

**CONFIDENTIAL**

**LYNWOOD COMMERCIAL CANNABIS LICENSING  
LIVESCAN/BACKGROUND CHECK AUTHORIZATION FORM**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize the City of Lynwood Commercial Cannabis Licensing Program and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for background check, employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

By signing below, you hereby authorize without reservation, any party or agency contacted by Lynwood to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your licensing period.

You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

City and its respective elected and appointed boards, officials, officers, agents, employees and volunteer (individually and collectively, "Indemnitees") shall have no liability to any applicant or any other person for, and applicant/signatory below shall indemnify, defend, protect and hold harmless Indemnitees from and against, any and all liabilities, claims, actions, causes of action, proceedings, suits, damages, judgment, liens, levies, costs and expenses of whatever nature, including reasonable attorneys' fees and disbursements (collectively "Claims"), which Indemnitees may suffer or incur or to which Indemnitees may become subject by reason of or arising out of any injury to or death of any person(s), damage to property, loss of use of property, economic loss or other loss occurring as a result of the applicant's application for a Lynwood commercial cannabis license and/or request for a LiveScan, or by the negligent or willful acts or omissions of the applicant, its agents, officers, directors, subcontractors, subconsultants or employees, committed in performing any of the services under this Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Receipt of Copy Notice:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Report on me that is requested.

Please refer to the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act for your specific rights.