



**APPLICANTS OR LICENSEES SHOULD KEEP A COPY OF THIS PERSONAL HISTORY DISCLOSURE AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.**

Applicants or licensees will be required to upload this disclosure document and input data contained herein onto their application on New York Business Express to submit a complete application. The Office will not be able to process this form unless it is completed using the [desktop version of Adobe Acrobat](#). The form may not be printed. A form that is printed or that is completed in your web browser will not have a valid digital signature and will not be accepted by the Office.

Pursuant to §116.1(w)(1) of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York, a True Party of Interest includes, but is not limited to the following:

- (i) the applicant or licensee's sole proprietor, partner (whether limited or general), member, manager, president, vice president, secretary, treasurer, officer, board member, trustee, director, or any person with an equivalent title to each of the foregoing;
- (ii) a stockholder of the applicant or licensee, other than a person owning 5% or less in the aggregate of a publicly traded company;
- (iii) each person that makes up the ownership structure of each level of ownership for an applicant or licensee that has a multilevel ownership structure;
- (iv) each person with a right to receive some or all of the revenue, gross profit, or net profit from the licensed entity during any full or partial calendar or fiscal year;
- (v) each person with a financial interest in the applicant or licensee;
- (vi) each person that has authority to or exercises control over the applicant or licensee;
- (vii) each person that has membership rights in the applicant or licensee in accordance with the provisions of any articles of incorporation, bylaws, limited liability corporation agreements, partnership agreements or operating agreement;
- (viii) each person that assumes responsibility for the debts of the applicant or licensee; or
- (ix) spouse of any individual in (i) thru (iii).

For purposes of category (v) above, a person that has a "financial interest" is a person that has an actual or future right to ownership, investment or compensation arrangement with another person, either directly or indirectly. This can be through business, investment, spouse, parent, or child. A compensation arrangement can include an agreement that provides for an individual or entity getting paid as an employee, a commission that a worker is entitled to receive, or compensation for a non-compete agreement.

For additional information on who does and who does not qualify as TPI, please visit [cannabis.ny.gov/caurd-tpi](http://cannabis.ny.gov/caurd-tpi).

Each True Party of Interest in an applicant, or person holding a loan with an outstanding balance that exceeds 10% of the CAURD applicant's operating capital, not including Financial Institutions as defined in the CAURD regulations, must provide a completed, dated and signed CAURD True Party of Interest/ Financier Personal History Disclosure (Form OCM-06004) and New York State Department of Tax and Finance Clearance Form (Form OCM-06002) to the CAURD applicant. The CAURD applicant will use the information from each CAURD True Party of Interest/ Financier Personal History Disclosure to complete the application. Each CAURD True Party of Interest/ Financier Personal History Disclosure and New York State Department of Tax and Finance Clearance Form must be submitted along with the application.

In addition, each True Party of Interest listed in (i), (ii), or (iii) above will be required to submit fingerprints, on a form and in such a manner as specified by the office, for purpose of obtaining a criminal history report from the Division of Criminal Justice Services. Upon receipt of the completed criminal history report, the Office will provide a copy of the background investigation to the party via certified mail.

# 1. True Party of Interest/ Financier Individual Information

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## 1a. Personal Identifiable Information

First Name: Middle Name: Last Name: Suffix:

US Citizen: Yes No If not a U.S. citizen - country of citizenship:

Taxpayer ID or Social Security Number:

Date of Birth:

Aliases:

## 1b. Physical Address

Street 1:

Street 2:

City, Town, or Village: State: Country: Zip:

## 1c. Mailing Address (if different from above)

Street 1:

Street 2:

City, Town, or Village: State: Country: Zip:

## 1d. Personal Contact Information

Phone 1: Type:

Phone 2: Type:

Email:

## 1e. Contact (if different from 1d)

Name of Contact:

Office Address:

City, Town, or Village: State: Country: Zip:

Phone: Email:

**1f. Sex** Please select:

## 1g. Ethnicity

Hispanic or Latino Not Hispanic or Latino

**1h. Race** Please select: American Indian or Alaska Native Asian Black or African American

Select all that apply: Hispanic or Latino Native Hawaiian or Other Pacific Islander White

**1i.** If you are a TPI of a business entity that is also recognized as a TPI in a CAURD applicant then enter such entity's business name, FEIN, and relationship.

**1j.** Does the applicant or licensee have any compensation agreement with you, whether the agreement is directly with this party or indirect through an intermediate entity? A compensation agreement is a legal document that guarantees that an individual or entity will receive compensation for certain actions. It can include compensation for an individual or entity getting paid as an employee, a commission that a worker is entitled to receive, compensation for a Non-Compete Agreement, etc.? If yes include a copy of this agreement with the supplement.

