

DISCLOSURE 1 – INDIVIDUAL INFORMATION

Supplemental Individual Name _____	Phone No. _____
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(1) SUPPLEMENTAL INDIVIDUAL PRIOR NAMES

Provide any prior name used by the individual during the past 3 years, if applicable. Add additional pages if necessary.

Prior Name	Date Use Began	Date Use Ceased

(2) SUPPLEMENTAL INDIVIDUAL PRIOR ADDRESSES

Provide any prior address used by the individual during the past 3 years, if applicable. Add additional pages if necessary.

Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

(3) SUPPLEMENTAL INDIVIDUAL OTHER BUSINESS INTERESTS

Provide any other business interests of the supplemental individual, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.

Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvement