



SAN LUIS OBISPO COUNTY
SHERIFF'S OFFICE

Cannabis Business Corporate Questionnaire

Form Instructions

What is this form?

Use this form to provide information on any corporate entity that is part of your business structure for your cannabis license. This includes a corporate entity that will hold the license itself, that has a financial interest in the business to be licensed, or that owns all or part of another legal entity to be licensed.

If your business structure involves more than three legal entities, provide a business structure diagram showing the legal entities involved, which entity or entities will hold the license, and each entity's relationship to one another.

What information is required for my corporate entity?

- A California Secretary of State registration number.
- Names of all corporate officers, including President, any Vice President with responsibility over the operation of the business, Secretary, and Treasurer.
- Names of all directors and stockholders and total number of shares held (excluding persons who hold only publicly-traded stocks.)
- Total number of shares of stock authorized to issue, total number issued, and total number not issued.

Who needs to complete a Cannabis Personal Background Information Packet?

- All principal officers.
- All directors owning or controlling 3% or more of the stock.
- All natural persons owning or controlling 5% or more of the stock.
- Any spouse or domestic partner of any individuals listed above.
- Individuals otherwise entitled to a portion of the revenue.
- Anyone entitled to an "ownership interest".
- **Other individuals as required by the San Luis Obispo County Sheriff's Office.**
- If any stockholder is another legal entity, that entity will need to complete another corporate questionnaire, limited liability questionnaire, or financial interest form. Include any stockholders who are also listed in any previous section.



SAN LUIS OBISPO COUNTY
SHERIFF'S OFFICE

SECTION 1 - BUSINESS INFORMATION

Corporation Name: _____

California Secretary of State #: _____

Address: _____

City, State, Zip: _____

Corporation Phone: _____

Corporation Email: _____

SECTION 2 - OFFICERS

	Officer's Name (First & Last)	Date of Birth MM/DD/YYYY	Title
1.			President
2.			Secretary
3.			Treasurer
4.			
5.			
6.			
7.			
8.			

SECTION 3 - BOARD OF DIRECTORS

	Director Name (First & Last)	Date of Birth MM/DD/YYYY		Director Name (First & Last)	Date of Birth MM/DD/YYYY
1.			9.		
2.			10.		
3.			11.		
4.			12.		
5.			13.		
6.			14.		
7.			15.		
8.			16.		

INITIAL: _____



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SECTION 4 - OTHER INTERESTS

Is any person or entity entitled to a portion of the revenue from this business other than as an officer, director, or stockholder disclosed on this form?

(If yes, please attach a written explanation)

Yes No

Has any capital been invested in or loaned to the business other than by a stockholder, officer, or director of the corporation? (If yes, please attach a written explanation)

Yes No

SECTION 5 - STOCKHOLDERS

Check the box for "direct control" for any person or entity who may, other than as an employee acting under the direction of the owner:

- Exercise control over, or be entitled to exercise control over, the business.
- Incur, or be entitled to incur, debt or similar obligations on behalf of the business.
- Enter into, or be entitled to enter into, a contract or similar obligations on behalf of the business.

"Capital Investment" refers to all capital that the person has ever contributed to the corporation.

Table with 6 columns: Name of Stockholder, Date of Birth, Shares Held, Capital Investment, Direct Control?. Rows 1-12.

If your entity has more than 12 stockholders, attach additional documentation as needed.



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SECTION 6 - STOCK SHARES

You must disclose how many stocks your corporation has issued, how many it has not issued, and how many total shares it is authorized to issue. If you do not have this information, your questionnaire will not be accepted. If your corporation issues multiple classes of stock, attach additional documentation explaining which individuals or entities hold each type of stock and the voting power of each.

Total Shares Issued:	
Total Shares Unissued:	
Total Shares Authorized to issue:	

I hereby certify that I have personally completed and initialed each page of this Cannabis Business Corporate Questionnaire form and attached any supplemental page(s). I affirm that, under penalty of perjury, the information contained within and submitted with this Cannabis Business Corporate Questionnaire is complete, true and accurate. In addition, I affirm that, under penalty of perjury, those person(s) with a financial interest in the Corporation named in section 2, section 3, section 4, and section 5 are the only person(s) with a financial interest in the Corporation named in section 1. *I understand that a misrepresentation of fact is cause for rejection of my application, denial of license, or revocation of a license issued.* "Financial interest" includes, but is not limited to, ownership interest or revenue interest in the corporation.

SIGNATURE IN FULL

DATE

FULL NAME (Print)

DATE

INITIAL: _____