



**Mendocino County
Local Equity Entrepreneur Program (LEEP)**

Address Verification Form

Today's Date: _____

Equity Applicant First Name: _____ Last Name: _____

ADDRESS TO BE VERIFIED:

Street Address of
Cannabis Business: _____ City, State, Zip: _____

Type of Cannabis business to be operated at this address (check all that apply):

- Cultivation
- Distribution
- Microbusiness
- Processing Facility
- Retail/Storefront Dispensary
- Manufacturing
- Laboratory Analysis

What else would you like to say about the address to be verified (250 words or less):