

DRAFT MEDICINAL CANNABIS 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 (State M-license)

2. License Type:
 Retailer – Delivery-Only (State Type 9 Non-Storefront)

3. Business Organizational Structure (Please check ONE)

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

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

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

6. Business Website Phone Number Email

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

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 entered 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
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

- Owner Submittal Form – for each owner
- Business Plan
 - Business Description Summary
 - Financial Information
 - Financial Information Form
 - Human Resources Information
 - Business Formation Documents
- 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 and 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.

Signature	Printed Name	Date Signed
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Office Use Only
Application Number: