



**CONFIDENTIAL BACKGROUND INVESTIGATION REPORT
MARIJUANA
Form 7M**

Application # _____
City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

TO BE COMPLETED BY ALL APPLICANTS – INCLUDING PRINCIPAL OFFICERS, PARTNERS, STOCKHOLDERS, DIRECTORS OR MANAGERS	
REFERRAL TO THORNTON POLICE DEPARTMENT	PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ATTACH SEPARATE SHEET IF NECESSARY
Name of Individual (please print):	
Title:	
Trade Name of Establishment:	
Address of Proposed Establishment:	

The City of Thornton, by law, has the authority to regulate Marijuana Licenses. Pursuant to that authority, the City conducts background investigations of applicants for owners and managers of Retail and Medical licensed establishments. The Background Investigation Report provides basic information about the applicant, which is necessary for the investigation.

Every answer you give will be checked for its truthfulness. A deliberate falsehood will jeopardize the application, as such falsehood within itself constitutes evidence regarding the reputation and character of the applicant.

- I have read and I do understand the above statement. I further acknowledge that I have obtained and examined copies of Chapter 42, Article X of the Thornton City Code, pertaining to marijuana laws for the City and the Colorado Medical and Retail Marijuana Codes (Title 12, Colorado Revised Statutes).
- Excluding the corporate officers, stockholders, directors, partners, members, and/or managers of the licensed premises, I hereby certify, under penalty of law, that no other individual(s) have any direct or indirect financial interest in the business to be conducted under the license herein applied for.
- As an applicant, excluding managers, I hereby agree to notify the Marijuana Licensing Authority, within 5 (five) days of any changes in the financing of this business, should the changes occur during the period for which this license is issued and for the term or terms of any renewals or extension thereof.
- I further certify the facts contained within the following Background Investigation Report are true and correct and I understand that any falsification or misrepresentation will result in a rejection of this application or a revocation of said license. Also said falsification, omission or misrepresentation is evidence of perjury in the second degree.

Signature	Date Signed
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SEAL	Subscribed and sworn to before me by:
	in the County of Adams, State of Colorado, this day of , 20
	Notary Public:
	My Commission Expires:



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Your Full Name (last, first, middle)		Home Phone Number	Cellular Number	
List any other names you have used		Mailing address (if different from residence)		
Email Address				
List current residence address. Include any previous address within the last five years. (Attach separate sheet if necessary)				
Street and Number	City, State, Zip		From	To
List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
List the name(s) of relatives working in or holding a financial interest in the marijuana industry.				
Name of Relative	Relationship to You	Position Held	Name of Licensee	
Have you ever applied for, held, or had an interest in any type of marijuana license, or loaned money, furniture, fixtures, equipment or inventory to any Licensee? If yes, answer in detail. (Attach separate sheet if necessary).				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a violation notice, suspension, or revocation for a marijuana license violation, or have you applied for or been denied a marijuana license anywhere in the United States? If yes, explain in detail. (Attach separate sheet if necessary).				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? If yes, explain in detail. (Attach separate sheet if necessary).				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? If yes, explain in detail.				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Have you ever surrendered a professional or other business license, been denied such a license, or had such a license placed on administrative hold, suspended or revoked by any state or local jurisdiction? If yes, explain in detail (Attach separate page if needed)
 Yes No

Personal Information

Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.

Date of Birth	Social Security Number	Place of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Height	Weight	Hair Color	Eye Color	Gender	Race	Do you have a current Driver's License/ID? If so, give number and state <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____
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Has your driver's license ever been suspended or revoked? Yes No If yes, complete the following:

Where:	When:	Reason:
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Marital Status:	Name of Spouse (include maiden name if applicable):	Spouse's date of birth (if applicable):
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Military Service (branch):	From:	To:	Type of Discharge:
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List all previous states resided within (including military service):	
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If ever discharged from a position, complete the following:	Where:
When:	Reason:

List all felony convictions, (attach separate sheet if necessary)	Violation	When	Where	Final Disposition

List all misdemeanor convictions (attach separate sheet if necessary)	Violation	When	Where	Final Disposition

List all pending criminal charges of any type (attach separate sheet if necessary)	Violation	When	Where	Final Disposition



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Will the applicant or anyone else, conduct any business other than the sale of marijuana on the licensed premises? If yes, complete the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business
Full Name of Person who will operate business:	
Residence Address:	Date of Birth

Has the applicant agreed to permit any person to receive, or agreed to pay to any employee or other person (by way of rent or otherwise) all or any portion or percentage of the gross or net profits or income derived from the business to be conducted under the license applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail: _____ _____ _____
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