

Application #: MRN282592

Persons with Direct or Indirect Authority

Provide demographic information for all executives, managers, or other persons having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment. You will need to provide additional information on individuals identified here in the Background Check packet.

To add another person click the "Add a Person" button at the bottom of the page.

All fields marked with an \* are required.

Person with Direct or Indirect Authority 1

Percentage Of Ownership \*

50

Percentage Of Control \*

50

Role \*

Manager

Other Role

If Other was selected for role

First Name \*

Alexander

Middle Name

CP

Last Name \*

Coon

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1

Alias - 2

Alias - 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

City \*

Somerville

State \*

MA

Zip Code \*

02143

Gender \*

Male

User Defined Gender

What is this person's race or ethnicity? \*

Mark all boxes that apply

☒ White (German, Irish, English, Italian, Polish, French)