

DRAFT OWNER SUBMITTAL FORM

SECTION A - OWNER INFORMATION

1. Full Name	U, } ^! • @ Å	Job Title
Mailing Address	City	State Zip Code
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SECTION B - DECLARATIONS

2. Have you ever been sanctioned by a licensing authority or local agency for unauthorized commercial cannabis activities and/or had a license suspended or revoked in the three years immediately preceding the date of this application? If "Yes", please complete item 9	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Have you been denied a license by a State or local cannabis licensing authority? If "Yes", please complete item 10	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Do you have an ownership or financial interest (as defined in Title 16 CCR 5003 and 5004) in a licensed cannabis business? If "Yes", please complete item(s) 7-8	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Have you ever been convicted of a crime? If "Yes", please complete item(s) 11-12	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Have you been a Marin County resident for at least 1 years? If "Yes", do you have an annual income at or less than 80% of Marin average median income (AMI) adjusted for household size?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

OTHER CANNABIS LICENSE(S) (Attach additional sheets if needed)

7. Agency	License Number	Date Issued
8. Agency	License Number	Date Issued

CANNABIS LICENSE(S) SUSPENDED, REVOKED, OR DENIED (Attach additional sheets if needed)

9. License Authority	License Type	Suspension/Revocation Date
Detailed Statement Regarding Suspension/Revocation		
10. License Authority	License Type	Denial Date

CRIMINAL VIOLATION(S) For each conviction, provide the information requested below and attach a detailed description of the offense for which you were convicted. (Attach additional sheets if needed)

11. Date of Conviction	Code Section	Type of Conviction (Felony or Misdemeanor)
Date(s) of Incarceration	Date(s) of Probation	Date(s) of Parole
12. Date of Conviction	Code Section	Type of Conviction (Felony or Misdemeanor)
Date(s) of Incarceration	Date(s) of Probation	Date(s) of Parole

SECTION C - REQUIRED ATTACHMENTS/DOCUMENTS

Copy of Government-Issued Identification Proof of residency (if applicable)

SECTION D - AFFIRMATION AND 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 a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Signature	Printed Name	Date Signed
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Office Use Only
 Application Number: