



Upload this form to the corresponding True Parties of Interest page on your CAURD application. Please make sure the Taxpayer ID matches the ID on the entity's most recent tax filing.

Individual Entity

Taxpayer ID or Social Security Number

9 digits, no dashes

DBA Name

Business Name

First Name

Middle Initial

Suffix

I certify that I am authorized to obtain the tax return or tax information requested.

Person Authorized to Submit This Waiver

Title

Spouses must complete their own form and upload to their True Party of Interest screen on the CAURD application.

Signature: _____

Date: _____

By submitting this application, I agree to allow the Department of Taxation and Finance to share my confidential tax information with the Office of Cannabis Management for purposes of determining my eligibility to receive or hold a license to conduct an adult-use cannabis business.