



## **BARSTOW POLICE DEPARTMENT**

**ANDREW ESPINOZA JR., CHIEF OF POLICE**

220 E. Mountain View St., Barstow, CA 92311-2889

(760) 255-5111 \* Fax (760) 256-2215

### **Cannabis Background and Fees**

#### **Background Renewal Fee: \$100**

- Background shall consist of ten (10) year residential history, a review of public records, a search to determine probation status, parole status, contacts with law enforcement, and an interview or interviews with the Background Investigator as appropriate. The Background Investigator shall have reasonable discretion to go beyond these parameters where reasonably necessary to obtain additional information which is necessary to make a determination as to the applicant's qualifications
- The Chief of Police shall review the report from the Background Investigator and make a recommendation as to whether the criminal history of one or more of the individuals indicates that Good Cause exists to deny the application (in accordance with BMC/HS /BP sections)
- The Chief of Police's recommendation to approve or deny the application shall be issued in writing within ten (10) calendar days of his receipt of the report from the Background Investigator and shall include an explanation as to the Chief of Police's reasoning in making the recommendation. This ten (10) day period may be extended by a reasonable period by the City Manager at the request of the Chief of Police. The recommendation of the Police Chief shall be provided to the City Manager for review.

#### **Determination of Moral Character**

- "Good Moral Character" is defined as "having a personal history that demonstrates the propensity to serve the public in the licensed area in a manner that reflects openness, honesty, fairness, and respect for the rights of others and for the law."
- If an Owner / Operator has been convicted of any of the following types of offenses, that Owner is deemed to lack Good Moral Character and the City must deny the License:
  - (i) A violent felony, as specified in Penal Code Section 667.5(c).
  - (ii) A serious felony, as specified in Penal Code Section 1192(c).
  - (iii) A felony conviction involving fraud, deceit, or embezzlement.
  - (iv) A felony conviction for hiring, employing, or using a minor in transporting, carrying, selling, giving away, preparing for sale, or peddling, any controlled substance to a minor.

- (v) A felony conviction for selling, offering to sell, furnishing, offering to furnish, administering, or giving any controlled substance to a minor.
- (vi) A felony conviction for drug trafficking with enhancements pursuant to Sections 11370.4 or 11379.8 of the Business and Professions Code.
- If an Owner / Operator has not been convicted of one of the offenses listed above, then the determination of an Owner's moral character is based on the totality of the information uncovered through the background check process. Except for the offenses listed above, a prior conviction where the sentence, including any term of probation, incarceration, or supervised release is complete for possession of, possession for sale, sale, manufacture, transportation, or cultivation of cannabis shall not be the sole ground for a determination that a person lacks good moral character.



Planning and Building Agency  
Cannabis Division  
220 E. Mountain View Street  
Suite A.  
Barstow, CA 92311  
(760) 255-5161  
www.barstowca.org



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 Cannabis Office at [cannabisdivision@barstowca.org](mailto:cannabisdivision@barstowca.org) or (760) 255.5161.

In addition to this three-page application, each manager/employee/volunteer/owner must submit a copy of a valid form of government-issued identification.

All information (application, copy of ID, and photos) must be submitted via email to [cannabisdivision@barstowca.org](mailto:cannabisdivision@barstowca.org) for the required badges for each employee, manager, volunteer, or owner of the commercial cannabis business. Once the Live Scan has been submitted and D.O.J. approval is granted by Barstow .P.D., the badge specifications will be supplied.

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**

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: \_\_\_\_\_

**All form fields must be filled out completely.  
Incomplete forms will cause delays in results.**

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: \_\_\_\_\_

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