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; <u>the original document must accompany the MMC application</u>. If this report indicates you have not been convicted of an executed 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 I	Name
	l names, maiden, shortene	ed, etc)		
Date of Birth: St		· · · · ·	Sex:	
(Month/Day/Year)				
Social Security #:	Driver's Lice	nse #:		
				State
Mailing Address:				
Street	City	State	2	ZIP
Day Time Phone:				
I GIVE MY CONSENT FOR TH CRIMINAL RECORD SEARCH THE FOLLOWING PERSON A	H ON MYSELF AND RI			
Name:	Pł	none:		
Full Name of Person	n/Entity			
Mailing Address:				
Street	City	State	2	ZIP
Signature:		Date:		
(First/MI/Last Name				
(NO REQUEST WILL BE P	ROCESSED WITHOUT A	NOTARIZED SIG	GNATURE)	
	§			
COUNTY OF				
Subscribed and sworn before state aforesaid, this the				
My Commission Expires:		Nota	ry Public	
	Official Use Only		5	
82005 Civil Record Check	k 80005 - 🗌	- 80006 FBI R	lecord Che	eck