

Commercial Cannabis Activity

License: Gifts



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.

Value	Description
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Name of the Gift Provider	Phone number of the Gift Provider
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Address 1

Address 2

City	State	Zip Code
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.....

2.

Value	Description
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Name of the Gift Provider	Phone number of the Gift Provider
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Address 1

Address 2

City	State	Zip Code
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3.

Value	Description
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Name of the Gift Provider	Phone number of the Gift Provider
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Address 1

Address 2

City	State	Zip Code
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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)