



CITY OF ADELANTO

**APPLICATION FOR AT-LARGE MEMBER
FOR CANNABIS DISPENSARY PERMIT COMMITTEE**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Driver's License No.: _____ Expiration Date: _____

Please provide responses to the following questions:

(1) Are you a resident of City of Adelanto? If yes, please indicate how long you lived in the City of Adelanto:

(2) Why do you want to serve as an at-large member of the Adelanto Cannabis Dispensary Permit Committee?

(3) Do you have any involvement, either direct or indirect, with commercial cannabis operations? If yes, please provide a detailed explanation:

(4) Are you related to an elected official and/or to an employee of the City of Adelanto? If yes, please provide the name, relationship and title of the official and/or employee with whom you are related:

(5) Do you know of any reason, such as a potential conflict of interest, that would adversely affect your ability to serve on the Cannabis Dispensary Permit Committee? If yes, please provide a detailed explanation:

(6) Do you have any special area of expertise or experience that you think would be helpful to the Committee?

(7) If you have served on other city or community committees, please list each committee and describe your role:

By submitting this Application, the undersigned hereby: (1) agrees to submit myself to a criminal background check; and, (2) certifies and declares that all of the answers and statements provided herein are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Please return to the City Clerks Department at blopez@adelantoca.gov or Vcervantes@adelantoca.gov.

APPLICATION OPEN UNTIL FILLED