

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code; § 41-4-115, Ala. Code. In addition, in accordance with § 36-12-40, Ala. Code, the foregoing information redacted contains information concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures, that the public disclosure of which could reasonably be expected to be detrimental to the public safety or welfare, and records the disclosure of which would otherwise be detrimental to the best interests of the public.



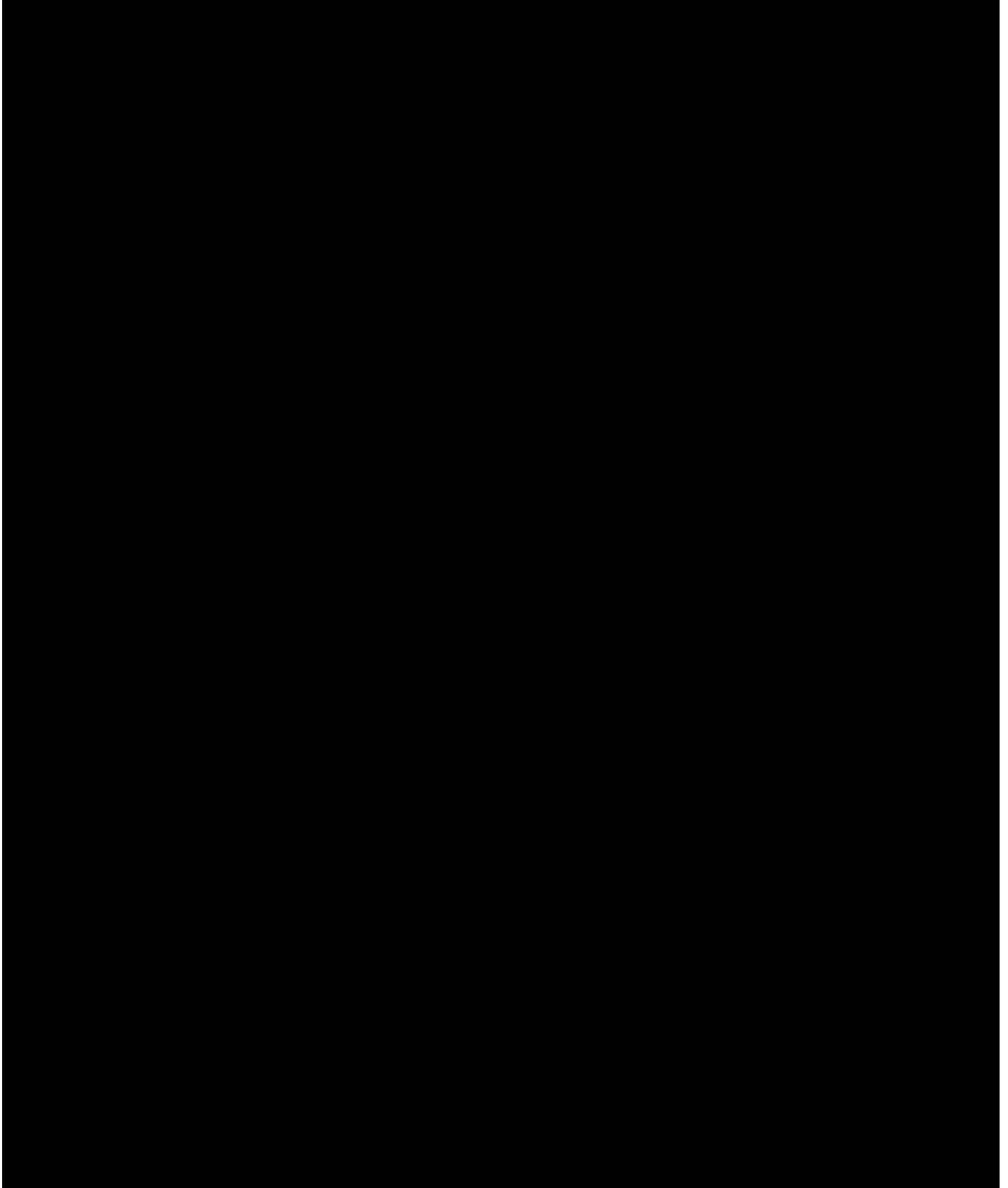
Review

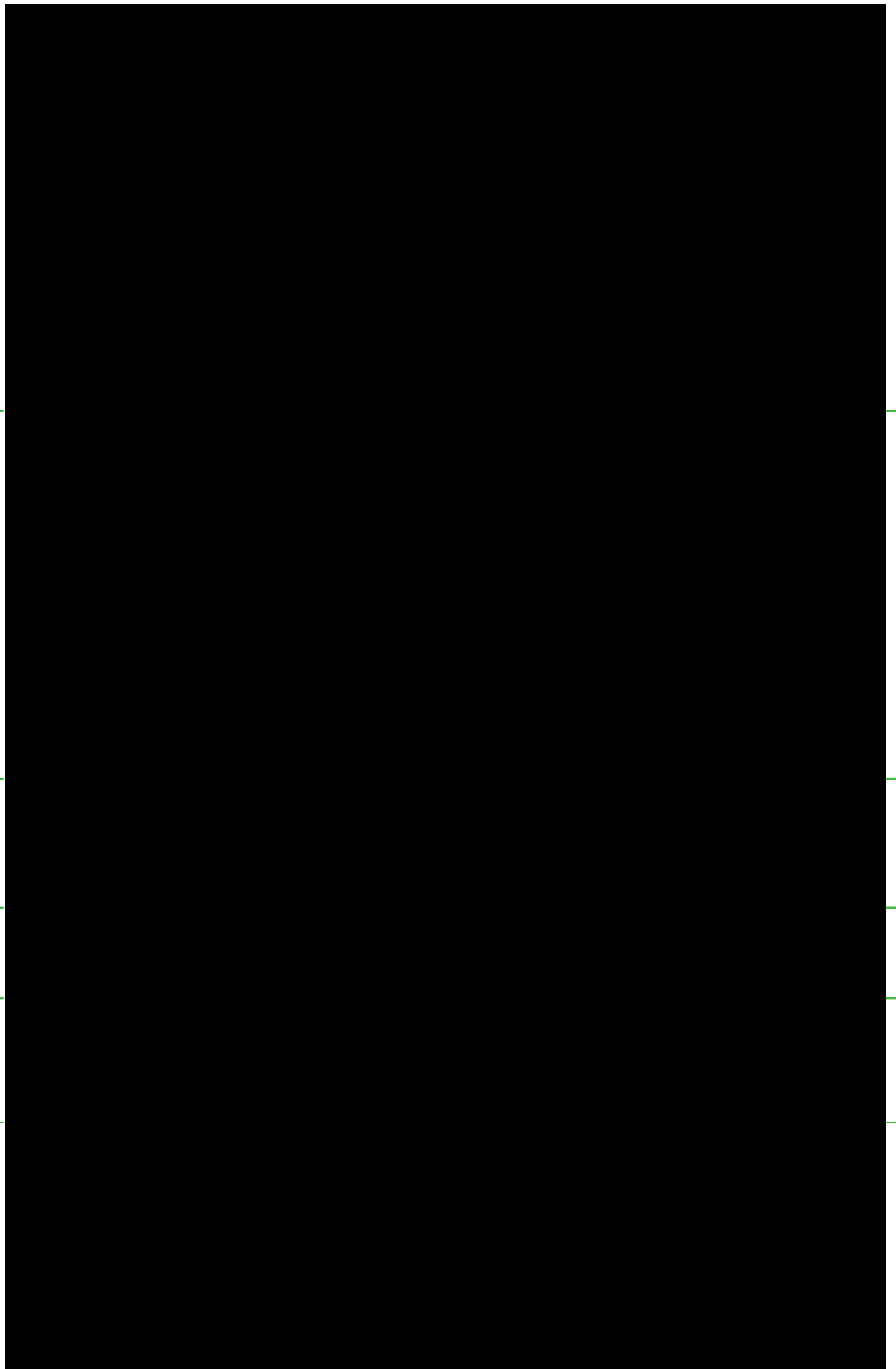
Selected Account: Budding Technology, LLC

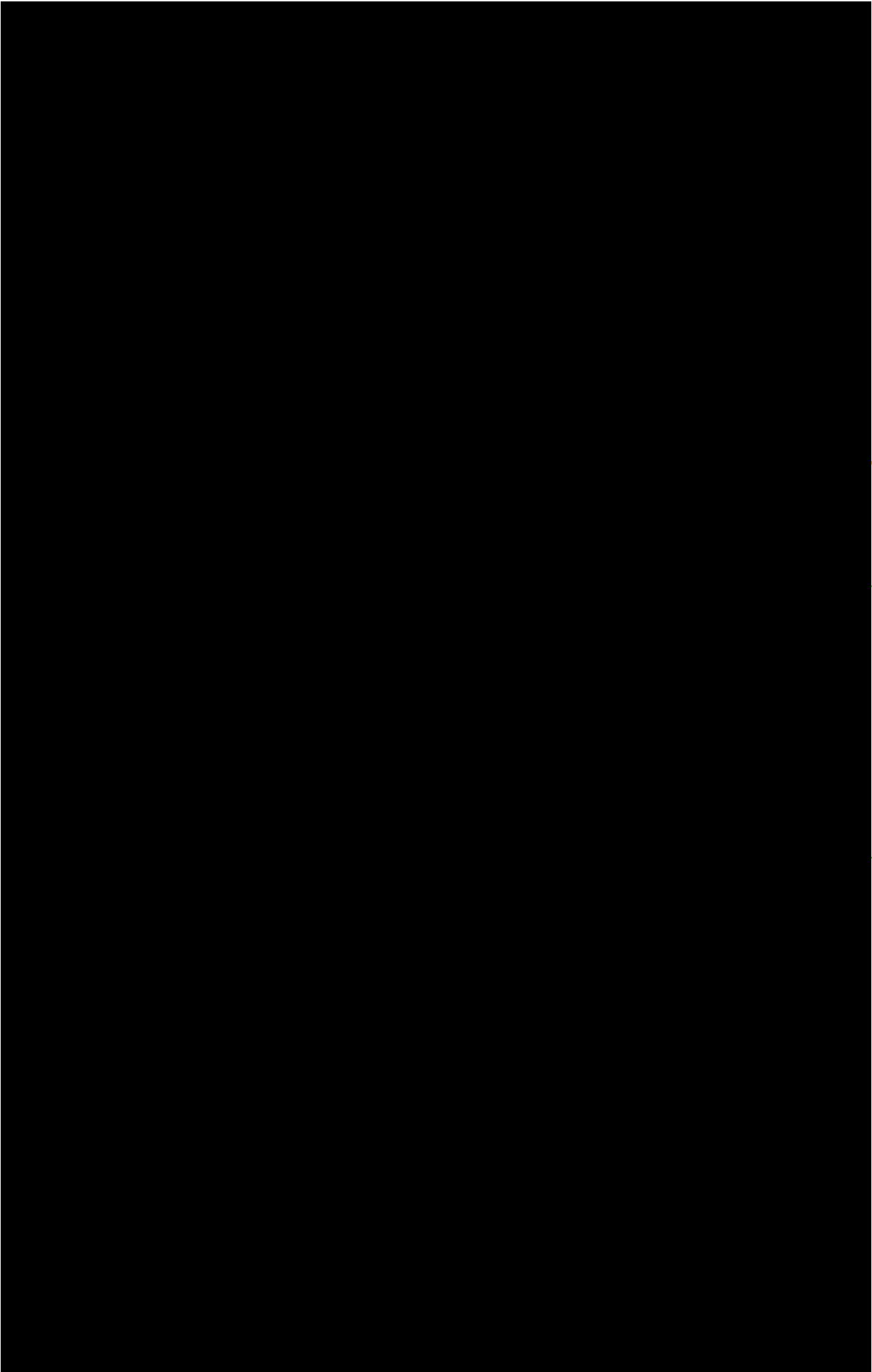
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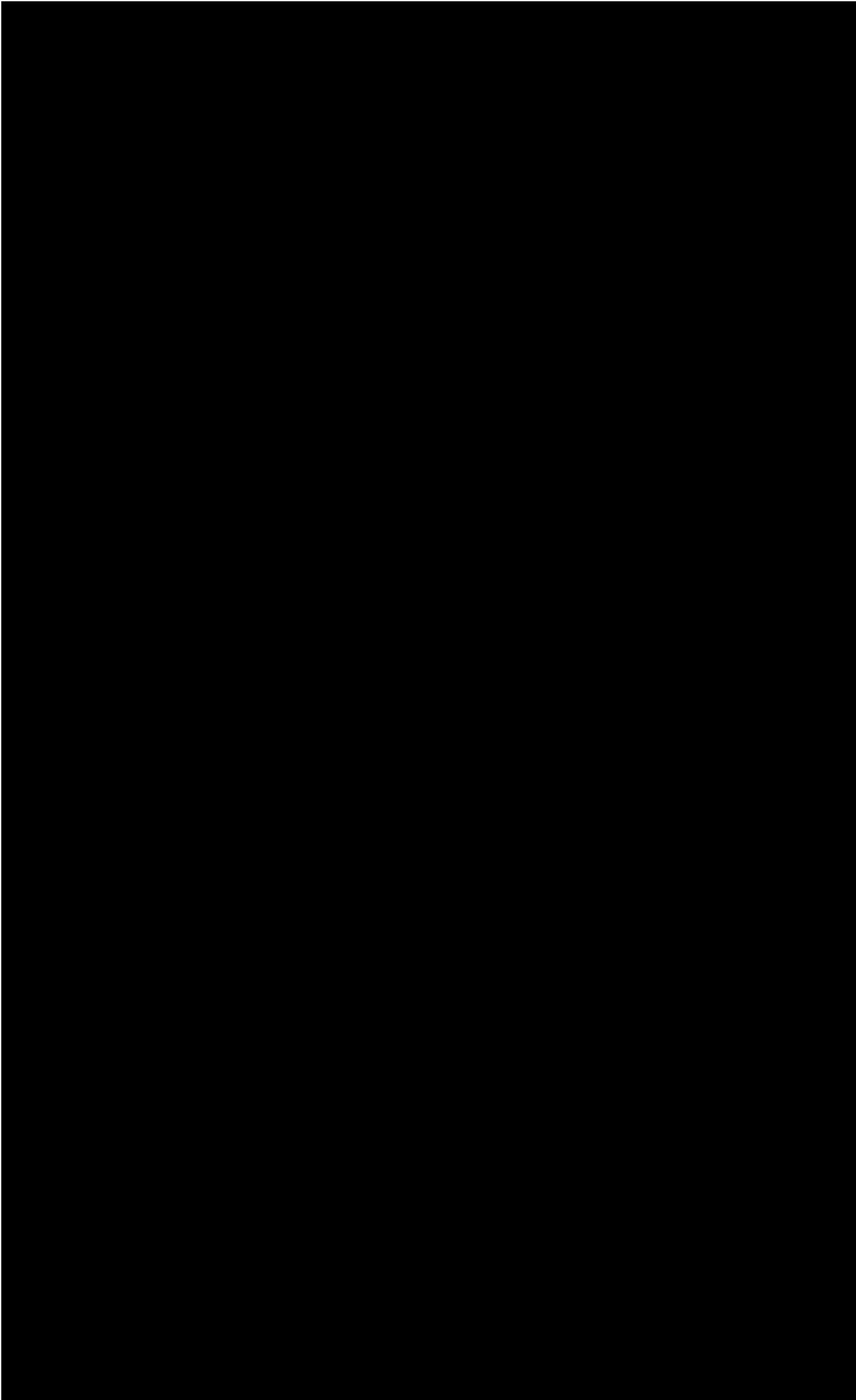
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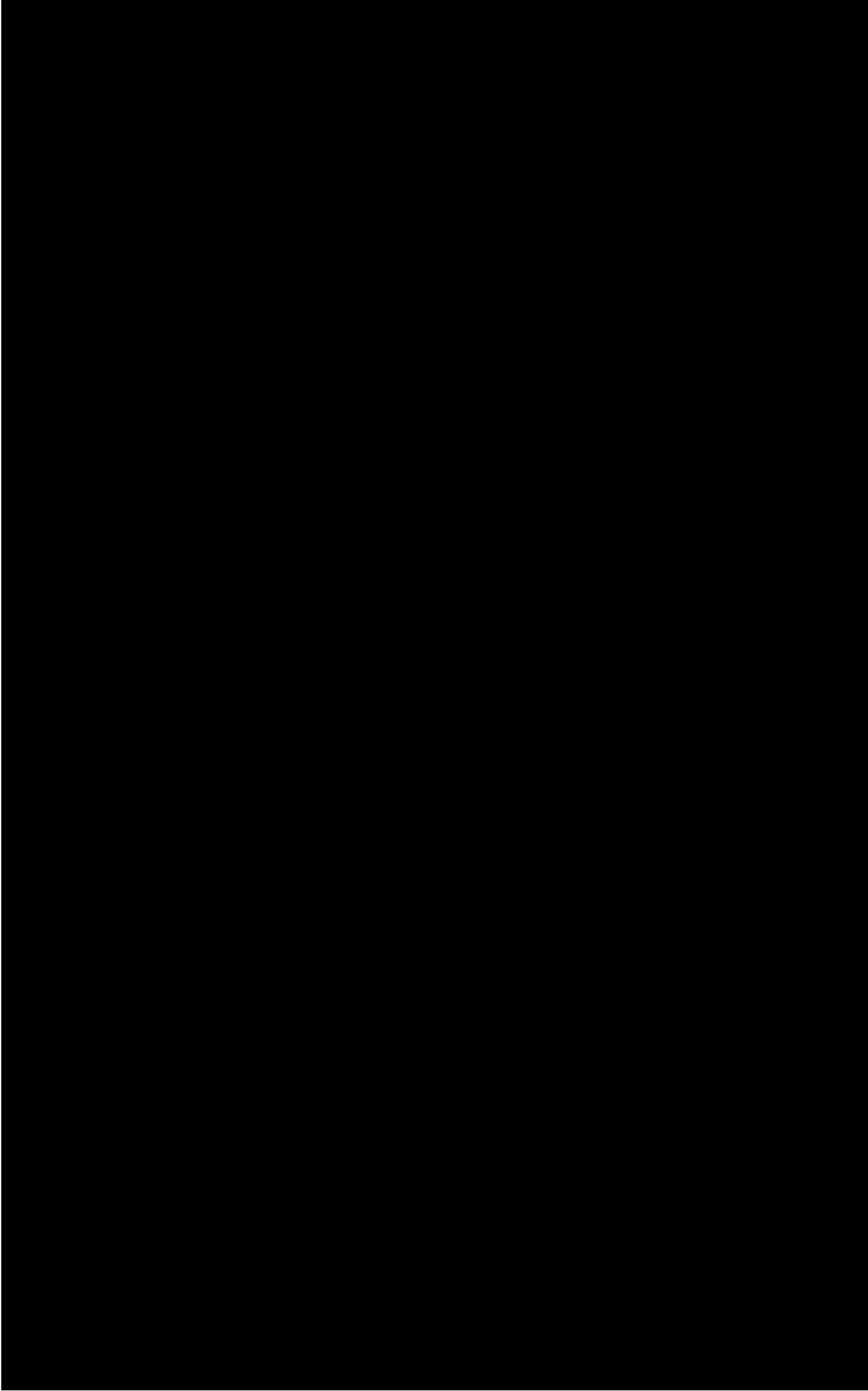
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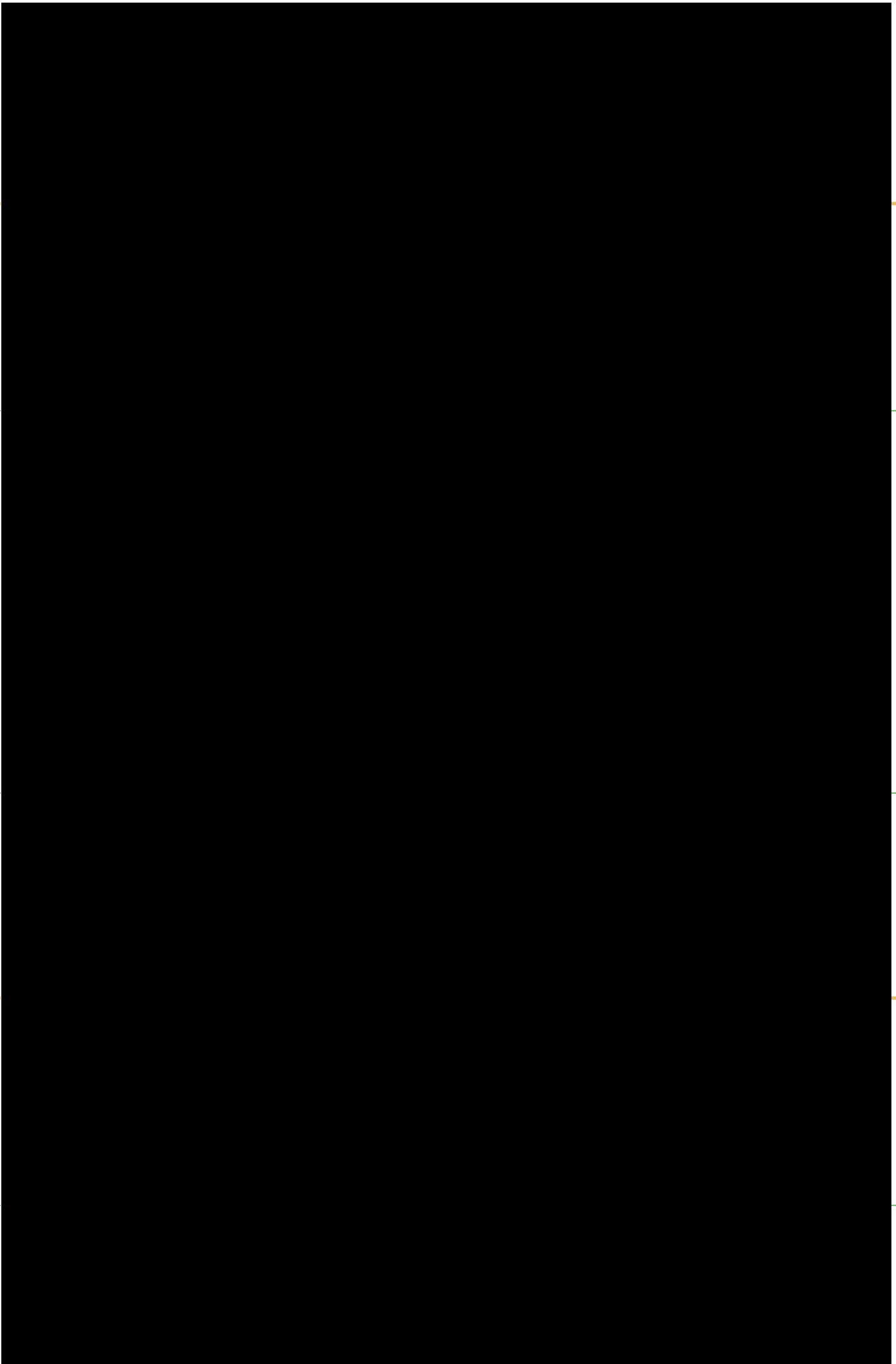
