

IMPORTANT INFORMATION AND INSTRUCTIONS REGARDING A CRIMINAL BACKGROUND CHECK

1. Arkansas Medical Marijuana Commission rules and regulations prohibit the issuance of a license to a person who has been convicted of an excluded felony offense. This law also applies to the applicant, owners, board members, stockholders, shareholders, or any member of an LLC involved in the ownership structure of the business.

2. Attached is a criminal background application which must be completed and submitted to the Arkansas State Police. They will return the Arkansas background check results to you; **the original document must accompany the MMC application.** If this report indicates you have not been convicted of an excluded felony offence your application will be eligible for consideration by the agency. Amount of \$25.00 (check or money order) is due at time of submission to Arkansas State Police.

A SELF-ADDRESSED, STAMPED ENVELOPE MUST BE ENCLOSED WITH SUBMISSION OF THE ABOVE.

3. If you wish to complete this process in person, go to the Arkansas State Police Headquarters. You will be required to show a state issued photo ID or driver's license. Payment must be by check or money order made payable to Arkansas State Police.

Background investigation questions; call Arkansas State Police at
501-618-8500.

**MAIL TO: Arkansas State Police
 ATTN: Identification Bureau
 #1 State Police Plaza
 Little Rock, Arkansas 72209**

4. Once an acceptable application has been received by the MMC office, then a fingerprint card will be given/mailed for each person listed on the application. **DO NOT USE FINGERPRINT CARDS FROM ANY AGENCY OTHER THAN ABC ADMINISTRATION on behalf of the MEDICAL MARIJUANA COMMISSION.**

Application for Criminal History Check for Medical Marijuana License

(See other side for instructions)

Full Name: _____
Last Name **First Name** **Middle Name**

All other names ever used (married names, maiden, shortened, etc)

Date of Birth: _____ State of Birth: _____ Race: ____ Sex: ____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Day Time Phone: _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON AND/OR ENTITY :

Name: _____ Phone: _____
Full Name of Person/Entity

Mailing Address: _____
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

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COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, _____ .

My Commission Expires: _____
Notary Public

For Official Use Only

82005 Civil Record Check 80005 - - 80006 FBI Record Check