



# SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE



## Cannabis Business Financial Interest Form

**Digital signatures or copies will not be accepted. Only typed applications will be accepted.**

### SECTION 1: APPLICANT/ REPRESENTATIVE

FIRST NAME	LAST NAME
------------	-----------

### SECTION 2: ALL PERSON(S) WITH FINANCIAL INTEREST

**LIST ANY AND ALL PERSON(S) WITH A FINANCIAL INTEREST. (FULL LEGAL NAMES)**

1.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
2.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
3.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
4.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
5.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
6.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
7.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
8.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
9.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
10.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
11.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
12.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#
13.	FIRST	MIDDLE	LAST	DATE OF BIRTH	CONTACT PHONE#

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED AND INITIALED EACH PIECE OF THIS FORM AND ATTACHED ANY SUPPLEMENTAL PAGE(S). I AFFIRM THAT, UNDER PENALTY OF PERJURY, THE INFORMATION CONTAINED WITHIN AND SUBMITTED WITH THIS APPLICATION FORM IS COMPLETE, TRUE AND ACCURATE. IN ADDITION, I AFFIRM THAT, UNDER PENALTY OF PERJURY, THOSE PERSON(S) LISTED ABOVE ARE THE ONLY PERSON(S) WITH A FINANCIAL INTEREST IN THE CANNABIS BUSINESS OPERATIONS.\* 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 IN THE CANNABIS OPERATIONS" INCLUDES OWNERSHIP INTEREST IN THE CANNABIS BUSINESS AS WELL AS THE PROPERTY SITE IF NOT OWNED BY THE CANNABIS BUSINESS.

SIGNATURE IN FULL:

DATE:

*DIGITAL SIGNATURES OR COPIES WILL NOT BE ACCEPTED*