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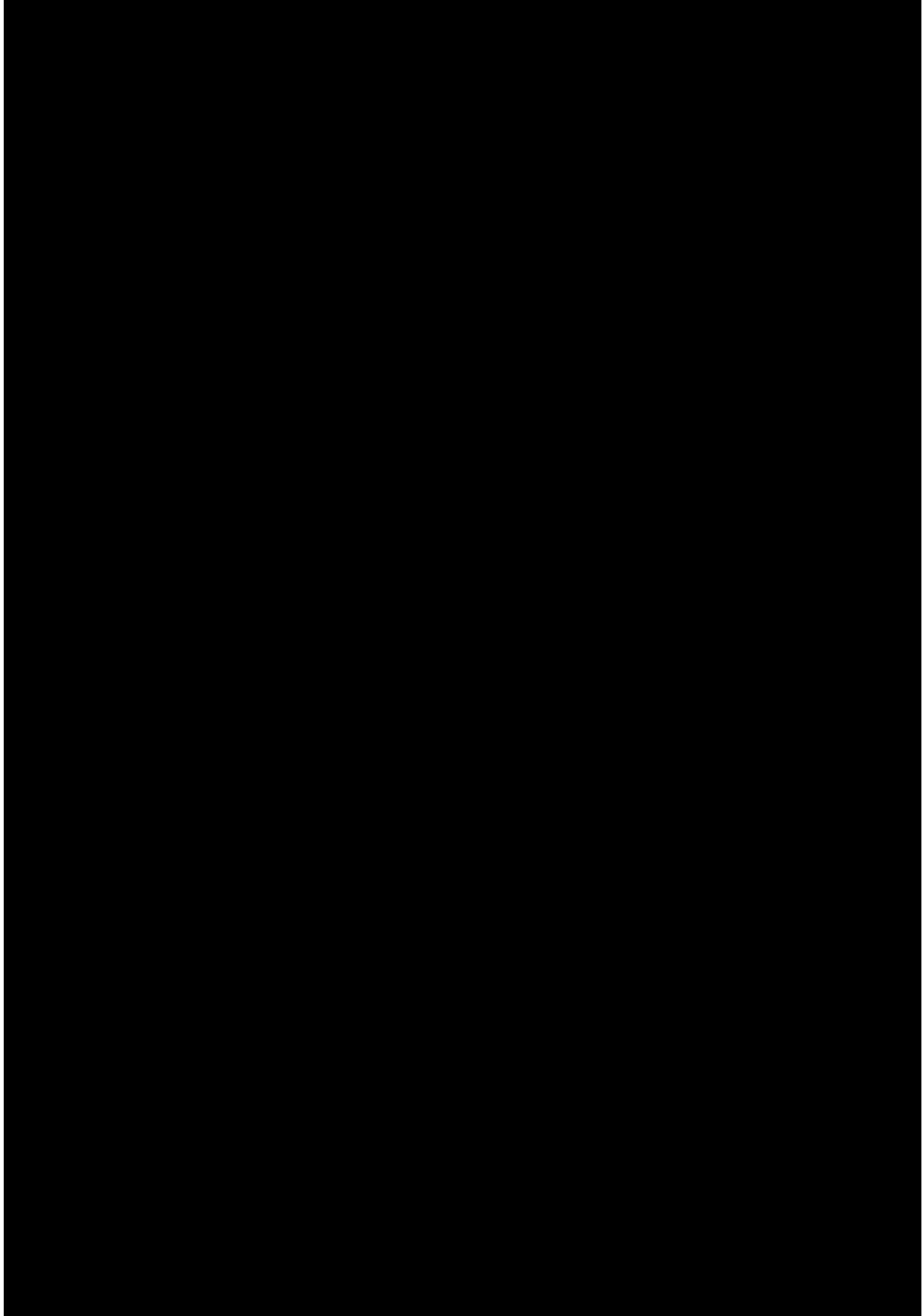
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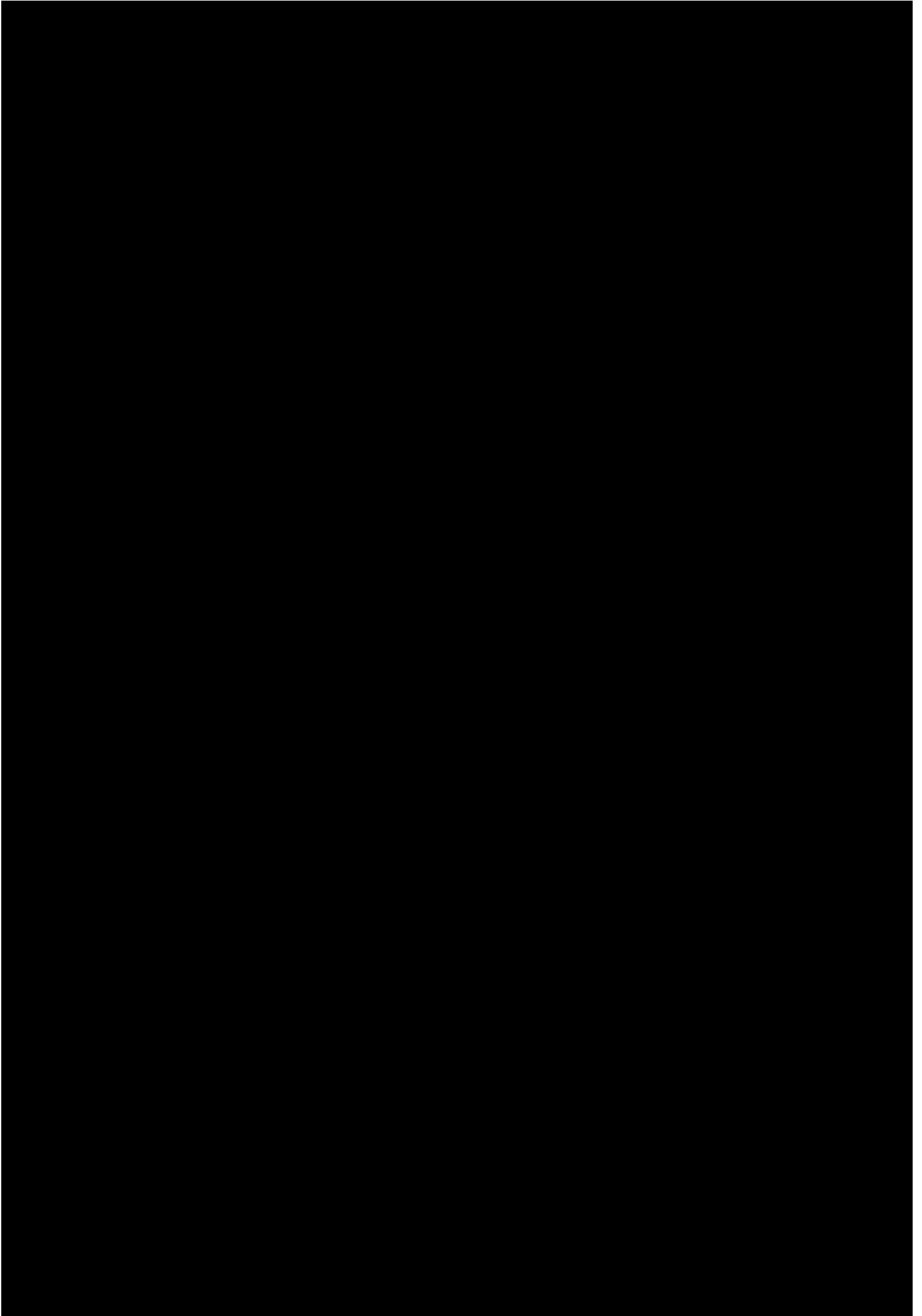
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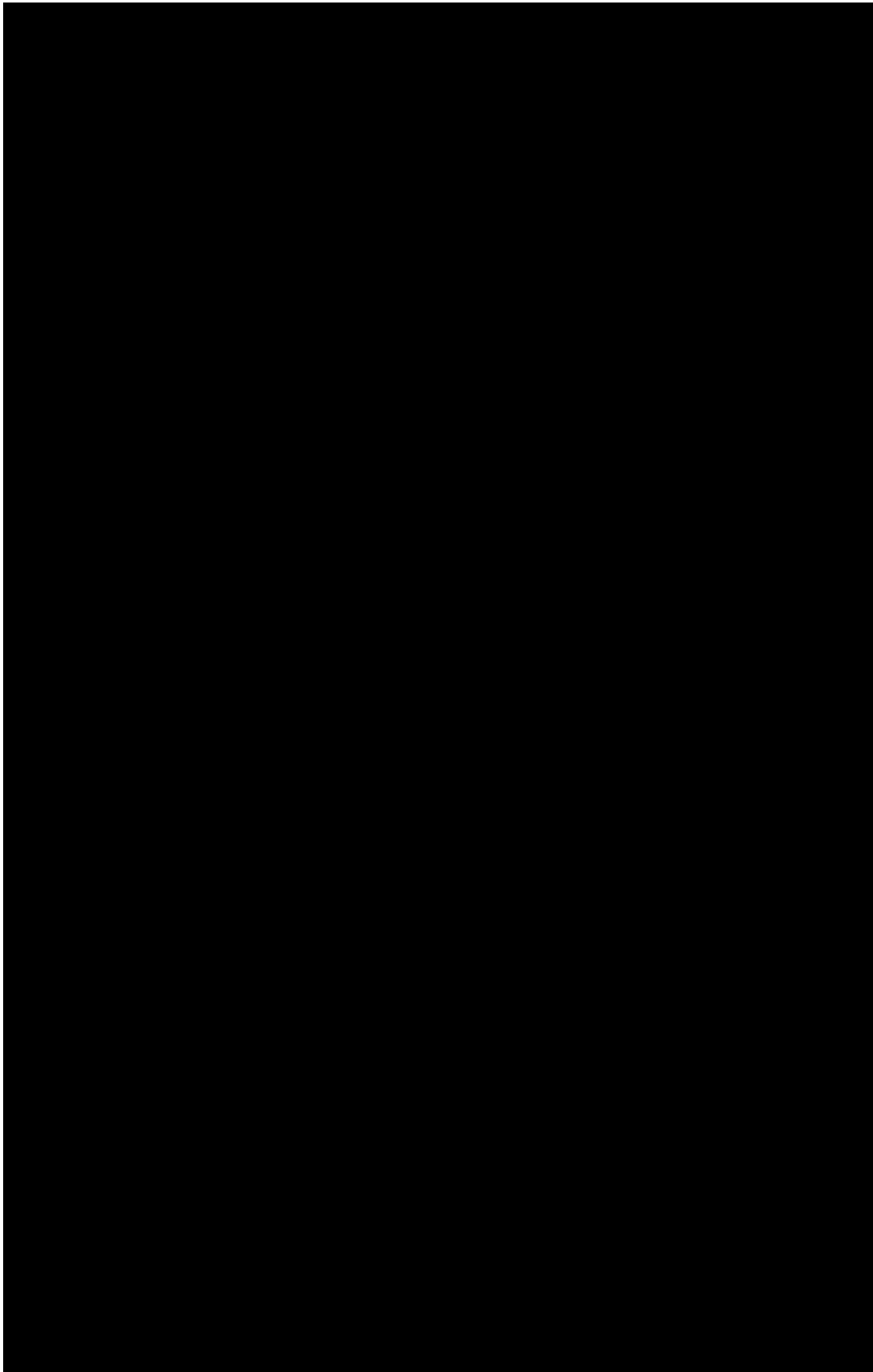
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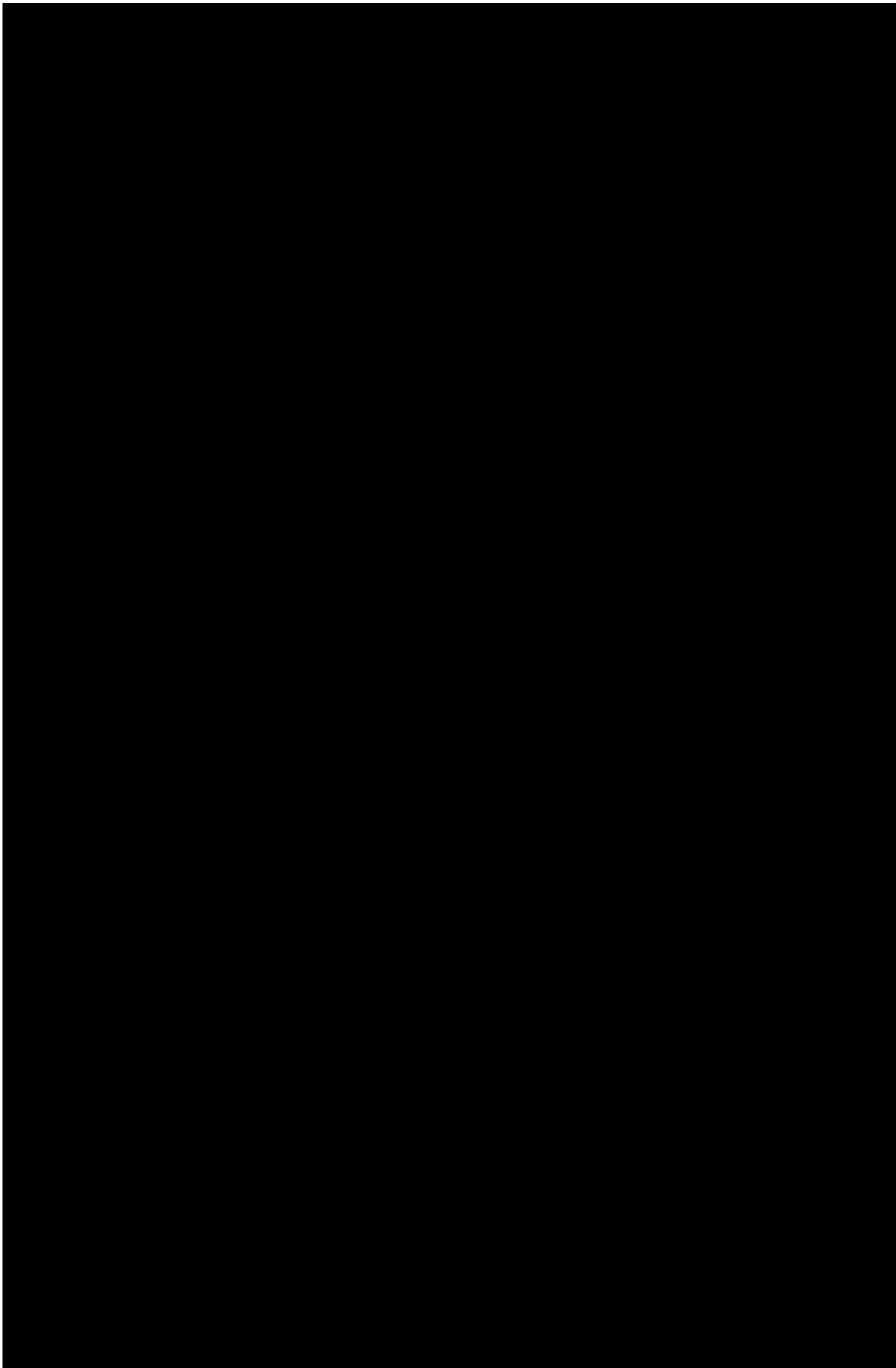
Residence Address