Yes    No

**1k.** Do you have any proposed or executed contract, term sheet, agreement, or side letter with the applicant or licensee or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or licensee or comparable documents? If yes include a copy of this contract with the supplement.

Yes    No

**11. Marital Status** *(note that spouse may also be required to complete a personal disclosure)*

If Married, Spouse Name:

Spouse Social Security Number:

## 2. Position or Interest You Hold:

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### 2a. Positions:

Select all that apply. If a spouse, select Spouse and the interest(s) held by your spouse

Sole Proprietor	President	Board Member	Current or Future Right to ownership*
Partner	Vice President	Trustee	Current or Future Right to investment*
General Partner	Treasurer	Spouse	Current or Future Right to compensation*
Limited Partner	Secretary	Joint Account Holder	Manager
LLC Member	Officer	Guarantor*	Lender/ Financier*
LLC Manager	Chairman	Authority to/ or Exercises Control*	
Stockholder	Director	Right to receive revenue or profit*	
Other			

Percentage of ownership

Number of shares owned

Percentage or revenue or profit entitled to

\*If you are a guarantor, have authority to or exercise control over the applicant or licensee; or have right to receive profit or revenue or have a current or future right to ownership, investment or compensation arrangement, or are a source of capital or loan provider, please state your relationship to the applicant or licensee and, if applicable, the type of interest including but not limited to, options, warrants, convertible notes, unvested stock, or any other unit of equity or voting interest:

2b. Identify all persons that have control, authority, a relationship, interest, or influence over any guarantor; any person that has authority to or exercises control over the applicant or licensee; or any person that has a right to receive profit or revenue or has a current or future right to ownership, investment or compensation arrangement with the applicant or licensee:

## 3. Residence History

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List your residence history for the past FIVE (5) years to the PRESENT DATE

Address

From:

To:

## 4. Employment History

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List your employment history for the past FIVE (5) years to PRESENT DATE.

Also, list any employment history that shows experience in the cannabis industry. Add additional sheets if necessary.

From:                      To:                      Employer:  
Position:                      Employer Address:  
Type of Business:                      Reason for Leaving:

From:                      To:                      Employer:  
Position:                      Employer Address:  
Type of Business:                      Reason for Leaving:

From:                      To:                      Employer:  
Position:                      Employer Address:  
Type of Business:                      Reason for Leaving:

From:                      To:                      Employer:  
Position:                      Employer Address:  
Type of Business:                      Reason for Leaving:

From:                      To:                      Employer:  
Position:                      Employer Address:  
Type of Business:                      Reason for Leaving:

## 5. License History/ Affiliations

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5a. Do you have any interest, direct or indirect, in any premises or business currently licensed by the Office of Cannabis Management where any cannabis is cultivated, processed, manufactured, distributed, tested, transported from, delivered from or sold at wholesale or retail, whether by stock ownership, interlocking directors, sharing parent companies, passive investor, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? If yes list below.

Business Name	Business Address	Type of Interest	Date Interest Began	NYS Cannabis License ID
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5b. Do you currently or have you previously been licensed or authorized in another state or jurisdiction to cultivate, process, manufacture, distribute, test, transport, deliver, or sell at wholesale or retail cannabis products in any form? If yes list below. You must also provide a copy of each license or authorizing document verifying licensure in that state or jurisdiction with your disclosure.

State or Jurisdiction	License Type	License Number	Date Issued	Date Expiration
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I grant the Office permission to contact the regulatory agency that granted the license to confirm the information contained in the application is true and accurate.

5c. Other than as itemized in 5a or 5b, have you ever applied in NYS or anywhere for a license to cultivate, process, manufacture, distribute, test, transport, deliver, or sell at wholesale or retail cannabis, including any application as a partnership, limited liability entity, corporation, institution, trust, estate, association, or any other entity? If yes list below.

Name of Applicant	Address of Premises	Disposition	Date of Filing	License Number
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5d. Have you had a license, authorization, or application cancelled, denied, suspended, revoked or otherwise involuntarily terminated or sanctioned? If yes, please provide information, including a copy of documentation so indicating, or a statement that you were so licensed and never sanctioned:

5e. Do you have any relationship, agreement, or arrangement with any official or any other individuals with control over the approval of an application or license, including, but not limited to, employees of the Office of Cannabis Management and members of the Cannabis Control Board? If yes explain:

5f. Do you have any relationship with the applicant or licensee other than your role as indicate in question 2 above? If yes, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

5g. Do you have any relationship with the current / past owner of the applicant or licensee? If yes, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

5h. Are you a chief of police, police officer or subordinate of any police department in the state of New York; or an elected village officer that is assigned duties directly relating to the operation or management of the police department?

