

Planning and Building Agency  
 Planning Division  
 20 Civic Center Plaza  
 P.O. Box 1988 (M-20)  
 Santa Ana, CA 92702  
 (714) 647-5804  
 www.santa-ana.org

2020-2021



Commercial Cannabis Phase 2/  
 Regulatory Safety Permit (RSP)  
 Application

*This application is a public record.*

**Cannabis Individual Application – Page 1 of 2**

A complete application must be submitted for every employee, manager, volunteer, security personnel, or owner of the commercial cannabis business. If new individuals are hired, or if existing individuals leave the business, records may be updated by contacting the Planning Division at [cannabisbadges@santa-ana.org](mailto:cannabisbadges@santa-ana.org) or (714) 647-5804.

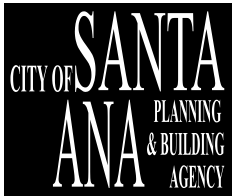
In addition to this two-page application, each manager/employee/volunteer/owner must submit a copy of a valid form of government-issued identification and two (2) color passport-size photos.

All information (application, copy of ID, and photos) must be saved to a CD or USB flash drive and submitted to the City of Santa Ana to produce the badges required for each employee, manager, volunteer, or owner of the commercial cannabis business.

I. Applicant Information

- a. Full Name: \_\_\_\_\_
- b. Alternative Name(s)/AKA's: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_
- d. City, State, and ZIP: \_\_\_\_\_
- e. Phone Number(s): \_\_\_\_\_
- f. Email Address: \_\_\_\_\_
- g. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- h. Driver's License State and Number: \_\_\_\_\_
- i. Have you ever been convicted of, or plead guilty/no-contest, to a felony or misdemeanor drug charge within the past four years?: \_\_\_\_\_
  - i. If yes, describe any relevant information, including circumstances, date, city or county (jurisdiction), and nature of the charge:  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.



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**Cannabis Individual Application – Page 2 of 2**

II. Business Information

- a. Commercial Cannabis Business Name: \_\_\_\_\_
- b. Commercial Cannabis Business DBA: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Business Phone Number: \_\_\_\_\_

III. Employment Information

- a. Job Title: \_\_\_\_\_
- b. Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_
- c. Supervisor's Name: \_\_\_\_\_

I certify under penalty of perjury that the foregoing information is true and correct. I also acknowledge that a criminal history, live scan and background check will be conducted on me for the purposes of determining my legal ability to work at commercial cannabis business. I understand that if any information in this application is deemed to be false or misleading, it will result in automatic rejection of this application form.

Applicant's Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

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### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0301900

ORI (Code assigned by DOJ)

License Cert. or Permit

Authorized Applicant Type

REGISTRATION APP. FOR RSP

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

SANTA ANA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

A09680

Mail Code (five-digit code assigned by DOJ)

60 CIVIC CENTER PLAZA

Street Address or P.O. Box

Y. Portugal

Contact Name (mandatory for all school submissions)

SANTA ANA

City

CA 92702

State ZIP Code

(714) 667-2701

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

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

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  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

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725.-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the DOJ's Keeper of Records at (916) 210-3310 or by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov) or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170