Cannabis Business Owner Information Sheet

Cannabis Business Application, Section 1.3

This document is NOT public information

Provide the following information for each business owner as defined in CFR Title 16, Section 5003

Proposed Licensed Premises Business Address: _____

Owner Name: _____
First MI Last

24-Hour Contact Phone Number: _____

Birthdate: _____ Place of Birth: _____ email: _____

SSN or FEIN: _____ Mailing Address: _____

_____
City State Zip

Percent Ownership in the applicant entity: _____%

Title within the applicant entity: _____

Current Employer: _____

☐ Yes, I do ☐ No, I do not hold ownership or financial interests in other commercial cannabis businesses licensed by the State of California: _____

_____

☐ If the owner has received a certificate of rehabilitation issued under Penal Code section 4852.01 or dismissal issued pursuant to Penal Code section 1203.4 or 1203.41, check the box and attach a copy.

Attach a copy of the owner's government-issued identification that includes the name, date of birth, physical description and picture of the owner:

Government issued photo ID here

I hereby declare the above owner information to be true and accurate under penalty of perjury:

_____ _____
Signature of Applicant Date