



LIC-4012-FORM

Applicant Entity Name: _____

Business Premises Location: _____

License or Application No.: _____

Instructions: Please respond to each of the information requests in the space below or attach a separate sheet if additional space is needed. AN APPLICANT DOES NOT NEED TO PROVIDE ANY INFORMATION THAT IS NOT SPECIFICALLY REQUESTED ON THIS FORM.

1. Describe how the Applicant will make a good-faith effort to have no less than 50 percent of the weekly hours of the Licensee's workforce performed by employees whose primary place of residence is within a three-mile radius of the Business Premises.

A large section of the page containing horizontal lines for writing the response to the instruction above. A large, faint watermark of the Department of Cannabis Regulation logo is visible in the background of this section.

- 2. Describe how the Applicant will make a good-faith effort to have no less than 10 percent of the weekly hours of the Applicant’s workforce performed by employees who are Transitional Workers.

- 3. Describe the training the Applicant will provide to new employees regarding compliance with State and City Commercial Cannabis Regulations.

Applicant’s Signature

Date