

**Authorization to Release Criminal  
Information for Application and Licensing Purposes**

Notification

The Township of Leoni Adult Use Marihuana Facility License Application requires applicants to consent to a criminal background check as a condition of application. This check is to ascertain whether the applicant, each Stakeholder of the applicant, each managerial employee and employee of the applicant meet the criteria set forth in the Leoni Township Adult Use Marihuana Facilities Licensing and Regulations Act.

Authorization

I hereby authorize the Blackman-Leoni Township Public Safety Department to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the Blackman-Leoni Township Public Safety Department in collecting this information.

Further, I hereby declare that before hiring a prospective agent or employee for any facility or operation requiring license through the Adult Use Marihuana Facilities Licensing and Regulations Ordinance, and after, the holder of a license shall conduct a background check of the prospective employee. If the background check indicated a pending charge or conviction within the past ten (10) years for a controlled substance related felony, I shall not permit the hiring of the prospective employee or agent without written permission from the Township Clerk.

I understand that any falsification or omission of information may disqualify me from consideration for this application. By signing below, I hereby provide my authorization to Blackman-Leoni Township Public Safety Department to conduct a criminal background check.

Full Legal Name: \_\_\_\_\_

First

Middle

Last

Other names I have used in the Past Seven Years: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Addresses in the 7 years prior to completing this authorization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female: \_\_\_\_\_ Male: \_\_\_\_\_

Month/Day/Year

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

Driver's License Number: \_\_\_\_\_ State of Michigan License: \_\_\_\_\_

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