



VERMONT

CANNABIS CONTROL BOARD

89 Main Street Montpelier, VT 05602 | ccb.vermont.gov

Form B:

Principals and Controlling Parties

Note: One form must be completed for each principal and controlling party of the cannabis establishment

Is this form for a: Principal Controlling Person Controlling Entity

Note: If being completed for a Controlling Entity (Business A), Form B must also be completed for all controlling persons and entities of Business A.

Part 1: Contact Information

Legal Name: _____

Other Name/Alias: _____

Fed. Tax ID #: _____

Mailing Address: _____

Date of Birth: ___/___/_____

City/Town: _____

State: _____ Zip: _____

Phone Number: _____

Email: _____

Military Status (optional): Active Duty
 Veteran
 Neither

Are you disabled? (optional): Yes No

What is your race? (optional):

- American Indian or Alaska Native
- Asian
- Black or African American
- Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Choose not to disclose

Gender (optional): _____

Is this person a controlling interest holder in a past or present cannabis-related business in another jurisdiction?

Yes – Please upload documentation of this relationship when submitting Form B

No

Part 2: Background Check

1. If applicable, please provide a description below of any criminal action in any jurisdiction that resulted in a conviction, guilty plea, plea of nolo contendere or admission to sufficient facts.

If not applicable, please select: N/A

2. If applicable, please provide a description below of any civil action that was commenced or resolved in the preceding 10 years in any jurisdiction in which the applicant was a named party.

If not applicable, please select: N/A

3. If applicable, please provide a description below of any disciplinary action taken against a license, registration, or certification held by the applicant in any jurisdiction, such as a suspension or revocation, including, but not limited to, a license to prescribe or distribute controlled substances.

If not applicable, please select: N/A

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4. If applicable, please provide a description below of any license denial and the reason for denial in any jurisdiction.

If not applicable, please select: N/A

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