



# **Community Development Department**

## **Commercial Cannabis Permit Application**

### **FORM A-1: Owners, Officers and Managers**

<b>Staff Use Only</b>		
Filing Date: _____	Counter Planner Initials: _____	Case Number: _____

**Provide below information for all business owners, officers and managers. Attach a copy of each person's legal identification.**

**1. Applicant/Owner (From Master Application Form): \_\_\_\_\_**

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**2. Name: \_\_\_\_\_**

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**3. Name: \_\_\_\_\_**

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**4. Name: \_\_\_\_\_**

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**5. Name: \_\_\_\_\_**

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**This page equals 1 page of text. Application is limited to 75 pages of text and 25 pages of images. The attached copies of IDs do not count toward application page limits.**

**6. Name:** \_\_\_\_\_

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**7. Name:** \_\_\_\_\_

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**8. Name:** \_\_\_\_\_

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**9. Name:** \_\_\_\_\_

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**10. Name:** \_\_\_\_\_

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**11. Name:** \_\_\_\_\_

Position Held: \_\_\_\_\_ Is Copy of ID attached Yes No

Percentage of Ownership: \_\_\_\_\_ I.D. or Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

**Copy and Attach Additional Sheets if Necessary**

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