



APPLICANT ATTESTATION FORM

Each member of the Applicant Team must complete this Attestation Form and describe all past criminal history, pending litigation, bankruptcies, or code violations, as well as a list of all jurisdictions in which the applicant is doing or has done cannabis business.

The Attestation Form must also be submitted as part of the permit application package.

Information on Applicant

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Title:					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:			State:		Zip:
Business Address:					
City:			State:		Zip:
Social Security Number:					
Valid California driver's license # or ID#, or other form of government-issued ID:					

Co-Applicant Information

Please provide the following information for each member of the Applicant Team, as defined in the application instructions. Attach additional pages if necessary.

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Title:					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:			State:		Zip:
Business Address:					
City:			State:		Zip:

Business Activity: List all jurisdictions in which Applicant Team members have conducted, or are conducting, business.





Permit Revocation: Have any of the persons seeking this permit ever had a permit revoked?

- No:
- Yes: Please describe the circumstance of such a revocation:

Regulatory Actions: Summarize any regulatory actions (e.g., issuance of notices of violation, citations, suspension or revocation of licenses, or similar actions) currently pending or taken against the Applicant or co-Applicants related to any business owned or operated by the Applicant related to air quality, water quality, storage or use of hazardous chemicals, building code violations, or public health and safety violations. The name and location of the jurisdiction or agency, which took the action shall also be included.

I certify, under penalty of perjury, that the information provided on this form includes a complete account of any regulatory actions currently pending or taken against the Applicant, including issuance of notices of violation, citations, suspension or revocation of licenses, or similar actions, related to any business owned or operated by the Applicant related to air quality, water quality, storage or use of hazardous chemicals, building code violations, or public health and safety violations and that the name and location of the jurisdiction or agency, which took the action shall also be included.

Signature: _____

Date: _____

The information contained on this document is subject to disclosure under the Public Records Act.

