



City of Watsonville - Cannabis Facility Identification Application

This application is for:

Owner Employee

SECTION 1 TO BE COMPLETED BY ALL APPLICANTS

Name (last, first, middle name)			Job Title
Mailing address (number, street)			Telephone number
City	State	ZIP code	County

Date of birth	Sex	Place of Birth	
Height	Weight	Hair Color	Eye Color
Driver License #		State	

SECTION 2 FACILITY INFORMATION

Facility Name			
Physical address (number, street)			Telephone number
City	State	ZIP code	County

I hereby certify under penalty of perjury that the answers and statements I have made on this application are true and correct to the best of my knowledge and belief and that I understand and agree to the provisions and conditions herein or otherwise impose on me. I also understand that any information misrepresented or intentionally omitted will result in automatic denial of this application.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Police check completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Valid identification provided:	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID Provided:	
Application received by:			Date
Identification number assigned:			