# CANNABIS LICENCE APPLICATION: SOCIETY ASSOCIATES

## PART 1: DIRECTORS, OFFICERS & SENIOR MANAGERS

Enter the following information for all directors, officers and senior managers. If more space is required, download and complete another copy of the form.

| First Name | Last Name | Email | Position | Date of Appointment |
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## PART 2: KEY PERSONNEL & SENIOR EMPLOYEES

Enter the following information for all key personnel and senior employees. If more space is required, download and complete another copy of the form.

| First Name | Last Name | Email | Position | Date of Appointment |
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