



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 needed. 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
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E-mail	Phone
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Address 1

Address 2

City	State	Zip Code
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Electronic fingerprint images/criminal background check

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
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2.

First Name	Middle Name	Last Name	Title Within the Business Entity
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E-mail	Phone
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Address 1

Address 2

City	State	Zip Code
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3.

First Name	Middle Name	Last Name	Title Within the Business Entity
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E-mail	Phone
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Address 1

Address 2



Commercial Cannabis Activity License: Business Owner Details

455 County Center, 2nd Floor | Mail Drop PLN 122
Redwood City, CA 94063
TEL (650) 363-4161 | FAX (650) 363-4849
planning.smcgov.org

City State Zip Code

Electronic fingerprint images/criminal background check

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4.

First Name Middle Name Last Name Title Within the Business Entity

E-mail Phone

Address

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)

