

SOCIAL EQUITY PLAN COVER PAGE

Cannabis Establishment Name (Including DBA if Applicable):	
Credential Number:	
Social Equity Applicant (If applicable)	
Business Address:	
Mailing Address:	
Primary Contact:	
Primary Contact Phone Number:	
Primary Contact Email Address:	
Business Municipality:	
Assembly District:	
Senate District:	

**Failure to provide full contact information may result in a delay of plan review.

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