Instructions

You may fill out this application on-line by tabbing between fields and selecting the green Submit at the bottom once complete.

Submit Date: Nov 12, 2025

If you prefer to submit a paper application you can select the Print button at the bottom of the page. Printed applications require an original signature and date noted. Any additional documents will need to be attached and then mailed to the address at the bottom of the form.

Must be a resident of Nevada County to apply.

Profile			
Which Boards wou	ld you like to apply for?		
Commercial Cannabis	Dispensary Application Evaluat	on Committee: Submit	ited
Incumbent?			
○ Yes ⊙ No			
Kim	Stewart		
First Name	Last Name		
Home Address		Suite or Apt	
Grass Valley		CA	95945
City		State	Postal Code
Business Address	(Optional)		
Supervisorial Distr	rict 1 through 5 (Available	from Election Office	e, 265-1298
☑ District 3			
Time(s) available t	o attend meetings (days, o	evenings, etc.)	
Evenings			
Email Address			

Business Email Address				
Primary Phone Alternate Phone				
Are you currently employed with the County of Nevada?				
○ Yes ⊙ No				
Interests & Experiences				
Experience: A resume, or additional sheets, may be attached containing any information that would be helpful to the Board in evaluating your application.				
Education/Employment Experience				
Resume attached				
Community Experience and Affiliations				
List any other County boards, commissions, or committees on which you have served:				
Other experience you feel would be helpful to the Board of Supervisors in making this appointment:				
References: Please list two references with telephone numbers				
KIM_STEWART_Resume.pdf Upload a Resume				
KIM_STEWART_REFERENCES.pdf Additional Attachments				

Agreement

Applicants may be required by State Law and County Ordinance to file a financial disclosure statement as part of the appointment process. The form may be viewed at http://www.fppc.ca.gov. An Oath of Office will be required upon appointment. I have reviewed the Financial Disclosure Statement requirement.

✓ I Agree

Applications must be filed with:

Clerk of the Board of Supervisors - County of Nevada
950 Maidu Ave.

Nevada City CA 95959-8617.

This application is a public document.

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