

**ATTENTION:** If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in Sacramento City Code

**CANNABIS INTERESTED PARTY INFORMATION FORM**

<b>PRINT FULL NAME:</b>			
<b>OTHER NAMES YOU HAVE USED:</b>			
<b>PHONE:</b>	<b>CELL PHONE NUMBER:</b>	<b>EMAIL ADDRESS:</b>	
<b>CURRENT RESIDENCE ADDRESS:</b>			
<b>HOW MANY YEARS HAVE YOU LIVED IN CA:</b>		<b>DATE OF BIRTH:</b>	<b>DRIVER LICENSE:</b>
<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>EYE COLOR:</b>	<b>HAIR COLOR:</b>
<b>NATIONALITY:</b>		<b>U.S. CITIZEN:</b>	
<b>Have you ever had a permit or license revoked or denied? If yes, please explain:</b>			
<b>Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application?   <input type="checkbox"/> YES I AM      <input type="checkbox"/> NO I AM NOT</b>			
<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, DIVERSION PROGRAMS COMPLETED, INCLUDING DUI).</b>			
<input type="checkbox"/> NO <input type="checkbox"/> YES (give the date of the arrest, offense you were charged with and the CITY)			
<b>APPLICANT SIGNATURE</b>			
<b>I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.</b>			
<b>Signature of Applicant: _____ DATE: _____</b>			

<b>BUSINESS INFORMATION</b>	
<b>NAME OF BUSINESS:</b>	
<b>APPLICANT'S POSITION/TITLE AT BUSINESS:</b>	
<b>BUSINESS ADDRESS (INCLUDING SUITE NUMBER):</b>	
<b>BUSINESS PHONE NUMBER:</b>	<b>ALTERNATE PHONE NUMBER:</b>
<b>EMAIL ADDRESS:</b>	
<b>TYPE OF BUSINESS:</b>  <input type="checkbox"/> <b>Dispensary</b> <input type="checkbox"/> <b>Cultivation</b> <input type="checkbox"/> <b>Manufacturing</b> <input type="checkbox"/> <b>Testing Lab</b> <input type="checkbox"/> <b>Delivery ONLY Dispensary</b> <input type="checkbox"/> <b>Distribtuion</b>	
<b>NUMBER OF EMPLOYEES:</b>	<b>STATE OR FEDERAL LICENSE # (FFL, PPO):</b>