

- New Application  
 Annual Renewal

# Corporate Disclosure

## Criminal background disqualification

Must be completed by EACH owner, officer, director, manager, and general partner

Name:  SSN:

Alias/former name:  DOB:

List all corporate entities in which you have been an owner, officer, director, manager, general partner, shareholder, or other responsible party, **IF** that corporate entity has ever held a marijuana-related license, permit, certificate, or registration in any jurisdiction. Please list the entity name, your position/interest in that entity.

Entity 1	
Name: <input type="text"/>	Interest: <input type="text"/>
Nature of License: <input type="text"/>	Jurisdiction: <input type="text"/>
Address: <input type="text"/>	
Entity 2	
Name: <input type="text"/>	Interest: <input type="text"/>
Nature of License: <input type="text"/>	Jurisdiction: <input type="text"/>
Address: <input type="text"/>	
Entity 3	
Name: <input type="text"/>	Interest: <input type="text"/>
Nature of License: <input type="text"/>	Jurisdiction: <input type="text"/>
Address: <input type="text"/>	

**Certifications:**

<input type="checkbox"/> I certify that neither I nor any corporate entity in which I have ever had an interest has had any marijuana-related license, permit, certificate, or registration revoked or suspended.
<input type="checkbox"/> I certify that, within the previous 5 years, neither I, nor any corporate entity listed above has engaged in the non-payment or late payment greater than 30 days of any tax or fee.
<input type="checkbox"/> I certify that, within the previous 5 years, neither I, nor any corporate entity listed above has had any suspension, revocation, or denial of any license or permit.
<input type="checkbox"/> I certify that, within the previous 5 years, neither I, nor any corporate entity listed above has made any false statement on a Lebanon form or Application.
<input type="checkbox"/> I certify that, within the previous 5 years, the following are the only citations for licensing, land use, life safety, building fire, health, or similar requirements that either I or any corporate entity listed above has received, all of which were corrected within the time frame required by the Town of Lebanon (attach additional sheets if needed)
<input type="checkbox"/> I certify that, within the previous 5 years, neither I, nor any corporate entity listed above has any other significant failure to comply with Lebanon ordinances.

**Conflict of interest:**

I certify that I am not employed by any state agency or town department with regulatory authority over the marijuana business, including town governance, police department, code enforcement, fire department, or town counsel's office.

I certify that I am not a law enforcement officer.

**IMPORTANT:** If you are unable to check ANY box in the "Certifications" or "Conflict of Interest" section , please attach a separate sheet explaining the circumstance.

I certify that these disclosures are true and accurate. I hereby authorize the release of any criminal history record information to the Town of Lebanon. I understand that this supplement, and any responsive criminal history information may be considered a public record, and I waive any right to privacy with respect thereto.

Date:

Signature:

Title:

Printed Name:

Personally appeared before me the above-named affiant and made oath that the foregoing affidavit is true and correct to his/her personal knowledge.

Date:

Signature:

Notary Public/Attorney at Law

License Number

For Office Use Only

Date Received