



APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE COMMERCIAL CANNABIS TASK FORCE TO UPDATE NEW ARTICLE 73 OF CHAPTER 21

Name of Applicant: Erin McCarrick

Home Address: 2250 Ogulin Canyon Rd City: Clearlake ZIP: 95422

Mailing Address: PO Box 2116 City: Clearlake ZIP: 95422

Occupation: Cannabis Distribution - Owner Email: erin@backroadsdistribution.com

Home Phone: (605) 393-7658 Work Phone: (707) 995-4033 Supervisorial District 2 - Sabatier

Name of Board/Committee/Commission(s) you are interested in serving on: Cannabis Ordinance Task Force

Board/Committee/Commission category under which you are applying, if applicable: Community Development

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): Clearlake Planning Commissioner (2020-current) and Lake County Cannabis Alliance - Vice President (2020-current) Lake County Chamber of Commerce Board Member (2021-2022)

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application: I bring a balanced approach to the ordinance process. I have attended BoS meetings during the creation of the ordinance and evolution since then. I have also made it a point to learn from those who went before me. In my role in the LCCA I have worked with the BoS, Planning Commission and those affected by the ordinance. I have also been involved in State cannabis organizations. Additionally, living in the City of Clearlake gives me objectivity.

List community organizations to which you belong: Lake County Cannabis Alliance. General volunteer work - Clearlake and Lake County community events, American Legion events, ect. Lake County Chamber of Commerce and Clear Lake Chamber of Commerce

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.) No

List any affiliation you or your spouse has with public service agencies: Clearlake Planning Commissioner

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

[Handwritten Signature] (Signature)

6/13/22 (Date)

PLEASE RETURN COMPLETED FORM TO: Mary Darby, Director of CDD Community Development Department mary.darby@lakecountyca.gov 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2225

For Board Use Only: APPOINTED YES__ NO__ APPOINTED ON: _____ TERM EXPIRES: _____