



# COMMUNITY DEVELOPMENT AGENCY

## CANNABIS PROGRAM MEDICINAL CANNABIS DELIVERY-ONLY RETAILER LICENSE APPLICATION

To submit an application, you must contact the Program Manager to schedule an appointment.

### SECTION A - APPLICANT/BUSINESS INFORMATION

1. License Type Designation:  
 Medicinal

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2. License Type:  
 Delivery-Only Retailer

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3. Business Organizational Structure: (Please check ONE)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation (or foreign corporation)	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership

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4. Name (sole proprietor first and last, all other types legal business name) Doing Business As (DBA)

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5. Business Address	City	State	Zip Code
Mailing Address (if different from business address)	City	State	Zip Code

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6. Business Website	Phone Number	Email
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7. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); or Business's Federal Employer Identification Number (FEIN)

### SECTION B - PRIMARY CONTACT PERSON

8. Name	Title	Phone Number	Email
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### SECTION C - DECLARATIONS

9. Applicant's California Department of Tax and Fee Administration Seller's Permit Number, if applicable. \_\_\_\_\_  
 If no Seller's Permit, do you attest that you (applicant) are currently applying for one?  Yes  No

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10. Does your company have 20 or more employees (not including supervisors) for the commercial cannabis business?  Yes  No  
 If "Yes", do you attest that you have or will enter into a labor peace agreement and will abide by the terms of the agreement?  Yes  No

### SECTION D - OWNER INFORMATION (Attach additional pages if needed. Each owner is also required to submit an Owner Submittal Form.)

11. Name	Phone Number	Ownership %	Job Title
Mailing Address	City	State	Zip Code

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Name	Phone Number	Ownership %	Job Title
Mailing Address	City	State	Zip Code

**SECTION E - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS** (Attach additional pages if needed.)

12. Name	Phone Number	Email	
Mailing Address	City	State	Zip Code
Name	Phone Number	Email	
Mailing Address	City	State	Zip Code

**SECTION F - FICTITIOUS BUSINESS NAMES** (Attach additional pages if needed.)

13. Business Name

Address	City	State	Zip Code
Business Name			
Address	City	State	Zip Code

**SECTION G - REQUIRED ATTACHMENTS**

- Business Plan
  - Business Description Summary
  - Business Formation Documents
  - Owner Submittal Form – for each owner
  - Financial Information
  - Financial Information Form
  - Human Resources Information
- Operating Plan
  - Inventory Procedures
  - Non-Laboratory Quality Control Procedures
  - Sales Procedures
  - Delivery Procedures
  - Employee Training
- Public Benefits Plan
  - Product Pricing Information
  - Employee Benefits Information
  - Community Relations Information
  - Public Health Education Information
  - Green Business Information

**AFFIRMATION AND CONSENT**

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Applicant Signature	Printed Name	Date Signed
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Office Use Only  
Application Number: