



STATE OF ARKANSAS
**Department of Finance
and Administration**

**ALCOHOLIC BEVERAGE
CONTROL**
1515 West 7th, Ste. 503
Little Rock, Arkansas 72201
Phone: (501)682-1105
Fax: (501) 682-2221

New Hires for Medical Marijuana Facilities

If you are being hired to work in a medical marijuana cultivator, processor, dispensary, or transporter, you will need to complete the following steps. Incomplete applications cannot be accepted by the ABC.

Step 1. You will need to pick up an application packet from your new employer. This packet will include 1) an Arkansas State Police Background Application, 2) a Notice of Intent to Hire completed by your employer, 3) Request for Employee Registry Identification Card, 4) Authority to Release Information, 5) Applicant Record Notification form.

Step 2. Complete the Arkansas State Police Background application for the Arkansas State Police. This form must be signed in front of a notary public and executed by the notary.

Step 3. Take that background application and a twenty-five dollar (\$25.00) check or money-order payable to the ASP to the Arkansas State Police or complete the on-line request for a report. They will run a report and give you a copy, if you appear in person.

Step 4. Complete the Authority to Release form. This form must be signed in front of notary public and executed by the notary.

Step 5. Bring the Completed Intent to Hire, Authority to Release form, the Arkansas State Police background report, Request for Employee Registry Identification Card, Application Record Notification form and a twenty-five dollar (\$25.00) check or money order payable to MMC to the ABC/MMC office, 1515 W. 7th St., Little Rock 7201 or mail the completed packet and money to the ABC/MMC office. Payments in excess of \$25.00 will be returned.

Step 6. You will be given a memo and fingerprint card at the ABC/MMC office or mailed one if you submitted the application by mail. If you are completing the background check and fingerprint card at LiveScan please go to Step 8.

Step 7. Take the fingerprint card, memo, and a check or money order for thirteen dollars, twenty-five cents (\$13.25) to the Arkansas State Police. They will keep the fingerprint card and memo.

Step 8. Background checks may be completed by live-scan, instead. You may contact them at www.ArkansasLiveScan.com or call 501-246-3780 to select a location and time. If you elect to use live-scan please complete Step 1 and then bring the Completed Authority to Release form, Notice of Intent to Hire, Request for Employee Registry Identification Card, Applicant Record Notification form and a twenty-five dollar (\$25.00) check or money order payable to MMC to the ABC/MMC office, 1515 W. 7th St., Little Rock 7201 or mail the completed packet and money to the ABC/MMC office. ***Payments in excess of \$25.00 will be returned along with the packet.*** Steps 2 -- 4, 6 and 7 will be completed at the live-scan facility.

Step 9. When the FBI completes their report, ABC/MMC will be notified of the results and will contact you to advise that your RIC card may be printed out. You will need to bring or mail a check or money order payable to the MMC for twenty-five (\$25.00). ***If payment is submitted by mail please provide the name of the applicant and the facility permit number from your application so the payment may be properly processed.***

NOTE:

If you do not have an Arkansas drivers' license, you will need to provide a "selfie" when you are notified that you need to submit your final payment. Please e-mail the photograph to Maggie.costley@dfa.arkansas.gov In body of the mail please list the applicant's name along with the employer's license number located on the Intent to Hire form. If you have any questions, please call (501) 682-1105: Monday through Friday, 8 a.m. through 4:30 p.m.

Incomplete applications will be returned along with a letter noting the deficiency in the application packet.

Applications will not be accepted by email as payment must accompany them so please mail the completed packets or deliver them to the Alcoholic Beverage Control.

Please note on all payments and correspondence the applicant's name and the employer's license number.

Due to COVID19 please confirm whether the ABC/MMC offices as well as State Police are open to the public before driving to either location. ABC/MMC offices will be operating and can accept your application by mail during this time.

**IMPORTANT INFORMATION AND INSTRUCTIONS
REGARDING A CRIMINAL BACKGROUND CHECK**

1. Alcoholic Beverage Control Administration rules and regulations prohibit the issuance of a registry identification card to a person who has been convicted of an excluded felony offense.
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 ABC Notice of Intent to Hire Form.** If this report indicates you have not been convicted of an excluded felony offense 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 ABC office, then a fingerprint card will be given/mailed for the employee listed on the Intent to Hire form. **DO NOT USE FINGERPRINT CARDS FROM ANY AGENCY OTHER THAN ABC ADMINISTRATION.**

Arkansas Medical Marijuana Commission

ORI AR9206628Z Ark Const Amendment 98, Sect 9

Transaction Number: _____

Owner/Employee Name: _____

Date of Birth: _____ State of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____

Driver's License Number and State Issued: _____

Mailing Address: _____
Address City State Zip Code

Facility Name: _____

Facility Address: _____
Street City State Zip Code

Facility Telephone: _____

Contact Telephone: _____

If a completed copy of each form (from each applicable individual) AND the results of the FBI fingerprints have not been received by our office, NO ACTION SHALL BE TAKEN ON YOUR APPLICATION.

Arkansas Medical Marijuana
Notice of Intent to Hire

To Alcohol Beverage Control Administration: Permit #: _____

This letter serves as notice that _____
Business Name

intends to hire _____
First MI Last

to perform the job duties specified below.

I understand the perspective employee may not perform any duties on behalf of the cultivation facility or dispensary until such time as the Registry Identification Card has been issued and is in his/her possession.

Signature of Business Owner or Hiring Manager

Date

Print Name

Arkansas Medical Marijuana Request for Employee Registry Identification Card

Application Type (check one) <input type="checkbox"/> New <input type="checkbox"/> Renewal				
Employee Information				
Legal Name	First	Middle	Last	Suffix
Street Number and Street Name				
Unit Type (Apt, Unit, Suite, etc.)	Unit Number	Home Phone (w/ Area Code)	Mobile Phone (w/ Area Code)	
City			State	ZIP Code
Date of Birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color		Height feet inches
DL or ID Number	State	Expiration Date (DD/MM/YY)	Last 4 digits of SSN	Registry ID # (for renewals only)
Email Address				
Employee Mailing Address (if different from above)				
Street Number and Street Name				
Unit Type (Apt, Unit, Suite, etc.)	Unit Number			
City			State	ZIP Code
Business Information				
Name of Business			License Number (for renewals only)	
Business Street Number and Street Name				
Unit Type (Apt, Unit, Suite, etc.)	Unit Number	Business Phone (w/ Area Code)		
City			State	ZIP Code
Intended/Current Position at Business				
By signing below, I, the applicant, affirm that the information on this form is accurate and true. I understand that I may not perform any duties on behalf of a cultivation facility or dispensary until such time as I possess a valid unexpired Registry Identification Card.				
Signature				Date
Print Name				

Authority to Release Information

To applicant:

I understand that the Medical Marijuana Commission c/o Alcoholic Beverage Control Enforcement Division will conduct a thorough investigation before a final decision is made regarding my eligibility to hold a position in the industry. The investigation may include inquiries as to my character, reputation, and the location and feasibility of a Registration Identification Card being issued at the applied for location.

By signing below, I do hereby give my consent and authority for any public utility or law enforcement agency to furnish information from their records to the Medical Marijuana Commission c/o Alcoholic Beverage Control Enforcement Division.

This form must be completed in the presence of a notary public.

Name (First, Middle, Last)

Home Address

City State ZIP Code

Mailing Address (if different)

City State ZIP Code

Home Phone Mobile Phone

Email Address

Signature - Full Name Date

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

Print Full Name: _____
Last Name First Name Middle Name

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.
Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I acknowledge the above information and I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal records search on myself and release any results to the Alcoholic Beverage Control Division, 1515 West 7th Street, Suite 503 Little Rock, AR 72201

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

Fingerprint Technician: _____ Date: _____