

# EXHIBIT B

## SITE, APPLICANT AND EMPLOYEE INFORMATION

### East County MCDOP RFP 2017

The following information is required to enable the Sheriff's Office to verify the information required to be included in the Application pursuant to Alameda County Ordinance Code 6.108.060.A.1-10.

In addition to submitting this Exhibit B to CDA-Planning, the Applicant will also be required to arrange all specified personnel to attend an appointment at the Sheriff's Office as detailed in Section F below.

#### A. Proposed Medical Cannabis Dispensary Site

If you need more space to provide site or landowner details, please provide this on a separate sheet marked "Attachment A".

<b>Site</b>	Street Address:	
	Suite/ Apt:	
	City:	
	State:	
	Zip code:	
<b>Assessor's Parcel Number(s) (APN)</b>		
<b>Landowner #1</b>	Name:	
	Primary contact person: (if the Landowner is a business)	
	Street address:	
	Suite/ Apt:	
	City:	
	State:	
	Zip code:	

<b>Landowner #2</b> (If applicable)	Name:	
	Primary contact person: (if the Landowner is a business)	
	Street address:	
	Suite/ Apt:	
	City:	
	State:	
	Zip code:	

**B. Applicant**

If you need more space to provide Applicant details, please provide this on a separate sheet marked "Attachment B".

<b>Applicant Name</b> (Business or individual)		
<b>Applicant type</b> (Please check one only)	<input type="checkbox"/> business;	<input type="checkbox"/> individual.
<b>Primary Contact Person Name</b> (If the Applicant is a business)		
<b>Mailing Address</b> (Please check one only)	<input type="checkbox"/> Applicant;	<input type="checkbox"/> Primary Contact Person.
	Street address:	
	Suite/ Apt:	
	City:	
	State:	
	Zip code:	

<b>Personal details</b>  (Of Applicant, or; Primary Contact Person if Applicant is a business)	Date of birth:		
	Social security number:		
	Street address: (If different from above)		
	Suite/ Apt:		
	State:		
	Zip code:		
	Phone:		
	Email address:		
<b>Residential addresses in previous 5 years</b>  (Of Applicant, or; Primary Contact Person if Applicant is a business)	<u>Previous Address 1:</u>		
	Dates occupied:	From: ..... / ..... / ..... MM / DD / YY	To: ..... / ..... / ..... MM / DD / YY
	Street address:		
	Suite/ Apt:		
	State:		
	Zip code:		
	<u>Previous Address 2:</u>		
	Dates occupied:	From: ..... / ..... / ..... MM / DD / YY	To: ..... / ..... / ..... MM / DD / YY
	Street address:		
	Suite/ Apt:		
	State:		
	Zip code:		

**C. Applicant’s previous businesses and employment**

If you need more space to provide the Applicant’s previous business and employment details, please provide this on a separate sheet marked “Attachment C”.

<p><b>Businesses operated by and employment of the Applicant in previous 5 years</b></p> <p>(Of Applicant, or; Primary Contact Person if Applicant is a business)</p>	<u>Previous Business Operated By/ Employer #1:</u>		
	Business operated or employer (Please check one only)	<input type="checkbox"/> business operated by Applicant;      or <input type="checkbox"/> employment of the Applicant.	
	Dates operated or employed by:	From: ..... / ..... / ..... MM / DD / YY	To: ..... / ..... / ..... MM / DD / YY
	Street address:		
	Suite/ Apt:		
	State:		
	Zip code:		
	<u>Previous Business Operated By/ Employer #2:</u>		
	Business operated or employer (Please check one only)	<input type="checkbox"/> business operated by Applicant;      or <input type="checkbox"/> employment of the Applicant.	
	Dates operated or employed by:	From: ..... / ..... / ..... MM / DD / YY	To: ..... / ..... / ..... MM / DD / YY
	Street address:		
	Suite/ Apt:		
	State:		
	Zip code:		

**D. Applicant's other cannabis dispensaries (if applicable)**

- If the Applicant has **not** previously operated any other cannabis dispensary, please check this box.
- If the Applicant has previously operated any other cannabis dispensary, please check this box, and please provide the following information on a separate sheet marked "Attachment D":
  - The address of any cannabis dispensary that is currently or has previously been operated by the Applicant;
  - A statement of whether the authorization for any such operation had been revoked or suspended; and
  - If so, the reason for the revocation or suspension.

**E. Employees**

Please provide on a separate sheet marked "Attachment E" the details of all persons who will be regularly engaged in the operation of the proposed cannabis dispensary, including all:

- Owners. This includes each person with an ownership interest of 10 percent or more in the proposed cannabis dispensary;
- Employees;
- Volunteers; and
- Contractors.

The following details should be provided for each person named:

- Name;
- Telephone number;
- Capacity in which the person is or will be engaged (e.g. owner, employee, volunteer, contractor or other);
- Whether the person has or is proposed to have any management or supervisory responsibilities for the proposed cannabis dispensary.

## **F. Background checks and fingerprinting**

Every person identified in Section E above as an owner, manager, supervisor or employee must:

- Submit fingerprints and other necessary information to the County Sheriff's Office for a background check; and
- Be photographed for identification purposes.

The Applicant will also be required to attend the Sheriff's Office to:

- Provide written proof that the Applicant is eighteen (18) years of age or older (i.e. California driver's license, California identification card or birth certificate);
- Provide details of the height, weight, eye color and hair color of the Applicant; and
- Be photographed for identification purposes.

The Applicant should contact the County Sheriff's Office at (510) 667-3620 or by email at [acsopermits@acgov.org](mailto:acsopermits@acgov.org) as soon as possible to schedule an appointment for each specified person to submit the required information.