Yes    No

## **6. Ongoing Activity**

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6a. If you are a President, Vice President, Secretary, Treasurer, Chairman, Officer, Director, Manager, Partner, General Partner, Limited Partner, Sole Proprietor, Stockholder, LLC Member, LLC Manager, Trustee (or spouse of any of the foregoing) of the applicant or licensee will you continue your present occupation or business?

Yes    No

6b. Will you take part in the operation of the business to be licensed? If yes, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

## 7. Convictions, Sanctions, And Other Disciplinary Actions

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7a. Have you, or any close relative, been convicted (including pleas of guilty or suspended sentences) of a marihuana offense? A marihuana offense is an offense described under article 221 of the New York State Penal Law (Offenses Involving Marihuana) prior to its repeal on March 31, 2021; or an offense described under article 220 or section 240.36 of the Penal Law where the substance involved was Marihuana, that occurred prior to the creation of article 221 in 1977; or an arrest for an offense as described above that ultimately led to a conviction for another offense, such as non-drug offense, violation, or misdemeanor, by means of a plea deal or other mechanism. Close relatives include: parent, guardian, child, spouse, or dependent. If yes, please provide details.

7b. Have you ever been convicted (including pleas of guilty or suspended sentences) of any *other* felonies, misdemeanors, or offenses? If the applicant or licensee answers yes, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.

7c. If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Office of Cannabis Management? If no, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

7d. Are there any arrests, charges, indictments or summonses pending against you, including driving while intoxicated or impaired? If yes, please provide a copy of the Accusatory Instrument.

7e. Have you been a party to any judicial or administrative proceedings, or received any regulatory violations or fines? Please explain in detail, and please indicate if the actions are still pending or the outcome upon final resolution.

7f. Do you have any pending or unresolved litigation or labor law violations? If yes explain:

7g. Are you delinquent in filing any required tax returns or paying any amount owed to any state or federal government? If yes explain:

7h. Have you had any petition under any provision of the Federal Bankruptcy Code filed by or against you; or have you sought relief under any provision of any state insolvency law? List each bankruptcy or insolvency proceeding. Include additional pages if necessary.

7i. Are you out of compliance with general obligations law section 3-503(2)? If yes explain:

7j. Have you ever been disciplined or sanctioned by a state or federal agency? If yes explain:

7k. Do you have any state or federal tax liens against any property? If yes explain:

7l. Have you been convicted of an offense related to the functions or duties of owning and operating a business within three years of the application date, a felony conviction within the past five years involving fraud, money laundering, forgery or other unlawful conduct related to owning and operating a business? If yes, please explain.

7m. Have you been convicted of a felony within the past five years for hiring, employing, or using a minor in transporting, carrying, selling, giving away, preparing for sale, or peddling, any controlled substance to a minor; or selling, offering to sell, furnishing, offering to furnish, administering, or giving any controlled substance to a minor? If yes explain:

7n. Have you ever made or received any bribe or kickback or made or received any payments alleged to have been bribe or kickback to any employee, company or organization, to obtain favorable treatment? If yes explain:

## 8. Financial Disclosure

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8a. List any New York State cannabis licenses for which you are a passive investor.

Licensee or Applicant	Name of Licensee/Applicant	License ID # (if applicable)	Interest %	Type of Interest
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8b. List any New York State cannabis licenses for which you are a financier or lender.

Licensee or Applicant	Name of Licensee/Applicant	License ID # (if applicable)	Interest %	Type of Interest
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## 9. Attestations

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I, \_\_\_\_\_, the \_\_\_\_\_, understand that the Office of Cannabis Management will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I attest that all required items are included with this form and/or have been submitted to a third party as specified by the Office of Cannabis Management at the time this document was submitted.

I acknowledge that I shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee; and

I attest that I shall not have a direct or indirect financial or controlling interest in more than three conditional adult-use retail dispensary licenses in New York State until the expiration of the conditional period; and

I attest that I shall not hold an adult-use cultivation, processor, microbusiness, cooperative or distributor license in New York State pursuant to article four of the Cannabis Law or be registered as a registered organization pursuant to article three of the Cannabis Law, except for such organizations licensed pursuant to sections sixty-eight-a and sixty-eight-b of this article; and

I attest that I shall not be interested, directly or indirectly, in any cultivator, processor, distributor, cooperative, registered organization, or microbusiness operator licensed in New York State by stock ownership, interlocking directors, mortgage or lien on any personal or real property or by any other means. Any lien, mortgage or other interest or estate, however, now held by such licensee or true party of interest on or in the personal or real property of such manufacturer or distributor, which mortgage, lien, interest or estate was acquired on or before December 31, 2019, shall not be included within the provisions of this paragraph; provided, however, the burden of establishing the time of the accrual of the interest comprehended by this paragraph, shall be upon the person who claims to be entitled to the protection and exemption afforded hereby; and

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.

I attest that I am at least 21 years of age.

Signed:

Date: