

Cannabis Business Responsible Person Affidavit of Criminal Background Check

FORM

DS-193

October 2023

Each responsible person for a Cannabis Outlet (Outlet) or Cannabis Production Facility (Facility) shall undergo fingerprinting and criminal background check. **During the term of the Conditional Use Permit, if ownership has not changed, existing responsible persons may complete this form in lieu of Form DS-192.** Information regarding this

process and definition of terms are clarified in [San Diego Municipal Code Chapter 4, Article 2, Division 15](#). Email Cannabis Business Division staff at DSDCannabis@sandiego.gov for assistance.

Section 1: Responsible Person Information

Responsible Person's Full Name:			
Other Names Used (Maiden, Alias, Etc.):			
Date of Birth:	Driver's License/ID#:	State:	
Mailing Address:	City:	State:	Zip Code:
Email Address:		Phone No.:	
Cannabis Business Address:			
CUP No.:	CUP Expiration Date:	Date of Background Check:	

DECLARATION: *The responsible person must complete this form, sign where indicated, and notarize their signature. Incomplete forms will not be accepted.*

As the responsible person for this cannabis operation, I am aware that the business described above is subject to the Cannabis Outlet or Cannabis Production Facility requirements regulated by SDMC Section 141.0504 (CO) and Section 141.1004 (CPF), and Chapter 4, Article 2, Division 15. I hereby affirm under penalty of perjury that a criminal background check applicable to me, as the responsible person for this cannabis operation, was performed on _____.

Furthermore, I acknowledge and affirm that I will inform the City Manager within 48 hours if I am convicted of a violent felony or crime of moral turpitude, in accordance with SDMC Section 42.1507(e). **NOTE: Notary acknowledgment must be attached per Civil Code section 1189 et seq.**

Responsible Person

Name:

Title:

Visit our web site: <http://www.sandiego.gov/development-services>.

Upon request, this information is available in alternative formats for persons with disabilities.

Section 2: Cannabis Business Information (DSD Use Only)			
Approved Use:		Cannabis Outlet <input type="checkbox"/>	Cannabis Production Facility <input type="checkbox"/>
Outlet/Facility Name:		Outlet/Facility Address:	CUP Approval Number:
CUP Project Number:	CUP Approval Date:	CUP Recordation Date:	CUP Expiration Date:
Received Date:	Received By:	Signature*:	

*** NOTE: Notary acknowledgment must be attached per Civil Code section 1189 et seq.**

Responsible Person, as defined by SDMC [§42.1502](#), which includes a corporate director or officer, manager or member-manager, partner, trustee, or sole proprietor of an entity or trust operating or owning a cannabis outlet or a cannabis production facility, and persons responsible for the operation, management, direction, or policy of a cannabis outlet or a cannabis production facility. This process is required following the approval and recordation of the Outlet/Facility Conditional Use Permit (CUP), prior to issuance of the initial Cannabis Business Operational Permit (DS-191), and commencement of operations.

Reference Table
<ul style="list-style-type: none"> • Cannabis Business Division (https://www.sandiego.gov/development-services/cannabis) • If a DS-192 Criminal Background Check is required: Background Check Instructions

Visit [our web site](#).

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