



**San Luis Obispo County Sheriff's Office
Cannabis Compliance Team**



Dear Licensing Investigator:

It is my understanding that an inquiry will be made into my criminal history as a condition of receiving a license to conduct business. I have listed all convictions (including convictions that have been sealed, dismissed, or expunged) in the space provided below, without exception. I further understand that failing to reveal or inaccurately divulging my criminal history may result in denial or revocation of my business license.

Date

Signature of Applicant

Name of Applicant (Please Type or Print)

Signature of Witness

Disclosure of Convictions:

Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any misdemeanor or felony in the United States or a foreign country? If yes, please complete the attached Criminal Conviction Disclosure Form(s) (if none, write in NONE): _____



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CRIMINAL CONVICTION DISCLOSURE FORM

NOTE: If there are multiple convictions, please provide a separate disclosure form for each conviction.

OWNER'S LAST NAME:

OWNER'S FIRST NAME:

DATE OF CONVICTION:

DATE(S) OF INCARCERATION (if applicable):

DATE(S) OF PROBATION (if applicable):

DATE(S) OF PAROLE (if applicable):

A DETAILED DESCRIPTION OF THE OFFENSE FOR WHICH YOU WERE CONVICTED:

PLEASE PROVIDE A STATEMENT OF REHABILITATION FOR THE CONVICTION: