



THE BAR ASSOCIATION OF
SAN FRANCISCO

Lawyer Referral and Information Service

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San Francisco, CA 94105
Telephone: (415) 477-2374
Fax: (415) 477-2389
URL: <http://www.sfbar.org>

PRO BONO EQUITY APPLICANT CANNABIS BUSINESS LAW PANEL

Name: _____

State Bar number: _____

Telephone: _____

Fax: _____

E-mail address: _____

Office address: _____

Main address (if not in SF/Marin, please provide your address recorded with the State Bar of California):

(office number and street)

(suite #)

(zip)

* If applicant's main office is outside of San Francisco or Marin Counties, they are encouraged to provide qualifying matters or filings in San Francisco or Marin. At their discretion, the LRIS Director and the LRIS Qualifications Sub-Committee may request information about provided experience and/or peer references on any panel application.

Number of years of continuous active practice: _____

Substantial Equivalent Experience

If you cannot meet the following requirements for Panel membership, but believe that you qualify by reason of substantial, equivalent experience, you may submit an outline of such experience, as provided for in Rule 6 of the Lawyer Referral and Information Service Rules. Please complete the requirements attached in the supplemental to this application.

ERRORS AND OMISSIONS INSURANCE: Errors and omissions insurance, in the amount of not less than \$100,000.00 for each occurrence and \$300,000.00 aggregate per year, is a requirement of membership. Applicant must agree to maintain coverage throughout representation of clients referred by the Lawyer Referral and

Information Service arising from the subject matter of the original referral. **Please provide a copy of the declarations page of your policy along with this agreement, if we do not already have one on file for you.**

Continuing Legal Education requirements:

Within the last year, applicant must have complete a minimum of FIVE hours of Cannabis related education, e.g. Cannabis start-up business, regulations, compliance, audit, federal and state law issues, etc. Please list below your CLE hours:

	Title of Training	Date(s) of training	Number of Hours	Provider	Self-Study (S) Participate (P)
1.					
2.					
3.					
4.					
5.					

EXPERIENCE QUALIFICATIONS

Applicant must complete both section 1. and 2. for qualification on this panel:

1. Cannabis Business Matters

Within the past three years, applicant must have handled a minimum of FIVE cannabis business related matters, of any type, two of which must include completed applications for licensing and permitting, of a cannabis business.

Nature of Cannabis Business Matter	Inclusive dates of representation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I declare that I am familiar with the subsection of cannabis regulations that apply to licensing.

2. General Business Formation

Within the five years, applicant must have completed a minimum of TWO business formation set ups to completion, of any type (separate from matters listed above).

Nature of Business Entity

Inclusive dates of representation

1. _____

2. _____

With my signature, I certify that I have familiarity with the state, federal and local cannabis regulations:

Date: _____ Signature: _____

With my signature, I certify that I had full responsibility (as attorney of record) for all cases listed in this application, or if not, I have attached an explanation.

Date: _____ Signature: _____