

Commercial Cannabis Activity

License: Business Owner Details



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 provide information about each Owner. An Owner, for the purposes of this application, includes any of the following:

1. A Person with an aggregate ownership interest of 20 percent or more in the Licensee or Applicant, unless the interest is solely a security, lien, or encumbrance.
2. The chief executive officer of the Applicant.
3. A member of the board of directors of the Applicant.
4. A Person who is, or will be, participating in the direction, control, or management of the Licensee or Applicant. For the purposes of this Chapter, participating in the direction, control, or management includes, without limitation, the following functions: (i) hiring or separating employees; (ii) contracting for the purchase or sale of Cannabis or Cannabis Products; and (iii) making or participating in policy decisions regarding Commercial Cannabis Activities.

Business Owner Details

1.

First Name Middle Name Last Name Title Within the Business Entity

Date of Birth (MM/DD/YYYY) Place of Birth Social Security Number or Tax Payer Identification Number

E-mail Home phone Business phone Mobile phone

Address 1

Address 2

City State Zip Code

Date of ownership acquisition (MM/DD/YYYY) Percentage of ownership interest held Number of shares held in applicant entity

Whether the owner has a financial interest in any other cannabis-related business in the State? *If the answer is YES* Please Specify Name(s) of the Business(es)

- Yes
- No

Government Issued Identification Electronic fingerprint images/criminal background check

I have attached a copy of a government issued identification I have uploaded a copy of the completed fingerprint background check application as submitted to the California Department of Justice for electronic fingerprint images **or** I have not submitted for a fingerprint background check to the California Department of Justice and I will be subject to a fingerprint background check as part of this license process

2.

First Name Middle Name Last Name Title Within the Business Entity

Date of Birth (MM/DD/YYYY) Place of Birth Social Security Number or Tax Payer Identification Number

E-mail Home phone Business phone Mobile phone

Address 1

Address 2

City State Zip Code

Date of ownership acquisition (MM/DD/YYYY) Percentage of ownership interest held Number of shares held in applicant entity

Whether the owner has a financial interest in any other cannabis-related business in the State?

If the answer is **YES**

Please Specify Name(s) of the Business(es)

- Yes
- No

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3.

First Name	Middle Name	Last Name	Title Within the Business Entity
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Date of Birth (MM/DD/YYYY)	Place of Birth	Social Security Number	<i>or</i>	Tax Payer Identification Number
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E-mail	Home phone	Business phone	Mobile phone
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Address 1

Address 2

City	State	Zip Code
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Date of ownership acquisition (MM/DD/YYYY)	Percentage of ownership interest held	Number of shares held in applicant entity
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Whether the owner has a financial interest in any other cannabis-related business in the State?

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4.

First Name	Middle Name	Last Name	Title Within the Business Entity
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Date of Birth (MM/DD/YYYY)	Place of Birth	Social Security Number	<i>or</i>	Tax Payer Identification Number
----------------------------	----------------	------------------------	-----------	---------------------------------

E-mail	Home phone	Business phone	Mobile phone
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Address

Address 2

City	State	Zip Code
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Date of ownership acquisition (MM/DD/YYYY)	Percentage of ownership interest held	Number of shares held in applicant entity
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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)