



Community Development Department

Commercial Cannabis Permit Application

FORM A-3: Other Board Members/Financial Interest

| | | |
|-----------------------|---------------------------------|--------------------|
| Staff Use Only | | |
| Filing Date: _____ | Counter Planner Initials: _____ | Case Number: _____ |

For publicly traded businesses, provide below information for all executive board members and persons who hold an ownership interest or other financial interest of at least 10%. (do not include persons listed in Form A-1 or Form A-2.) Attach a copy of each person's legal identification.

1. 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 : _____

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 : _____

If used, 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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