

DISCLOSURE 1 – SOLE PROPRIETOR INFORMATION

Sole Proprietor Name _____	Phone No. _____
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(1) SOLE PROPRIETOR PRIOR NAMES

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

Prior Name	Date Use Began	Date Use Ceased

(2) SOLE PROPRIETOR PRIOR ADDRESSES

Provide any prior address used by the sole proprietor 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) SOLE PROPRIETOR OTHER BUSINESS INTERESTS

Provide any other business interests of the sole proprietor, 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