



Community Development Department

Commercial Cannabis Permit Application

FORM C : Cannabis Experience

Staff Use Only		
Filing Date:	Counter Planner Initials:	Case Number:

List and describe any actions during the last five (5) years wherein the applicant or any of the owners, officers or managers have been denied the right to conduct any commercial cannabis activity in any jurisdiction.

Check this box if there **are no** denials in the last five (5) years

Jurisdiction: _____ Contact Name & Phone: _____

Description:

Jurisdiction: _____ Contact Name & Phone: _____

Description:

List and describe any actions during the last five (5) years wherein the applicant or any of the owners, officers or managers have had their respective business activities suspended or revoked. Include cannabis and **non-cannabis business** activities.

Check this box if there **are no** suspensions or revocations in the last five (5) years

Jurisdiction: _____ Contact Name & Phone: _____

Description:

Jurisdiction: _____ Contact Name & Phone: _____

Description:

Attach Additional Sheets if Necessary

If actions are listed, this page equals 1 page of text. Additional sheets shall each count as additional pages. Application is limited to 75 pages of text and 25 pages of images.