



CANNABIS BUSINESS PERMIT APPLICATION

APPLICANT(S): It is your responsibility to check with the Planning Division regarding any land use questions for your proposed location prior to starting this process. In addition, be aware that failure of any owner(s)/corporate officer(s) to pass the Live Scan background process will automatically disqualify this application. This Application form along with all items identified in the "Cannabis Business Permit Submittal Checklist" and within the "Step-by- Step Guide-Cannabis Business Permit Application" must be submitted as part of this application.

Application Fee: \$30,000.00 Deposit (Any unspent application fee will be returned to the applicant.)

SECTION 1- PERMIT TYPE (PLEASE CHECK TYPE OF PERMIT YOU ARE REQUESTING)

Check One: Cannabis Distributor Cannabis Testing Facility Cannabis Non-Storefront Retail Facility

Circle One: Adult-Use Medical Both

SECTION 2 - PROPOSED LOCATION AND PROPERTY OWNER INFORMATION

Property Address: _____

Assessor's Parcel Number: _____

Does this location currently have a Conditional Use Permit (CUP) allowing the type of use you are requesting? (Please check appropriate box)

Yes No CUP #: _____ Resolution #: _____

Does the property comply with all current zoning development standards/conditions of approval?

Yes No

If no, explain: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

E-mail: _____

OFFICE USE ONLY

Application Received By: _____ Date: _____

Application Determined Complete By: _____ Date: _____

Application #: _____

Fee Amount Paid: _____ Method of Payment: _____

SECTION 3 - APPLICANT INFORMATION

Business Name: _____

DBA: _____

Business Structure (Please check appropriate box below):

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership (GP) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other |

Business Contact Information:

Last Name, First Name: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

E-mail: _____ Business Relationship: _____

Agent for Service Contact Information:

Last Name, First Name: _____

Relationship to Business: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

E-mail: _____ Business Relationship: _____

SECTION 4 - AFFIRMATION

PLEASE READ CAREFULLY:

I understand that as defined by Title 18, Chapter 18.22 of the La Habra Municipal Code (LHMC). I am deemed the responsible party for any violation(s) of the LHMC that may arise at the proposed facility location.

I understand and acknowledge that the operation of this Cannabis facility must adhere to all the requirements of Title 18, Chapter 18.22 of the LHMC and all other applicable state and local laws and all regulations promulgated thereunder and affirm that this business will be operated in compliance with applicable state and local law and all regulations promulgated thereunder. I understand and acknowledge that any permit issued based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

In addition, I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of La Habra permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and City Council Members, and other Agencies in order to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of La Habra Municipal Code and State law.

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing statements are true and correct.

Signatures – Property Owner and Applicant must provide notarized signatures.

Applicant

Print Name: _____

Signature: _____ Date: _____

Property Owner

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

Print Name: _____

Signature: _____ Date: _____

SECTION 4 - AFFIRMATION (continued) APPLICANT NOTARIZATION

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULLNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of California)
) ss.
County of Orange)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

MY COMMISSION EXPIRES: _____

SECTION 4 - AFFIRMATION (continued) PROPERTY OWNER NOTARIZATION

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULLNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of California)
) ss.
County of Orange)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

MY COMMISSION EXPIRES: _____

ADDITIONAL INFORMATION

Please provide the following for each owner and financial interest holder as those terms are defined in 17 CCR 40102(a) & (b) (attach additional sheets if necessary):

Last Name, First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Specify the amount of interest in the business (Percentage Ownership): _____

Last Name, First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Specify the amount of interest in the business (Percentage Ownership): _____

Last Name, First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Specify the amount of interest in the business (Percentage Ownership): _____

Last Name, First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Specify the amount of interest in the business (Percentage Ownership): _____

ADDITIONAL INFORMATION

List all factitious business names that the applicant is operating under, including the address where each business is located.

Has the applicant or any of its owners ever been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license/permit? If so, please explain and provide a contact person from the local governmental agency for verification purposes.

Is the applicant or any of its owners currently involved in a CCB Application process in any other jurisdiction? If so, where?

List the names and addresses of the closest schools (Kindergarten through 12th grade), daycare centers, youth centers and parks (a minimum 0.6 acres in size).
