

Cannabis Business Owner & Interested Parties

Instructions:

This form must be submitted within 30 calendar days of any ownership change to the cannabis business and may only be signed by the permit holder/applicant on file or a legal representative who has written authorization to sign the form from the permit holder/applicant on file. The instructions are listed in numerical order to align with the information required by the form. This supplements the instructions on the form itself. This form is used to list the ownership roster for the business. Please fully complete all applicable sections.

1. **Legal Business Name:** Enter the name of the cannabis business to include a DBA, if applicable
2. **Business Operating Permit (BOP) Number:** Enter the business operating permit application number received when application was submitted in the permitting portal
3. **Business Premises Address:** Physical street address of the business
4. **Name(s), Title, and Ownership Percentage of *Current* Business Owners/Officers/ Members/Managers:** Provide a comprehensive breakdown of individuals within the company that hold 100% ownership of the business to include their name, title, address, phone number, email address, and corresponding percentage of ownership for each person.
 - **Direct Ownership (C-Corp, S-Corp, Non-profit Corp, LLC, LP, or Sole Proprietorship):**
 - List the name, title, address, phone number, email address, and number of ownership interest of ALL owners

Example:

First Name, Last Name, Title	Address	Phone Number	Email	Ownership Percentage/Number of Shares Owned
John Doe, Owner	710 Main St. Sacramento, CA 95814	555-555-5555	jdoe@gmail.com	50%
Jane Doe, Owner	420 Main St. Sacramento, CA 95814	555-555-5555	janedoe@gmail.com	50%
Total Ownership Percentage (must equal 100%) OR Total of outstanding shares and floating shares (must equal to the numbers listed above)				<u>100%</u>

- **If Permit is held by an C-Corp or S-Corp entity:**

- List the name, title, address, phone number, email address, and number of shares owned for ALL:
 - ◆ Members of the board of directors, corporate officers, and other persons with similar responsibilities
 - ◆ Shareholders:
 - A company's shares outstanding (or outstanding shares) are the total number of shares issued and actively held by stockholders—both outside investors and corporate insiders.
 - Floating stock is the number of shares available for trading of a particular stock.
 - Preferred stock is a component of share capital that may have any combination of features not possessed by common stock, including properties of both an equity and a debt instrument, and is generally considered a hybrid instrument.

Example:

First Name, Last Name, Title	Address	Phone Number	Email	Ownership Percentage/Number of Shares Owned
ABC Corporation (Owner)	710 Main St. Sacramento, CA 95814	555-555-5555	ABCCorp@gmail.com	100%
John Doe, CEO of ABC Corporation	420 Main St. Sacramento, CA 95814	555-555-5555	jdoe@gmail.com	50% Shareholder of ABC Corporation
Jane Doe, CFO of ABC Corporation	420 Main St. Sacramento, CA 95814	555-555-5555	janedoe@gmail.com	50% Shareholder of ABC Corporation
Total Ownership Percentage (must equal 100%) OR Total of outstanding shares and floating shares (must equal to the numbers listed above)				<u>100%</u>

• **If Permit is held by an LLC or LP entity:**

- List the name, title, address, phone number, email address, number of ownerships of ALL:
 - ◆ Business owners
 - ◆ Managing member and members.

Example:

First Name, Last Name, Title	Address	Phone Number	Email	Ownership Percentage/Number of Shares Owned
ABC LLC	710 Main St. Sacramento, CA 95814	555-555-5555	ABCLLC@gmail.com	100%
John Doe, Managing Member ABC LLC	420 Main St. Sacramento, CA 95814	555-555-5555	jdoe@gmail.com	50% Owner of ABC LLC
Jane Doe, Managing Member ABC LLC	420 Main St. Sacramento, CA 95814	555-555-5555	janedoe@gmail.com	50% Owner of ABC LLC
Total Ownership Percentage (must equal 100%) OR Total of outstanding shares and floating shares (must equal to the numbers listed above)				<u>100%</u>

Cannabis Business Owner & Interested Parties Form

Legal Business Name: _____

DBA: _____

Business Operating Permit (BOP) Number: _____

Business Premises Address: _____

List name(s), title, address, phone number, email address and ownership percentage of *current* business owners/officers/ members/managers:

First Name, Last Name, Title	Address	Phone Number	Email	Ownership Percentage/Number of Shares Owned
Total Ownership Percentage (must equal 100%) OR Total of outstanding shares and floating shares (must equal to the numbers listed above)				_____ %

Please add another sheet of paper if more space is required.

Certifications:

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____