



This sheet should only be utilized if a Marihuana Business License Application has more than four (4) stakeholders that must be disclosed. Please see detailed directions outlined in Section 6.

| STAKEHOLDER ____ | | | | |
|--------------------|---------------------------------------|---|--------------------------------------|---|
| % OWNERSHIP | FULL NAME: (First, M.I., Last) | HOME ADDRESS: (City, State, Zip) | | BKGD CK (For internal Use only) |
| | PHONE NUMBER: | DATE OF BIRTH: (mm/dd/yyyy) | DRIVERS LICENSE / STATE ID #: | |
| | EMAIL ADDRESS: | POSITION: | YEARS OF PREVIOUS EXPERIENCE: | |
| | | | | Staff: |
| | | | Marihuana Operating | |
| | | | Berkley Business | |

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