



Community Development Department

Commercial Cannabis Permit Application

FORM A-2: Employees

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

Provide below information for all business employees not listed on Form A-1. 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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