



GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT

STATE OF CALIFORNIA • OFFICE OF GOVERNOR GAVIN NEWSOM

APPLICANT / LICENSEE QUESTIONNAIRE

Completion of the below general information and demographic questionnaire is completely voluntary. The data gathered will only be used for reporting purposes as required by Business and Professions Code Section 26244(c) of the California Cannabis Equity Act.

Note on the Demographic Questionnaire: For applicants and licensees that are business entities with multiple owners, responses to the demographic survey should include all options that represent each owner of the entity. An owner can include individuals with ownership interest such as officers, directors, managing members, or general partners.

Applicant/Licensee Name (Legal business name if a business entity)	
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GENERAL INFORMATION

For the purposes of this section, "You" and "I" apply to both individual applicants and licensees as well as applicants and licensees that are business entities.

<p>1. Have you been issued a permit by the local jurisdiction or have a pending application for a permit to conduct commercial cannabis activity? (Please check only one)</p> <p><input type="checkbox"/> Yes, I have been issued a permit from the local jurisdiction.</p> <p><input type="checkbox"/> Yes, I have applied for a permit from the local jurisdiction.</p> <p><input type="checkbox"/> No, I have not been issued a permit and have not applied for a permit from the local jurisdiction.</p>
<p>2. Please select all the commercial cannabis activities for which you have received a permit or have a pending application. (Select all that apply)</p> <p><input type="checkbox"/> Cultivation <input type="checkbox"/> Retail (Storefront and Delivery) <input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Retail (Delivery Only) <input type="checkbox"/> Distribution <input type="checkbox"/> Testing Laboratory</p>
<p>3. Do you qualify as an equity applicant or equity licensee under the local jurisdiction's cannabis equity program? (Please check only one)</p> <p><input type="checkbox"/> Yes, I qualify as an equity applicant or equity licensee under the local cannabis equity program.</p> <p><input type="checkbox"/> No, I do not qualify as an equity applicant or equity licensee under the local cannabis equity program.</p>

PLEASE CONTINUE TO THE FOLLOWING PAGE FOR DEMOGRAPHIC QUESTIONNAIRE



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DEMOGRAPHIC QUESTIONNAIRE

Note for applicants and licensees that are business entities with multiple owners: If the applicant or licensee is a business entity with more than one owner, select all demographic options that represent each owner of the entity.

1. Age (Please select the appropriate age range)

- Under 21
- 21 - 39
- 40 - 69
- 70 and Over
- Decline to State

2. Race and Ethnicity (Please check all that apply)

- American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Not Listed (Please specify) : _____
- Decline to State

3. Gender (Please check all that apply)

- Male/Man
- Female/Woman
- Transgender
- Nonbinary
- Not Listed (Please specify) : _____
- Decline to State



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4. Sexual Orientation (Please check all that apply)

- Bisexual
- Heterosexual/Straight
- Homosexual/Gay
- Pansexual
- Not Listed (Please specify): _____
- Decline to State

5. Disability

A person with a disability is an individual who: has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; has a record or history of such impairment or medical condition; or is regarded as having such an impairment or medical condition.

Please select one of the following:

- Yes, I have a disability / One or more owners of the business entity has a disability.
- No, I do not have a disability / None of the owners of the business entity has a disability.
- Decline to State

6. Income Level

Please select the category that contains your annual income. Applicants and licensees that are business entities, please select the average annual income for all owners.

- Less than \$20,000 Annually
- \$20,000 - \$39,999 Annually
- \$40,000 - \$59,999 Annually
- \$60,000 - \$79,999 Annually
- \$80,000 - \$100,000 Annually
- More than \$100,000 Annually
- Decline to State



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7. Education Level

Please select the category that contains your highest level of educational attainment. For business entities with more than one owner, select the category that contains the highest level of educational attainment among all of the owners.

- No High School Diploma or Equivalency
- High School Graduate or Equivalency
- Some College, No Degree
- Associate's Degree
- Bachelor's Degree
- Graduate or Professional Degree
- Decline to State

8. Prior Convictions

For the purposes of this section, "immediate family" refers to first degree family members such as parents, siblings, spouses, and children.

Have you, or any member of your immediate family, been convicted of any cannabis-related charges? For business entities with more than one owner, have one or more owners been convicted, or have immediate family members that have been convicted, of any cannabis-related charges?

- Yes
- No
- Decline to State

Have you, or any member of your immediate family, been incarcerated for any cannabis-related charges? For business entities with more than one owner, have one or more owners been incarcerated, or have immediate family members that have been incarcerated, for any cannabis-related charges?

- Yes
- No
- Decline to State



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9. Military Service

Are you currently serving or have served in the United States military? For business entities with more than one owner, are one or more owners currently serving or have served in the United States military?

- Yes, I am currently serving or have served in the military / One or more owners are currently serving or have served in the military.
- No, I have never served in the military / None of the owners have served in the military.
- Decline to State