



CITY OF HAWTHORNE CANNABIS BUSINESS LICENSE APPLICATION VERIFICATION AUTHORIZATION

I, _____, hereby authorize the City of Hawthorne and/or its agents to verify information contained in my Cannabis Business License Application for the purpose of acquiring a cannabis business license in the City of Hawthorne. I understand that the purpose of this verification is to confirm whether information contained in my Cannabis Business License Application is true and correct. I acknowledge that the City of Hawthorne may utilize an outside party to assist in this process, and I specifically authorize such an investigation to obtain any additional information that may be pertinent to the review process. I agree that the City of Hawthorne and its agents may contact my references, previous employers and any applicable third party to confirm details specified in my Cannabis Business Application, and hereby release all parties from any liability as a result thereof.

Applicant Signature

Date

Applicant/Owner (Individual): _____

Business Entity: _____