Commercial Cannabis Activity License: Banking Information

COUNTY OF SAN MATEO

This form is to be filled out as an accompanying document to the Commercial Cannabis License Application. You may use additional forms as necessary. Please supply the following financial information related to the proposed Commercial Cannabis Activity:

1.

Bank Name | Name(s) of account owner(s) | Checking Account Number | Savings Account Number

Bank Address | City | State | Zip Code

2.

Bank Name | Name(s) of account owner(s) | Checking Account Number | Savings Account Number

Bank Address | City | State | Zip Code

3.

Bank Name | Name(s) of account owner(s) | Checking Account Number | Savings Account Number

Bank Address | City | State | Zip Code

4.

Bank Name | Name(s) of account owner(s) | Checking Account Number | Savings Account Number

Bank Address | City | State | Zip Code

5.

Bank Name | Name(s) of account owner(s) | Checking Account Number | Savings Account Number

Bank Address | City | State | Zip Code

6.

Bank Name | Name(s) of account owner(s) | Checking Account Number | Savings Account Number

Bank Address | City | State | Zip Code

By my signature below, I certify under penalty of perjury under the laws of the State of California that all contents of this application and any attachments are true and correct.

Signature

Date Signed (MM/DD/YYYY)