



integrate cal community partners
a california benefit corporation

CLIENT INTAKE FORM – BUSINESS INVENTORY	NOTES
<p><input type="checkbox"/> General Information <u>Current Industry Category (A and/or M) and Description:</u></p> <hr/> <p><input type="checkbox"/> General Information <u>Future Expansion Interests/Ideas:</u></p> <hr/> <p><input type="checkbox"/> General Information <u>Current and/or Incoming Business Partners/Investors:</u></p> <hr/> <p><input type="checkbox"/> General Information <u>Current and/or Planned Parent, Subsidiary, and/or Management Companies:</u></p> <hr/>	CIF-BI-P1
<p><input type="checkbox"/> State – Department of Food and Agriculture - CalCannabis Cultivation Licensing <u>Desired and/or Secured Licenses (Types 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 5, 5A, and 5B):</u></p> <hr/> <p><input type="checkbox"/> State – Department of Public Health - Manufactured Cannabis Safety Branch <u>Desired and/or Secured Licenses (Types 6, 7, N, and P):</u></p> <hr/> <p><input type="checkbox"/> State – Department of Consumer Affairs - Bureau of Cannabis Control <u>Desired and/or Secured Licenses (Types 8, 9, 10, 11, 12, 13, and 14):</u></p> <hr/>	CIF-BI-P2

<input type="checkbox"/> State – Secretary of State (SoS) <u>Entity Type:</u>	CIF-BI-P3
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Entity Number:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Date of Registration/Incorporation/Organization:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Principal (Executive) Office Address:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Main Mailing Address:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Name of (Registered) Agent for Service of Process:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Address of (Registered) Agent for Service of Process:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Name of Chief Executive Officer/President/Executive Director:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Name of (Corporate) Secretary/Administrative Officer:</u>	
<hr/>	
<input type="checkbox"/> State – Secretary of State (SoS) <u>Name of Chief Financial Officer/Treasurer/Finance Director:</u>	
<hr/>	
<input type="checkbox"/> State – Employment Development Department (EDD) <u>Employer Payroll Tax Account/Identification/Account Number (EPTAN/SEIN/SEAN):</u>	
<hr/>	
<input type="checkbox"/> State – Environmental Protection Agency (CalEPA) – Child Agencies (SWRCB, DPR, OEHHA, etc.) <u>Applicable Licenses/Permits/Notices with Dates of Issue and Expiration:</u>	
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<p><input type="checkbox"/> County – Clerk-Recorder (name may vary) <u>Fictitious Business Name (FBN) and Number:</u></p> <hr/> <p><input type="checkbox"/> County – Clerk-Recorder (name may vary) <u>Fictitious Business Name (FBN)/Doing Business As (DBA) Statement Filing/Recording Date:</u></p> <hr/> <p><input type="checkbox"/> County – Planning Department/Division (name may vary) <u>Main Business License/Account Number/Type with Dates of Issue and Expiration:</u></p> <hr/> <p><input type="checkbox"/> County – Planning Department/Division (name may vary) <u>Other Business License/Account Number/Type with Dates of Issue and Expiration:</u></p> <hr/> <p><input type="checkbox"/> County – Agriculture Department/Division (name may vary) <u>Operator Identification Number (OIN) with Dates of Issue and Expiration:</u></p> <hr/> <p><input type="checkbox"/> County – Agriculture Department/Division (name may vary) <u>Other Specialized License/Permit/Certificate Number:</u></p> <hr/> <p><input type="checkbox"/> County – Assessor (name may vary) <u>Business Identification Number (BIN):</u></p> <hr/>	<p>CIF-BI-P4</p>
<p><input type="checkbox"/> County and City – Joint, Ancillary, and/or Other Special Agencies (name may vary) <u>Other Considerations (Vertical Integration, Diversion, Grandfathering, etc.):</u></p> <hr/>	<p>CIF-BI-P5</p>
<p><input type="checkbox"/> City – Finance Department/Division (name may vary) <u>Main Business License/Account Number/Type with Dates of Issue and Expiration:</u></p> <hr/> <p><input type="checkbox"/> City – Finance Department/Division (name may vary) <u>Other Business License/Account Number/Type with Dates of Issue and Expiration:</u></p> <hr/> <p><input type="checkbox"/> City – Development Department/Division (name may vary) <u>Records of Conditional Use Permits and/or Processes:</u></p> <hr/> <p><input type="checkbox"/> City – Development Department/Division (name may vary) <u>Records of Business Operating Permits and/or Processes:</u></p> <hr/>	<p>CIF-BI-P6</p>

<p><input type="checkbox"/> Federal – Department of the Treasury - Internal Revenue Service (IRS) <u>Additional and/or Special Designations/Classifications of Entity:</u></p> <hr/> <p><input type="checkbox"/> Federal – Department of the Treasury - Internal Revenue Service (IRS) <u>Employer Identification Number (FEIN):</u></p> <hr/> <p><input type="checkbox"/> Federal – Department of the Treasury - Internal Revenue Service (IRS) <u>Electronic Filing Identification Number (EFIN):</u></p> <hr/>	CIF-BI-P7
<p><input type="checkbox"/> Legal Information <u>Corporate Attorney(s):</u></p> <hr/> <p><input type="checkbox"/> Legal Information <u>Criminal Attorney(s):</u></p> <hr/> <p><input type="checkbox"/> Legal Information <u>Real Estate Attorney(s):</u></p> <hr/> <p><input type="checkbox"/> Legal Information <u>IP/Patent Attorney(s):</u></p> <hr/>	CIF-BI-P8

<input type="checkbox"/> Legal Information <u>Other Attorney(s):</u>	
<input type="checkbox"/> Legal Information <u>Formerly Contracted Attorney(s):</u>	
<input type="checkbox"/> Legal Information <u>Currently Contracted Accountant(s):</u>	
<input type="checkbox"/> Legal Information <u>Formerly Contracted Accountant(s):</u>	
<input type="checkbox"/> Other Information <u>Currently Contracted Consultant(s):</u>	
<input type="checkbox"/> Other Information <u>Formerly Contracted Consultant(s):</u>	CIF-BI-P9

<input type="checkbox"/> Other Information <u>Current Geographical Areas of Operation:</u>	CIF-BI-P10
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<input type="checkbox"/> Other Information <u>Past Geographical Areas of Operation:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>Alternate Address:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>North American Industry Classification System (NAICS) Code:</u>	
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<input type="checkbox"/> Other Information <u>Standard Industrial Classification (CIS) Code:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>Data Universal Numbering System (DUNS) Number:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>Additional Recognized Officer/Manager of Entity [#4]:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>Additional Recognized Officer/Manager of Entity [#5]:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>Additional Recognized Officer/Manager of Entity [#6]:</u>	
<hr/>	
<input type="checkbox"/> Other Information <u>Members of the Board of Directors/Main Governing Body:</u>	
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<input type="checkbox"/> Other Information <u>State, County, and/or City:</u>	
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