



MILAN POLICE DEPARTMENT

35 NECKEL CT, MILAN MI 48160 • PHONE: (734) 439-1551 FAX (734) 439-1565

ADULT USE MARIJUANA ESTABLISHMENT CRIMINAL HISTORY DISCLOSURE APPLICANT BACKGROUND AUTHORIZATION & REPORT OF POLICE INVESTIGATION AND RECOMMENDATION

Pursuant to the Planning and Zoning Code of Milan, MI Code of Ordinances.

As part of the Licensing Process, each person listed on the municipal Marihuana License Application must submit this form with a copy of valid Government photo ID or drivers license. All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

Full Name:

Maiden Name or Aliases:

Drivers License #:

DL State:

Home Phone:

Cell Phone:

Date of Birth:

Sex:

Race:

Home Address:

City:

State:

Zip Code:

Have you ever been, or, are you now currently under indictment for or ever been arrested for, or convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any criminal felony or controlled substance-related misdemeanor, not including traffic violations, under the laws of any jurisdiction?

Yes
 No

If you answered yes to the above question, you must complete the following section.

Arrests

Offense: Arrest / Charge/Indictment	Date	Arresting Agency	Court Name & Location	Case #	Case/Docket #	Disposition

Convictions

Date of Conviction	Law under which you were convicted	SID #

Use additional page or the back of this form if more room is needed.

I, _____ authorize the release of any and all information from any appropriate agency regarding my criminal history to the City of Milan Clerk's Office or City of Milan Police Department. I understand that my ethnicity, date of birth, sex, and age will not be made a part of my application and that none of these four (4) items will be considered in the review of my permit application.

I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal conviction Record Check will be done. In addition, I agree to cooperate with the investigator assigned to screening this application. I further understand that the City of Milan City Administrator has the right to deny my permit based upon the results of this investigation and I hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: _____

Date : _____

FOR OFFICE USE ONLY

Chief of Police Recommendation: Approve Deny Signature: _____

Fingerprints Comments: _____