



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

Cannabis Alliance
South Area

Name of Applicant: Jennifer K Smith

Home Address: 11739 Old Spruce Grove Rd City: Lower Lake ZIP: 95457

Mailing Address: 11739 Old Spruce Grove Rd City: Lower Lake ZIP: 95457

Occupation: Cannabis Farmer Email: President@LakeCannabis.com

Home Phone: (415) 629-4847 Work Phone: () Supervisorial District 1

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:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
N/A

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:
As President of the Lake County Cannabis Alliance, I am able to represent the collective industry voices and provide feedback from all license types throughout the County. I am a licensed cannabis farmer in Lake County. I have experience drafting cannabis ordinances in other municipalities where I hold multiple license types.

List community organizations to which you belong:
Rotary, Lake County Chamber member.

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.)
None

List any affiliation you or your spouse has with public service agencies:
None

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.

Verified by pdfFiller
Jennifer K Smith
06/17/2022
(Signature)

06/16/2022

(Date)

PLEASE RETURN COMPLETED FORM TO:

Mary Darby, Director of CDD
Community Development Department
mary.darby@lakecountycalifornia.gov
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2225

For Board Use Only:

APPOINTED YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____