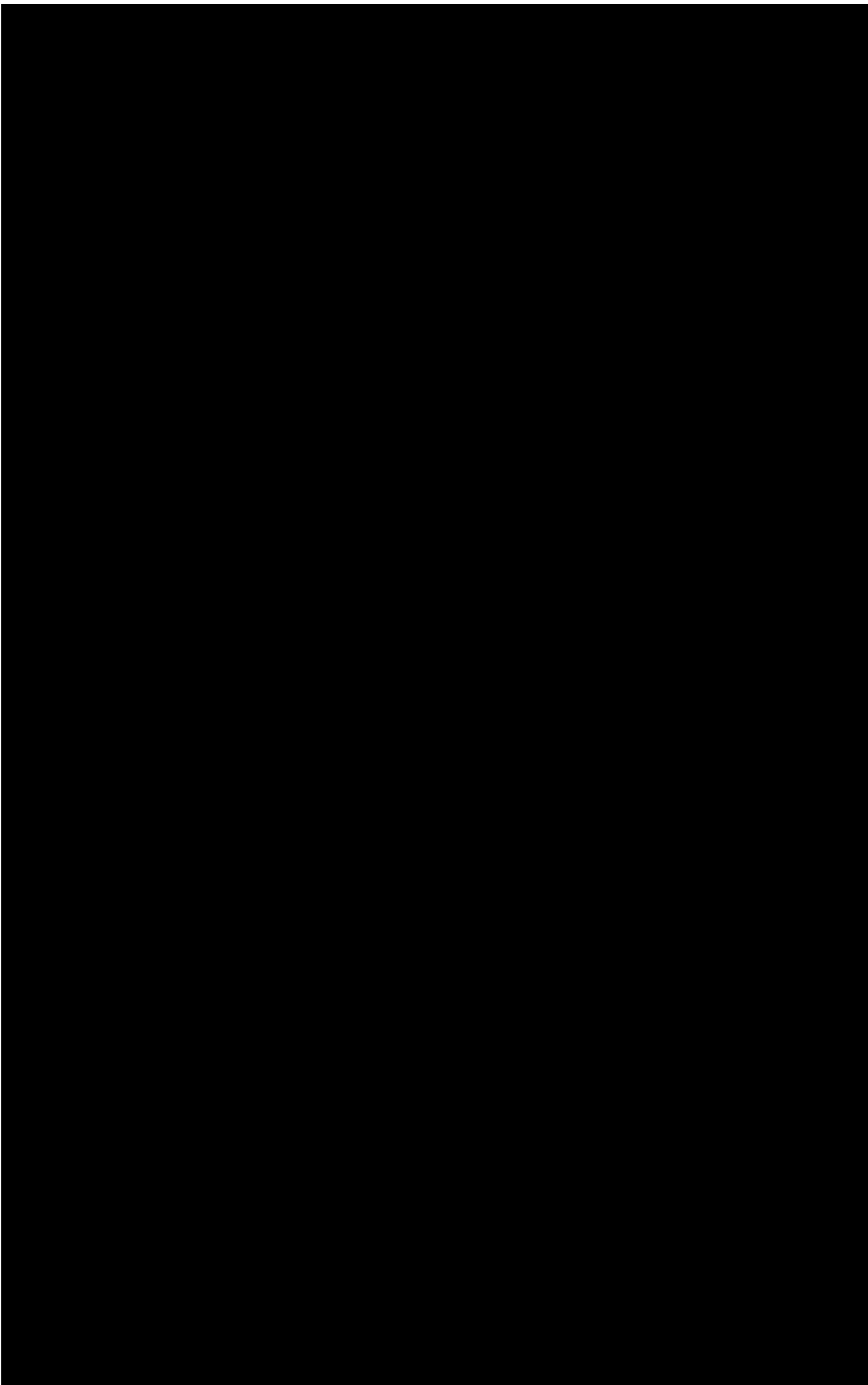


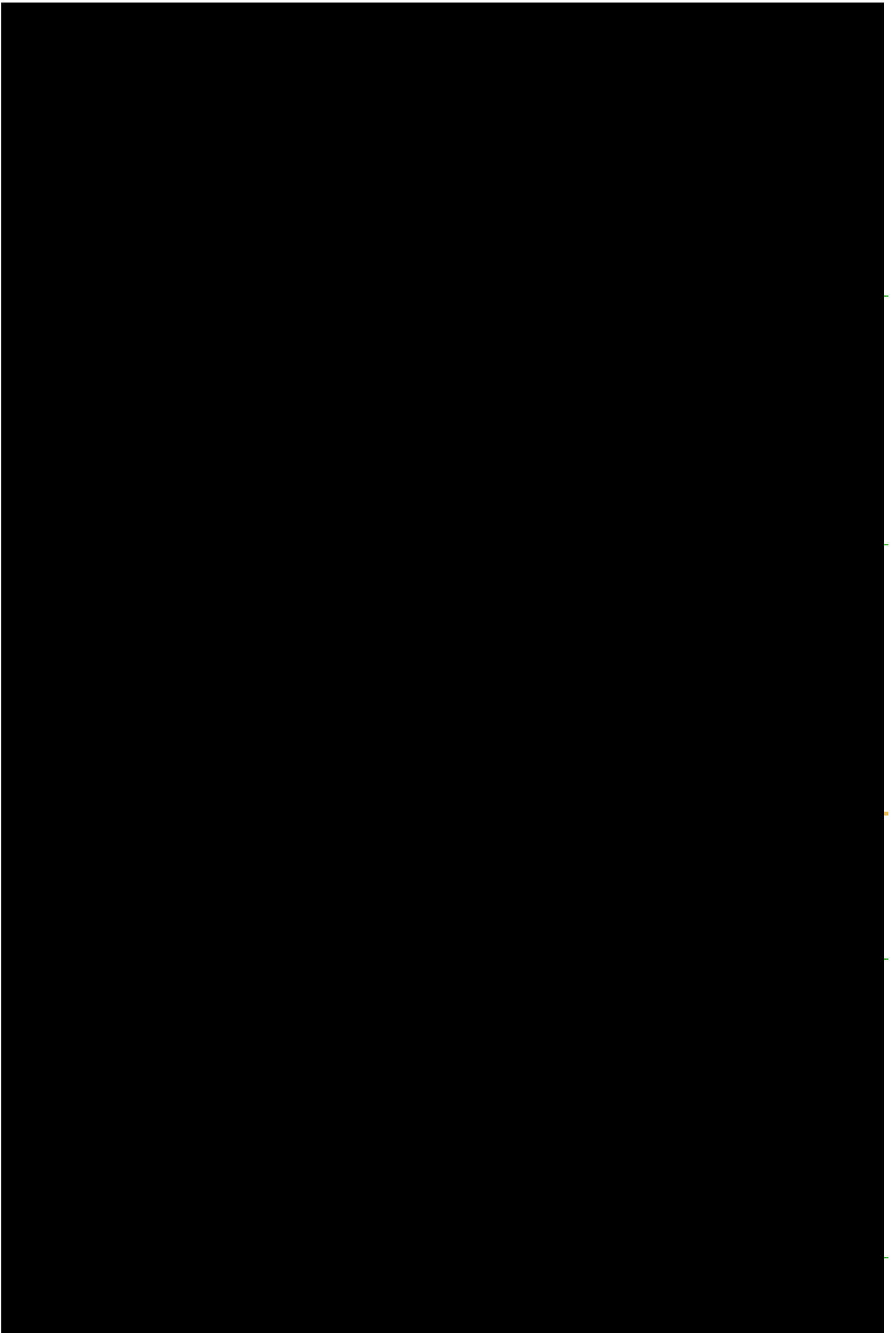


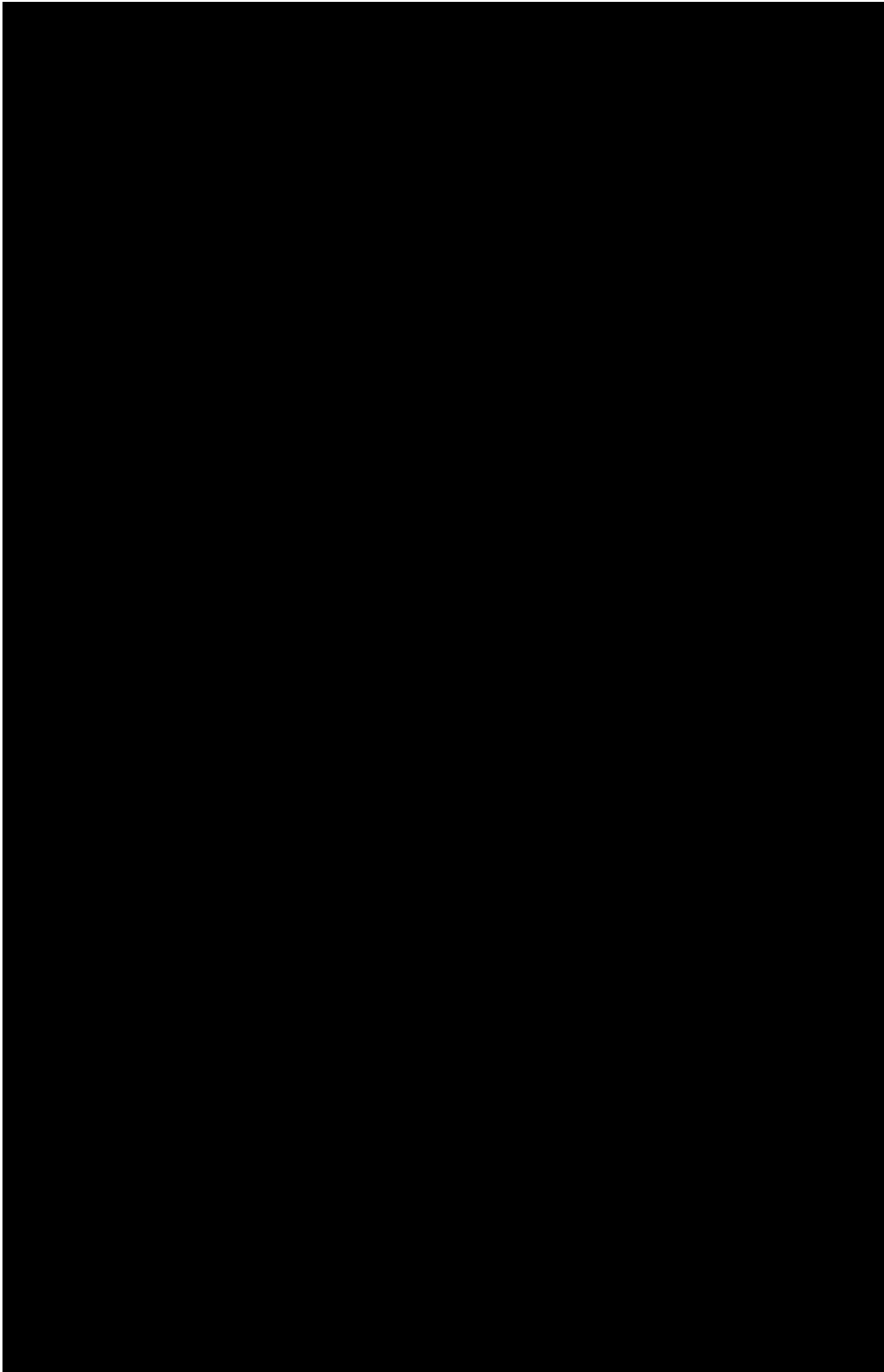


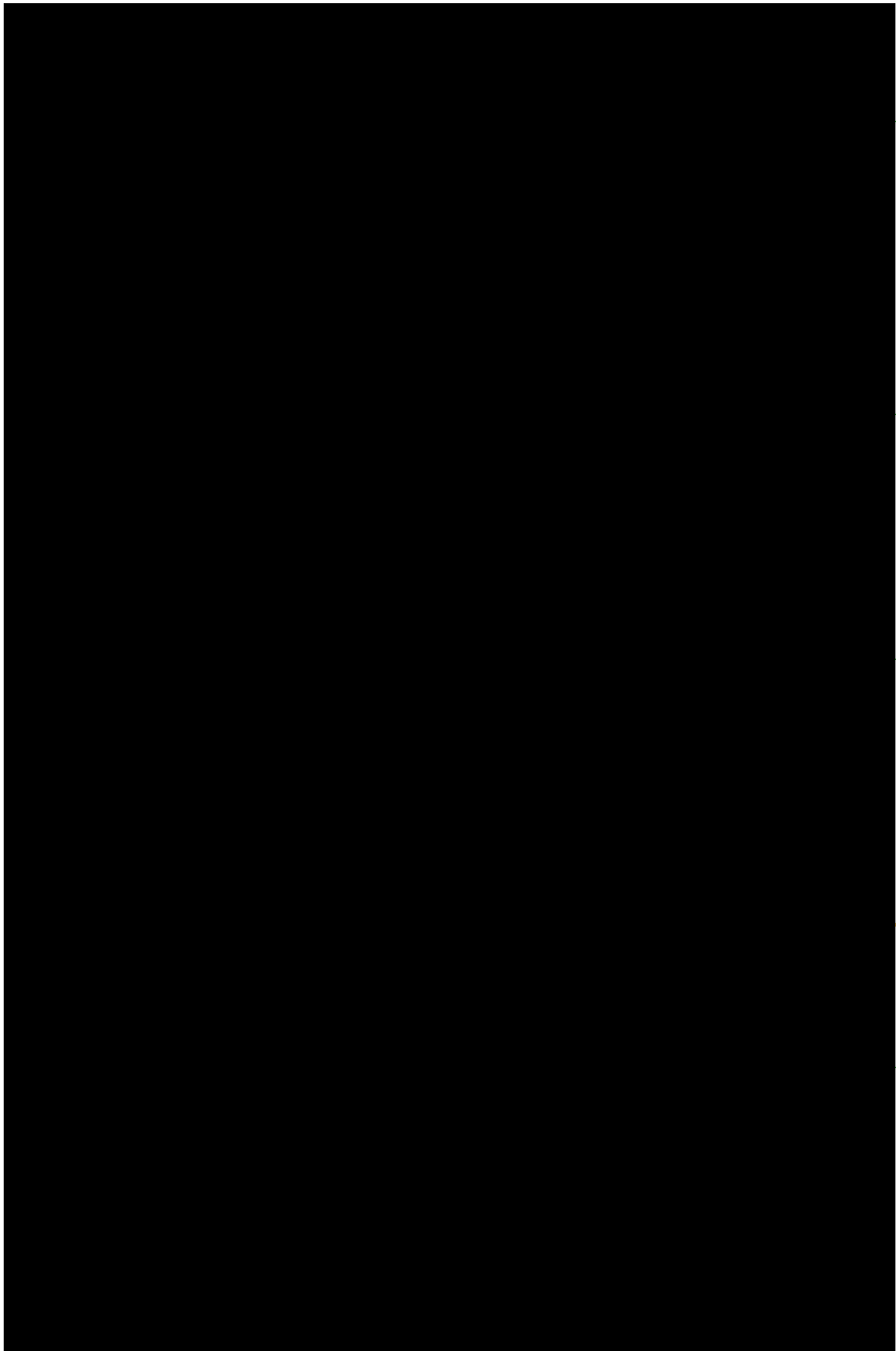


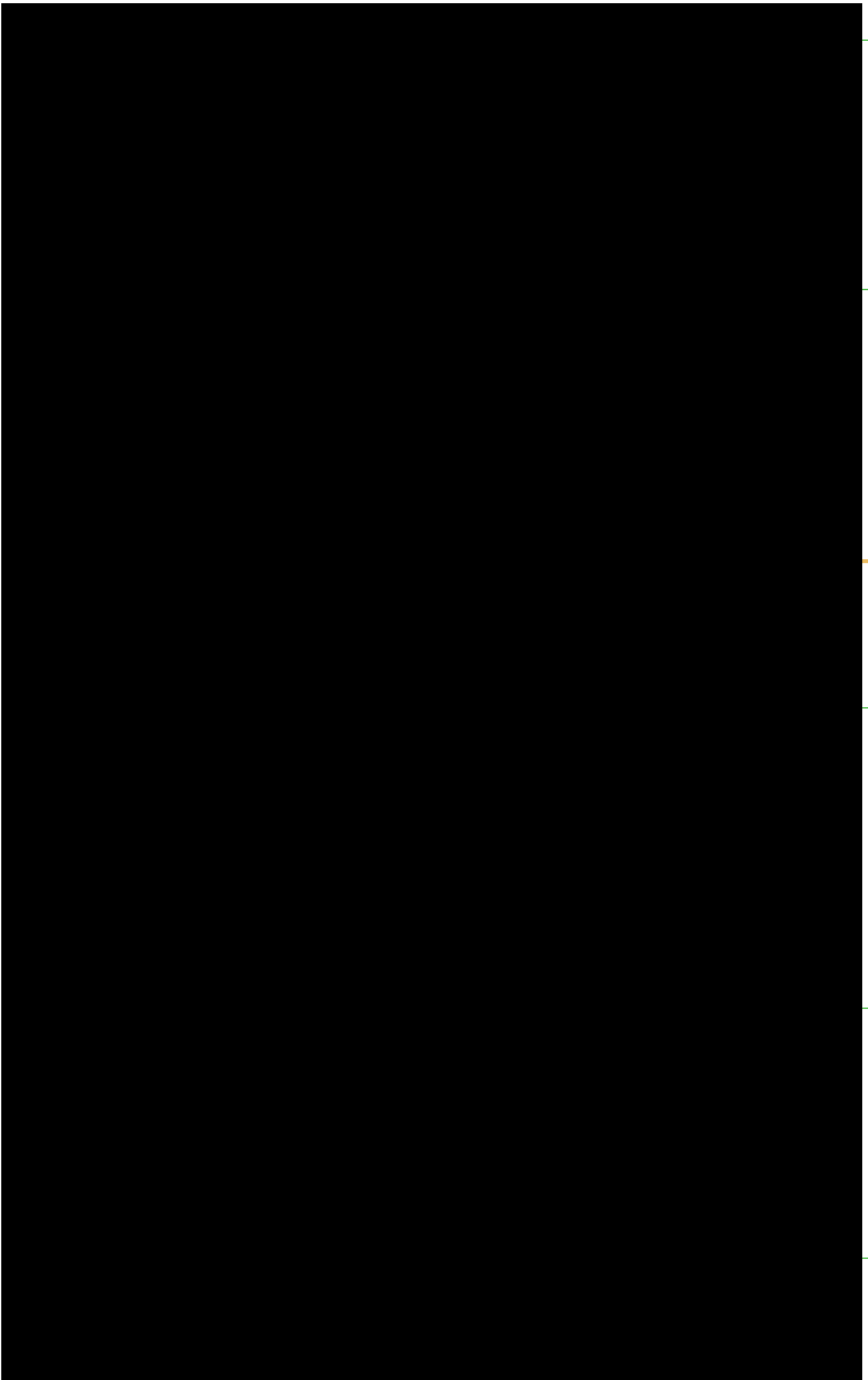


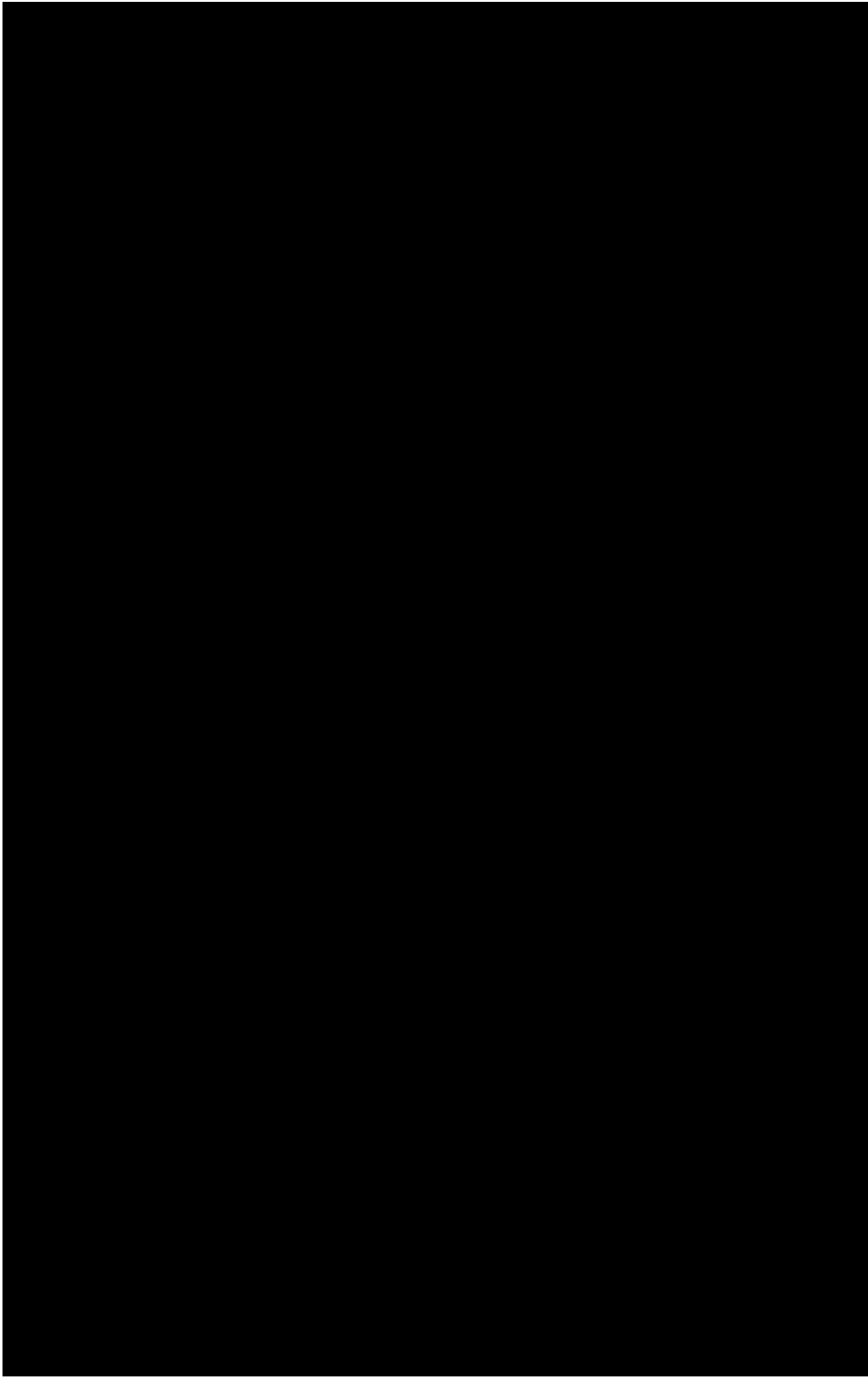


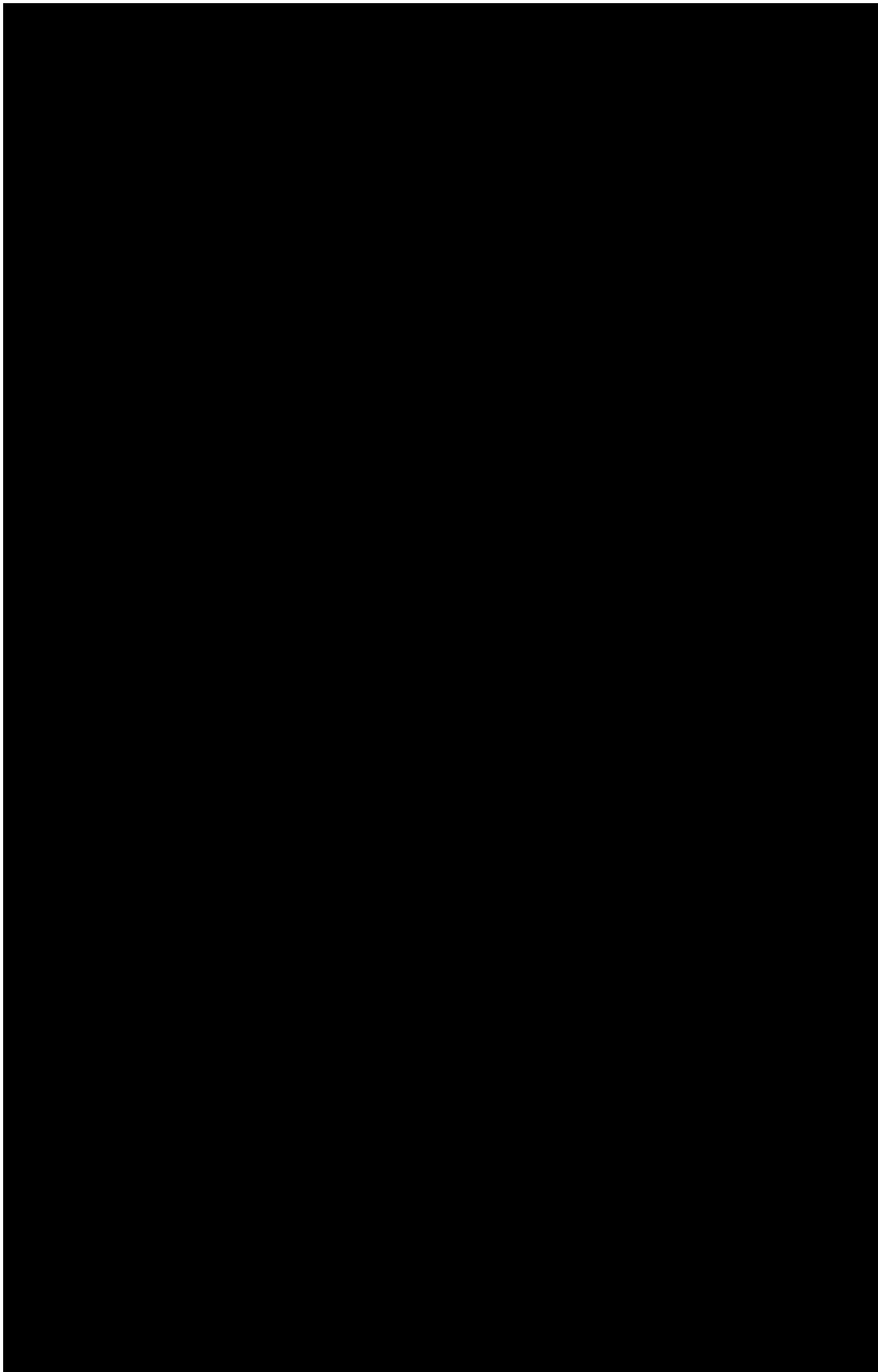


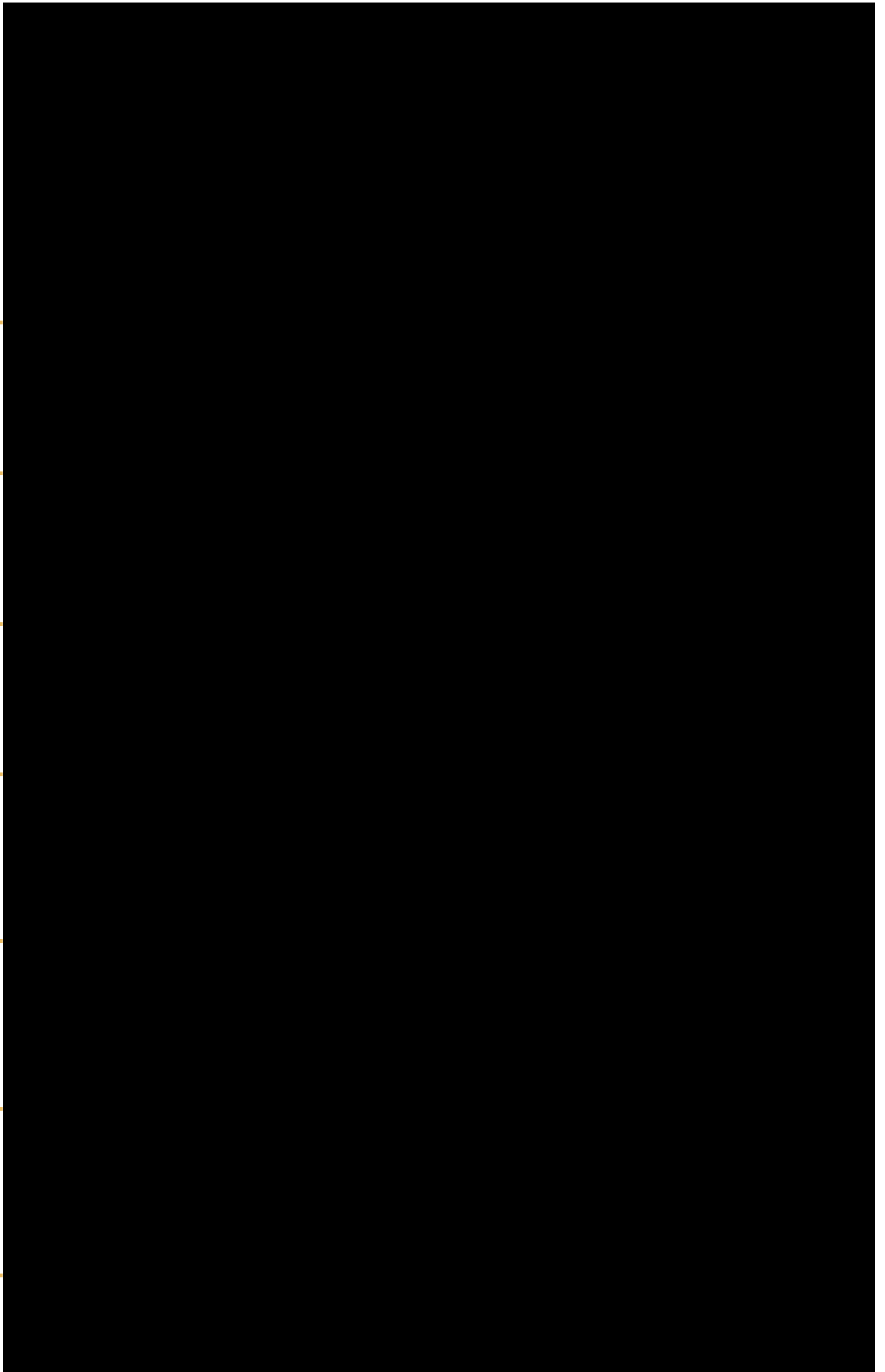


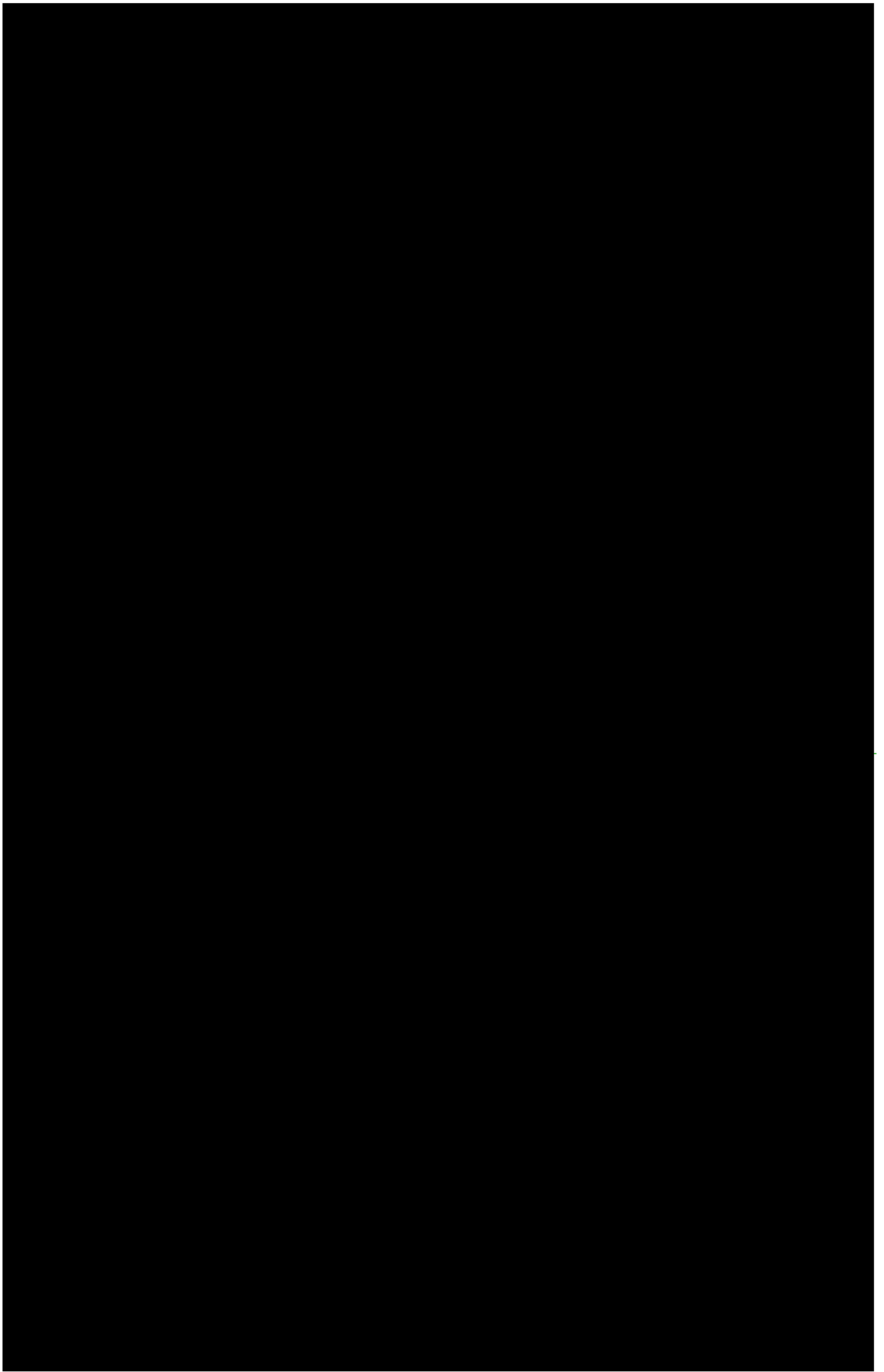


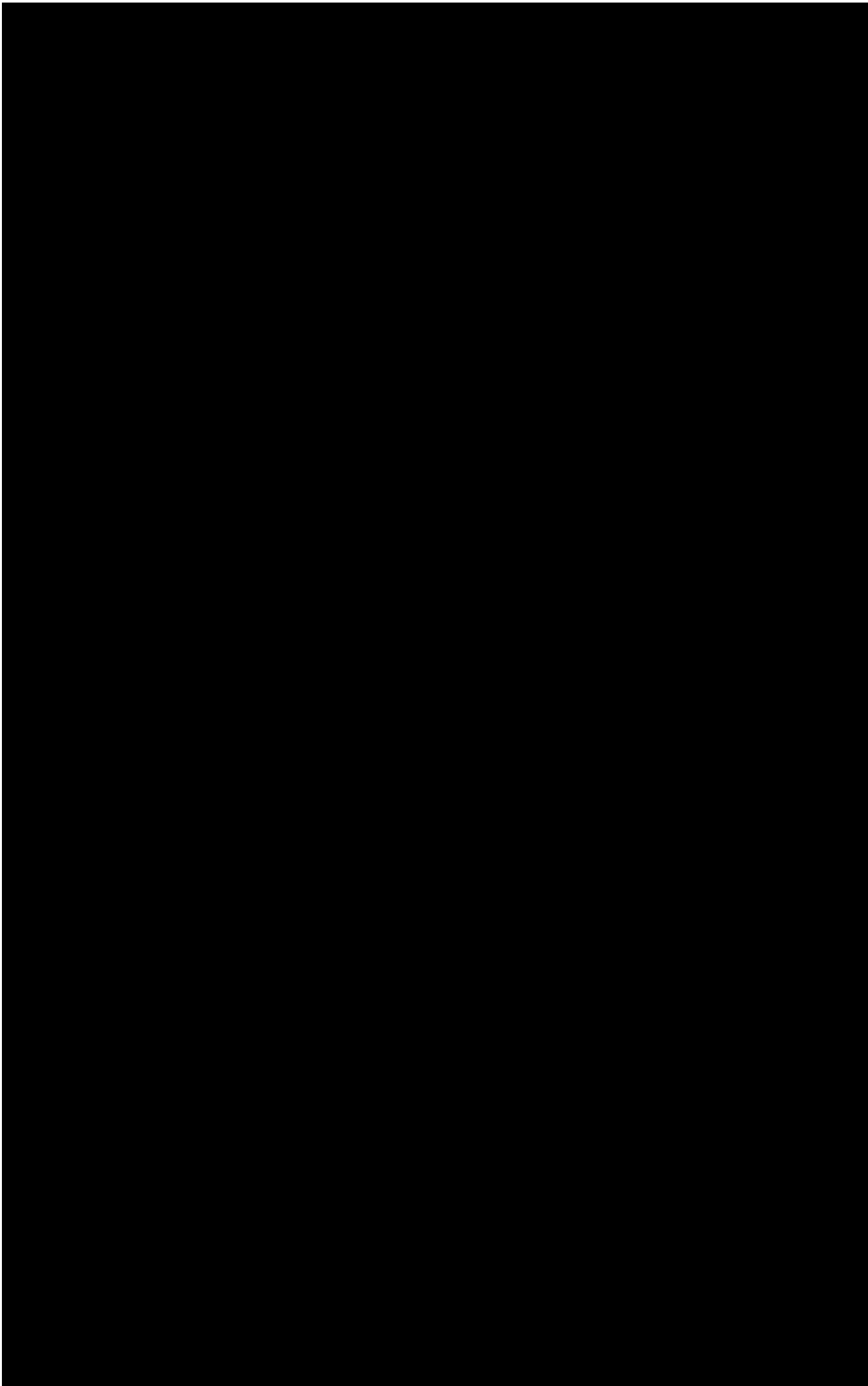


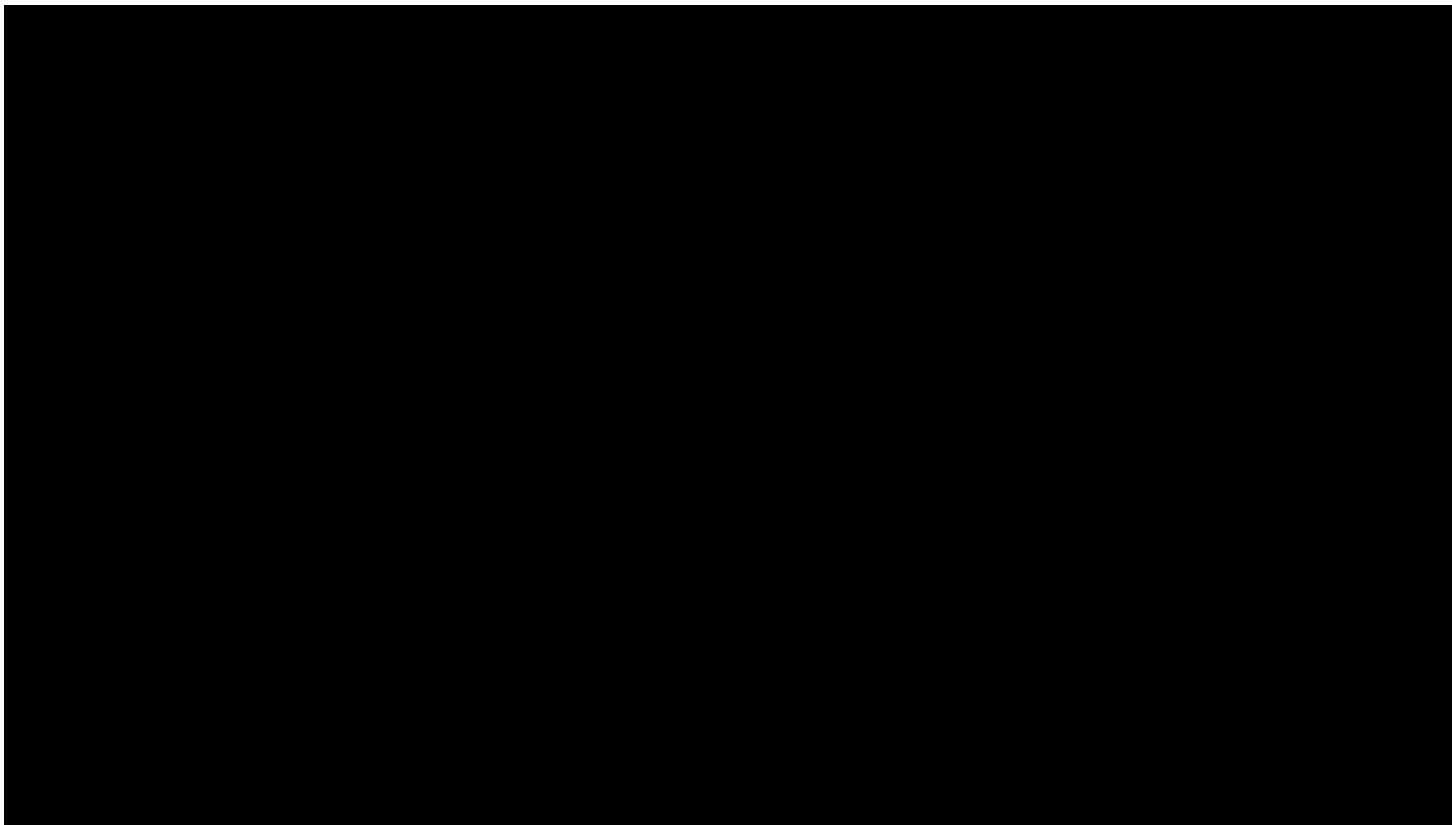












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Part I. - Ownership

Exhibit 1 – Resume or CV of Individuals with Ownership Interest in Applicant.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual




Paula Savchenko

12/30/2022

Signature of Verifying Individual


Verification Date

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE




	Cultivator
Business License Applicant Name	License Type
	
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

Residential History



Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.



Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

N/A

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received




Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]	[REDACTED]	[REDACTED]
Employer	Contact Person	Telephone
Business Address		
[REDACTED]	[REDACTED]	[REDACTED]
City	State	Zip
[REDACTED]	[REDACTED]	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
[REDACTED]	[REDACTED]	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE


	Cultivator
Business License Applicant Name	License Type
	
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.



Residential Street Address

		
City	State	Zip
		
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address

City

State	Zip
-------	-----

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State	Zip
-------	-----

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State	Zip
-------	-----

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.




[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	N/A
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.


[REDACTED]	[REDACTED]	[REDACTED]
Employer	Contact Person	Telephone
[REDACTED]	[REDACTED]	[REDACTED]
Business Address		
[REDACTED]	[REDACTED]	[REDACTED]
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE




	Cultivator
Business License Applicant Name	License Type
	
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

Residential History



Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.



Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone
_____	_____	_____

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

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Date Resided From (MM/YYYY)

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Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

████████████████████	████████	██
Institution	City	State
██████	██████	██
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

████████████████████	████████████████████	████████████████████
Employer	Contact Person	Telephone
████████████████████		
Business Address		
████████	██	██████
_____	_____	_____
City	State	Zip
██████	██████	
_____	_____	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
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Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Business License Applicant Name

Cultivator

License Type

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) _____
Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) _____
Date Resided To (MM/YYYY).

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) _____
Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) _____
Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
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Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

██████████	████	██████████
Employer	Contact Person	Telephone
Business Address		
██████████	████	████
City	State	Zip
██████████	██████████	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Cultivator

Business License Applicant Name

License Type

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone
_____	_____	_____

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

██████████	██████	██
Institution	City	State
██████	██████	██████
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

██████████	██████	██
Institution	City	State
██████	██████	██████
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

██████████	██████	██
Institution	City	State
██████	██████	██████
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

██████████	██████	██
Institution	City	State
██████	██████	██████
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

██████████	██████████	██████████
Employer	Contact Person	Telephone
██████████		

██████████	██	██████
Business Address	State	Zip
██████	██████	
City		
██████	██████	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone

Business Address

_____	_____	_____
City	State	Zip

_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------




Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----







Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

	Cultivator
Business License Applicant Name	License Type
	
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

		
Residential Street Address		
		
City	State	Zip
		
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

██████████ Employer	██████████ Contact Person	██████████ Telephone
Business Address		
██████████ City	██████████ State	██████████ Zip
██████████ Date Employed From (MM/YYYY)	██████████ Date Employed To (MM/YYYY)	
████████████████████ Employer	████████████████████ Contact Person	██████████ Telephone
Business Address		
██████████ City	██████████ State	██████████ Zip
██████████ Date Employed From (MM/YYYY)	██████████ Date Employed To (MM/YYYY)	
_____ Employer	_____ Contact Person	_____ Telephone
Business Address		
_____ City	_____ State	_____ Zip
_____ Date Employed From (MM/YYYY)	_____ Date Employed To (MM/YYYY)	
_____ Employer	_____ Contact Person	_____ Telephone
Business Address		
_____ City	_____ State	_____ Zip
_____ Date Employed From (MM/YYYY)	_____ Date Employed To (MM/YYYY)	

Employer _____	Contact Person _____	Telephone _____
Business Address _____		
City _____	State _____	Zip _____
Date Employed From (MM/YYYY) _____	Date Employed To (MM/YYYY) _____	
Employer _____	Contact Person _____	Telephone _____
Business Address _____		
City _____	State _____	Zip _____
Date Employed From (MM/YYYY) _____	Date Employed To (MM/YYYY) _____	
Employer _____	Contact Person _____	Telephone _____
Business Address _____		
City _____	State _____	Zip _____
Date Employed From (MM/YYYY) _____	Date Employed To (MM/YYYY) _____	
Employer _____	Contact Person _____	Telephone _____
Business Address _____		
City _____	State _____	Zip _____
Date Employed From (MM/YYYY) _____	Date Employed To (MM/YYYY) _____	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]	[REDACTED]	[REDACTED]
Employer	Contact Person	Telephone
[REDACTED]		
Business Address		
[REDACTED]	[REDACTED]	[REDACTED]
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
[REDACTED]	[REDACTED]	

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer Contact Person Telephone

Business Address

City State Zip

Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Cultivator

Business License Applicant Name

License Type

[Redacted]

[Redacted]

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

██████████	██████████	█
Institution	City	State
██████	██████	██████████
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

██████████	██████████	██████████
Employer	Contact Person	Telephone
██████████		

Business Address		
██████	█	██████
City	State	Zip
██████	Present	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Cultivator

Business License Applicant Name

License Type

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

██████████.

Residential Street Address

██████████

City

██

State

██████████

Zip

██████████

Date Resided From (MM/YYYY)

██████████

Date Resided To (MM/YYYY)

██████████.

Residential Street Address

██████████

City

██

State

██████████

Zip

██████████

Date Resided From (MM/YYYY)

██████████

Date Resided To (MM/YYYY)

██████████

Residential Street Address

██████████

City

██

State

██████████

Zip

██████████

Date Resided From (MM/YYYY)

██████████

Date Resided To (MM/YYYY)

██████████

Residential Street Address

██████████

City

██

State

██████████

Zip

██████████

Date Resided From (MM/YYYY)

██████████

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

█	█	█
Institution	City	State
█	█	█
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

█	█	█
Employer	Contact Person	Telephone
█		
Business Address		
█	█	█
City	State	Zip
█	█	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Cultivator

Business License Applicant Name

License Type

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

██████████	██████████	██
_____ Institution	_____ City	_____ State
██████	██████	██████████████ ██████
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

_____ Institution	_____ City	_____ State
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

_____ Institution	_____ City	_____ State
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

_____ Institution	_____ City	_____ State
_____ Date Attended From (MM/YYYY)	_____ Date Attended To (MM/YYYY)	_____ Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

N/A

_____ Employer	_____ Contact Person	_____ Telephone
-------------------	-------------------------	--------------------

Business Address

_____ City	_____ State	_____ Zip
---------------	----------------	--------------

_____ Date Employed From (MM/YYYY)	_____ Date Employed To (MM/YYYY)
---------------------------------------	-------------------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Exhibit 2 – Residency of Owners.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Exhibit 3 - Commercial Horticulture or Agronomic Production Experience.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Exhibit 4 – Criminal Background Check.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Part II. – Financial Ability

Exhibit 5 – Demonstration of Sufficient Capital.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Exhibit 6 – Financial Statements.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Exhibit 7 – Tax Plan.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Part III -
Business/Management
Documents

**Exhibit 8 - Business
Formation Documents.**

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code.

Exhibit 9 – Business License & Authorization of Local Authorities.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code; § 41-4-115, Ala. Code. In addition, in accordance with § 36-12-40, Ala. Code, the foregoing information redacted contains information concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures, that the public disclosure of which could reasonably be expected to be detrimental to the public safety or welfare, and records the disclosure of which would otherwise be detrimental to the best interests of the public.

Exhibit 10 – Business Plan.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code; § 41-4-115, Ala. Code. In addition, in accordance with § 36-12-40, Ala. Code, the foregoing information redacted contains information concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures, that the public disclosure of which could reasonably be expected to be detrimental to the public safety or welfare, and records the disclosure of which would otherwise be detrimental to the best interests of the public.

Exhibit 11 – Business Relationships with Other Licensees & Prospective Licensees.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code; § 41-4-115, Ala. Code. In addition, in accordance with § 36-12-40, Ala. Code, the foregoing information redacted contains information concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures, that the public disclosure of which could reasonably be expected to be detrimental to the public safety or welfare, and records the disclosure of which would otherwise be detrimental to the best interests of the public.

Part IV. – Operations Plans & Procedures

Exhibit 12 – Standard Operating Plan & Procedures.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

Further, the following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains information that can provide unfair business advantages and as such our Company's proprietary information shall remain confidential. *See Holland v. Eads*, 614 So. 2d 1012, 1016 (Ala. 1993); *Duck Head Apparel Co. v. Hoots*, 659 So. 2d 897, 916-17 (Ala. 1995); *see also* § 8-27-1, et seq., Ala. Code; § 2-10-28, Ala. Code; § 41-4-115, Ala. Code. In addition, in accordance with § 36-12-40, Ala. Code, the foregoing information redacted contains information concerning security plans, procedures, assessments, measures, or systems, and any other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures, that the public disclosure of which could reasonably be expected to be detrimental to the public safety or welfare, and records the disclosure of which would otherwise be detrimental to the best interests of the public.

Exhibit 13 – Policies & Procedures Manual.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

The following information has been redacted in accordance with the Alabama Public Records Law (§ 36-12-40, et seq., Code of Alabama 1975 (as amended)) as it contains personally identifiable information that would impact the safety and security of persons identified below. § 36-12-40, Ala. Code; § 41-13-6, Ala. Code; § 41-13-7, Ala. Code; *see also Stone v. Consolidated Pub. Co.*, 404 So.2d 678, 681 (Ala. 1981).

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Exhibit 14 - Machinery & Equipment.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

03/01/2023

Signature of Verifying Individual

Verification Date

The full version of the document exceeds 10 mb and is being provided on the USB.

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Exhibit 15 - Receiving & Shipping Plan.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

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Part V. – Facility Suitability & Infrastructure

Exhibit 16 – Facilities.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

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Exhibit 17 – Engineering Plans & Specifications [Cultivation]

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

Paula Savchenko

12/30/2022

Signature of Verifying Individual

Verification Date

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Part VI – Security

Exhibit 18 – Security Plan.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Part VII. – Personnel

Exhibit 19 – Personnel.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Exhibit 20 – Business Leadership Credentials.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Exhibit 21 – Employee Handbook.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Part VIII – Quality Control & Testing

Exhibit 22 – Quality Control & Quality Assurance Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Exhibit 23 – Contamination & Recall Plan.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Part IX. – Marketing & Advertising

Exhibit 24 – Marketing & Advertising Plan.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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Exhibit 25 – Website & Social Media.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Paula Savchenko

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

Paula Savchenko

Signature of Verifying Individual

12/30/2022

Verification Date

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