



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

Name of Applicant: Nara Dahlbaeka

Home Address: 18738 N. Shore Dr City: HVL ZIP: 95467

Mailing Address: Same City: _____ ZIP: _____

Occupation: partner, government affairs Email: nara@milogroupca.com

Home Phone: (805) 252-3559 Work Phone: () Supervisorial District 1

Name of Board/Committee/Commission(s) you are interested in serving on:
Commercial cannabis task force - community position

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):

Berkeley Comm on the Status of Women, Animal Care Commission 2011-2014
Lake County Fair Board - new appointee 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:

Six years in local and state cannabis policy. Helping businesses and local governments work within the complex regulatory structure of Prop 65. Fifteen+ years of land use policy work, ~~and~~ working on complex projects, entitlements, and performance standards

List community organizations to which you belong:

Lake County Democratic Central Committee, Lake Co. Fair Board, Lake County Cannabis Alliance, Cat Town Oakland, East Bay Animal PAC

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:

Spouse has a MHKO permit from Lake Co.

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.

(Signature)
(Signature)

7-5-22
(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: _____