**

STATE OF CALIFORNIA
BCIA 8016
(Rev. 03/2024)

Print Form | Reset Form

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0194100
ORI (Code assigned by DOJ)

MMB LC Per 11105(B)(11)PC
Authorized Applicant Type

11105 b 11 Res No 17 0001
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Long Beach Police Department
Agency Authorized to Receive Criminal Record Information

03637
Mail Code (five-digit code assigned by DOJ)

400 W Broadway
Street Address or P.O. Box

Custodian of Records
Contact Name (mandatory for all school submissions)

Long Beach
City

CA
State

90802
ZIP Code

(562) 570-7381
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name

First Name | Suffix

Date of Birth

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City | State | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City | State | ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed