

# Richmond Police Department

Regulatory Unit  
1701 Regatta Blvd, Richmond, CA 94804 (510) 620-6635

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Allwyn Brown  
Chief of Police

## **LiveScan Instructions for Medical Marijuana Businesses**

- All LiveScans with regards to Management Members applying for a permit must be done not more than two weeks prior to the date of application.
- Prior to employment by a Medical Marijuana business, all employees are required to have a LiveScan done by the Richmond Police Department.
- All LiveScans must be done at the Richmond Police Department located at 1701 Regatta Boulevard in Richmond.
- All LiveScans are done by appointment only. Please contact the Records Division of the police department at (510)620-6675. From the main menu choose option 1 for Records and option 2 for a Records Clerk.
- The fee for a LiveScan is approximately \$96.00. The total amount due will be advised at the time of the appointment and is due upon completion of the LiveScan. Accepted methods of payment include; Visa, Mastercard, Debit and cash.
- A valid Government issued I.D. is required and must be presented at the time of the LiveScan.
- All required paperwork, which includes the Medical Marijuana Collective Employee Application and the Request For LiveScan Service form must be filled out completely and given to the Records Division at the time of the appointment. Incomplete forms will not be accepted and the LiveScan appointment will be rescheduled.

For any questions regarding the LiveScan process, contact the Richmond Police Department Regulatory Unit at (510)620-6635.

City of Richmond  
 Richmond Police Department  
 Regulatory Unit  
 Phone: (510) 620-6635  
 Fax: (510) 821-1803



Richmond Police Department  
 1701 Regatta Blvd  
 Richmond, CA 94804

**MEDICAL MARIJUANA COLLECTIVE EMPLOYEE APPLICATION**

The City of Richmond requires all applicants for employment with a Medical Marijuana Collective doing business in the City of Richmond to provide a criminal background report to the Richmond Police Department. Applicants and employees must comply with all City and state laws and regulations regarding the cultivation, use, and distribution of medical marijuana and the operation of a Medical Marijuana Collective.

**- POLICE DEPARTMENT USE ONLY -**

Driver's License  
 Number: \_\_\_\_\_  
 Social Security  
 Number: \_\_\_\_\_

<b>Employee Name:</b>	<b>Employment Start Date:</b>
<b>Business Name:</b>	
<b>Business Location:</b> <small>(Street, City, State, Zip)</small>	
<b>Employee's Mailing Address:</b> <small>(Street, City, State, Zip)</small>	
<b>Phone:</b>	<b>Cell:</b>
	<b>Business Phone:</b>
<b>Employer's Name:</b>	<b>Employee's E-Mail:</b>
<b>Date of Birth:</b>	<b>List any other names which you have used:</b>

**APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION**

**Primary Business Owner's Name:**  
(List additional owners on back)

**Phone:**

In signing this application, I, as applicant, represent that I am seeking employment with a Medical Marijuana Collective. I agree to be bound by the conditions and prohibited activities checklist, as set forth by the City of Richmond Municipal Code Chapter 7.102, which has been provided by my employer and signed.

I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge; and that I do not intend to engage in or allow criminal activity on the business premises.

Signature **X**

Date

**- FOR POLICE DEPARTMENT USE ONLY -**

**LiveScan Date:**

**LiveScan Staff:**

**Submital Date:**

**Background Approved or Denied (Circle one)**

**License Number:**

**Date of Determination:**

**Payment Amount:**

**Date Received:**



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0071000

ORI (Code assigned by DOJ)

EMPLOYEE MMC PERMIT

Authorized Applicant Type

MMC PERMIT/NAME OF COLLECTIVE

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

#### Contributing Agency Information:

CITY OF RICHMOND POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

06361

Mail Code (five-digit code assigned by DOJ)

1701 REGATTA BLVD

Street Address or P.O. Box

SGT. NICOLE ABETKOV/REGULATORY

Contact Name (mandatory for all school submissions)

RICHMOND

City

CA 94804

State ZIP Code

(510) 620-6635

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)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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

RPD

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed