



# City of Blythe Commercial Cannabis Employee Renewal Form

## APPLICANT INFORMATION

<b>Social Security Number</b>	⇒	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
<input type="text"/>	⇒	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>California Driver's License</b>	⇒	LAST NAME ON CAL. DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.
<input type="text"/>	⇒	<input type="text"/>	<input type="text"/>	<input type="text"/>

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> Male <input type="checkbox"/> Female							

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <b><u>NO P.O.BOXES</u></b> )	CELL PHONE #
<input type="text"/>	<input type="text"/>

## COMMERCIAL CANNABIS EMPLOYMENT INFORMATION

Business Name:	Business Address:	Business Manager:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Position:

## STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF BLYTHE, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

## CITY STAFF USE ONLY

DATE:	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Permit Expiration Date:  New Cannabis Permit Term: