



APPLICATION FOR  
APPOINTMENT TO COUNTY OF LAKE  
ADVISORY BOARD, COMMISSION OR COMMITTEE

RECEIVED

SEP 16 2019

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Chris Jennings  
Home Address: 16520 Dam Rd. City: Clearlake ZIP: 95422  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: Cannabis Email: chriswjennings@gmail.com  
Home Phone: (707) 339-1447 Work Phone: ( ) Supervisorial District Mohe / Bruno

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

Hemp

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

CANNABIS

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

Adhoc for cannabis for the county when we first did the ordinance.  
Every adhoc for Clearlake cannabis.

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 have been involved in the cannabis industry for over 10yrs since I moved here. I own Lakeside Herbal Solutions in Clearlake. I have wrote our cannabis ordinances throughout the county. I have the following licenses; Retail, Distrib, Manufacturing, processor, outdoor & mixed light cultivation.

List community organizations to which you belong:

Clearlake Chamber of Commerce and a major private sponsor of events in the community.  
\* ONLY CBD STORE IN CLEARLAKE \* ACROSS FROM DISPENSARY  
WELLNESS CENTER

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:

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, have no conflict of interest.

(Signature)

(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors  
255 N. Forbes St.  
Lakeport, CA 95453  
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES\_\_\_ NO\_\_\_

APPOINTED ON: \_\_\_\_\_

TERM EXPIRES: \_\_\_\_\_