



Applicant/Owner Information Form*

Commercial Cannabis Screening Application

*Portions of the information disclosed in this application is public information pursuant to the California Public Records Act.

INSTRUCTIONS: Complete the pertinent sections for each owner, applicant, entity owner and non-owner with financial interest in the business. A separate form is required for each individual.

- Type: Entity Owner (Complete Sections A and E)
- Owner (Complete Sections B, C, D and E)
- Applicant (Complete Sections B, C, D and E)
- Non-owner with financial interest (Complete Sections B and E)

SECTION A: ENTITY OWNERSHIP INFORMATION

An entity is anything other than an individual. If an entity is an owner of the commercial cannabis business pursuant to Business and Professions Code section 26001(a), you will need to complete the following information. Attach additional pages if needed.

Name of Entity: _____ Phone Number: _____

Ownership %: _____ Organizational Structure: _____ Email: _____

Authorized Agent: _____ Title: _____

List entity members below (attach additional sheets if necessary):

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

SECTION B: OWNER/NON-OWNER/APPLICANT INFORMATION

Pursuant to 16 CCR § 5023, an owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including the applicant.

Full Name: _____ Date of birth: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Ownership % _____ Title: _____

Social Security No. _____ Current Employer: _____

Section C: DECLARATIONS

1. Do you have an ownership or financial interest (as defined in Title 16 CCR 5003 and 5004) in a licensed cannabis business? If "yes", complete section C-1. YES NO
2. Have you ever been denied a permit or state license to engage in commercial cannabis activity, or had a permit or state license to engage in commercial cannabis activity suspended and not reinstated, or revoked, by any city, county, city and county, or any other state cannabis licensing authority? If "yes", complete section C-2. YES NO
3. Have you ever been convicted of a crime? If "yes", complete section C-3. (HSC BPC §26057) YES NO
4. Have you ever failed to pay federal, state, or local taxes and/or fees when notified by the appropriate agencies? YES NO

Section C-1: Other Licensed Cannabis Businesses

Use additional sheets if necessary.

Agency: _____ License No. _____ Date Issued: _____
 Description of business: _____

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 Description of business: _____

Section C-2: Cannabis License(s) Suspended, Revoked or Denied

Use additional sheets if necessary.

License Authority : _____ License Type _____ Suspension or Revocation Date: _____

Details: _____

License Authority : _____ License Type _____ Suspension or Revocation Date: _____

Details: _____

License Authority : _____ License Type _____ Suspension or Revocation Date: _____

Details: _____

Section C-3: Criminal Violation(s)

Use additional sheets if necessary.

Date of Conviction: _____ Code Section: _____ Felony or Misdemeanor? _____
Date of incarceration: _____ Date of Probation: _____ Date of Parole: _____

Details: _____

Date of Conviction: _____ Code Section: _____ Felony or Misdemeanor? _____
Date of incarceration: _____ Date of Probation: _____ Date of Parole: _____

Details: _____

Date of Conviction: _____ Code Section: _____ Felony or Misdemeanor? _____
Date of incarceration: _____ Date of Probation: _____ Date of Parole: _____

Details: _____

SECTION D: REQUIRED DOCUMENTS

Copy of a currently valid government-issued identification

SECTION E: AFFIRMATION & CONSENT

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true and accurate. I understand that misrepresentation of fact is cause for rejection of this screening application, denial of a license, or revocation of a license issued.

Signature: _____ Date: _____

Printed Name: _____