



COMMERCIAL CANNABIS PERMIT (STOREFRONT) APPLICATION

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name: _____ DBA: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: (Same as above? Yes No): _____

Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Business Formation Documentation: Describe how the business is organized (attach to the Business Plan)

- Sole Partnership Corporation General Partnership Limited Liability Partnership
 Limited Partnership Limited Liability Company

PROPOSED LOCATION

Property Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Assessor's Parcel Number (APN): _____ Premises Square Footage: _____

Zoning Verification Letter (Please attach): Yes No

Is the parcel on which the proposed location sited is located, within 600 feet of a sensitive use as defined under the City's Commercial Cannabis Ordinance (Chapter 13, Article X)? Yes No

Is the proposed building located within 50 feet of a residential zoned parcel or parcel with an existing residential use? The distance shall be measured in a straight line from the closest exterior wall of the proposed building of the residential parcel to the nearest parcel line. Yes No

APPLICATION SUBMITTAL CHECKLIST

Applicants failing to submit all of the following items will be determined ineligible and will not move forward to Phase 2 of the application process. Applications must be hand delivered to the Community Development Department with the Phase 1 processing payment and a USB flash drive containing all application and evaluation materials in PDF format. A complete application packet will contain all of the following items:

- One (1) hard copy of the commercial cannabis application, signed by applicant and notarized
- Evaluation criteria items outlined in the Commercial Cannabis Permit Application Guidelines (not to exceed 125 pages)
- Signed and notarized property owner consent form
- Signed and notarized limitation on city liability
- Zoning verification letter
- Proof of Live Scan conducted from the Live Scan service provider for each business owner

SUPPORTING INFORMATION

List all fictitious business names that the Applicant is operating under, including the address where each business is located (within or outside of the City of El Centro):

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 license/type? If so, please list and explain:

Is the Applicant, or any of its owners, currently applying for a Cannabis Permit or already operate an existing cannabis business in any other jurisdiction? If so, please list the name(s) and location(s).

APPLICANT CERTIFICATION

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 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 facts is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand the filing of this application grants the City of El Centro permission to reproduce submitted materials for distribution to staff, Committees, Commissions, and City Council Members 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 the 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 El Centro Code Municipal Code and State law.

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

Name

Signature

Title

Date

SIGNATURE MUST BE NOTARIZED

For details about the information required as part of the application process, see the Application Procedure Guidelines, City of El Centro City Code Chapter 13, Article VII, Section 16- Procedures and Eligibility to Seek a Commercial Cannabis Business Permit. Any information regarding the requirements to complete the application process can be found online at <http://www.cityofelcentro.org/communitydevelopment/index.asp?m=1&page=67&subpage=31>. For questions please contact the Planning Division at (760) 337-4545.

OWNER(S) INFORMATION (MUST BE COMPLETED BY ALL OWNERS)

Identification of all ownership percentages should total 100%

Add pages if necessary to accommodate all Commercial Cannabis Permit Business Owners

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____ Date of Birth: _____

Is proof of Live Scan conducted from a Live Scan service provider attached? Yes No

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____ Date of Birth: _____

Is proof of Live Scan conducted from a Live Scan service provider attached? Yes No

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____ Date of Birth: _____

Is proof of Live Scan conducted from a Live Scan service provider attached? Yes No

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____ Date of Birth: _____

Is proof of Live Scan conducted from a Live Scan service provider attached? Yes No

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

PROPERTY OWNER CONSENT FORM
Commercial Cannabis Business Permit

PROPERTY OWNER INFORMATION:

PROPERTY OWNER

NAME OF AUTHORIZED REPRESENTATIVE

TITLE

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

E-MAIL ADDRESS

PREMISES LOCATION INFORMATION:

PHYSICAL ADDRESS

CITY

STATE

ZIP

NAME OF PROPOSED COMMERCIAL CANNABIS BUSINESS APPLICANT

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to City of El Centro Ordinance Chapter 13-158. ***Original signatures only.***

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 my property for the purpose of examining and inspecting the property in preparation of processing the application request and/or required environmental review for the processing of the application (s) being filed.

Name

Signature

Title

Date

SIGNATURE MUST BE NOTARIZED

**Limitations on City Liability and
Certifications, Assurances and Warranties
(Must be completed by all applicants)**

A. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY OF EL CENTRO

The undersigned, on behalf of himself/herself and any entity in which he/she has an ownership interest, hereby waives and releases the City of El Centro and its officers, officials, employees and agents from any and all liability for monetary damages related to or arising from the application for a permit to authorize a person or entity to operate or engage in a cannabis business within the City of El Centro pursuant to El Centro City Code Chapter 13, Article X, the issuance of the such permit, or the enforcement of the conditions of such permit. The undersigned certifies that he/she and/or any entity in which he/she has an ownership interest shall not file or cause the filing of any claims, acts or proceedings for monetary damages against the City of El Centro and/or its officers, officials, employees and agents as a result of this permit application, the issuance of the permit and/or the enforcement of the conditions of the permit.

B. RELEASE CITY OF EL CENTRO FROM LIABILITY FOR ISSUING THE APPLICANT A PERMIT

By applying for a permit pursuant to the El Centro City Code Chapter 13, Article X and by accepting such a permit from the City of El Centro, the undersigned – on behalf of himself/herself and any entity in which he/she has an ownership interest – waives and releases City of El Centro, and its officers, officials, employees and agents, from any claims, acts or proceedings for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/permittee for a violation of state or federal laws, rules or regulations relating to cannabis activities.

C. AGREEMENT TO INDEMNIFY CITY OF EL CENTRO

By applying for a permit pursuant to the El Centro City Commercial Cannabis Permit Program and by accepting a permit from the City of El Centro, the undersigned– on behalf of himself/herself and any entity in which he/she has an ownership interest – agrees to indemnify, defend and hold harmless the City and its officers, officials, employees and agents against all liability, claims and demands of any nature whatsoever arising out of or in any manner related to the issuance of the permit and/or the operation of the commercial cannabis business that is the subject of the permit.

D. LIVE SCAN/BACKGROUND CHECK

I understand Live Scan and a background check is required and will submit documents in accordance with the Application Procedures Guidelines.

E. PERMIT RENEWAL CERTIFICATION

For renewals, the undersigned – on behalf of himself/herself and any entity in which he/she has an ownership interest – represents and certifies that he/she continue to hold in good standing any permit/license required by the State of California where applicable for a commercial cannabis business operation.

F. PROSECUTION UNDER FEDERAL LAW

The applicant understands that operators, employees and members of the commercial cannabis business may be subject to prosecution under Federal Laws.

G. AUTHORIZED TO SIGN

The person whose signature appears below is authorized to sign this application on behalf of the business and has submitted this information and all attachments as required by the application process to obtain a commercial cannabis permit from the City of El Centro.

I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a permit pursuant to El Centro City Code Chapter 13, Article X.

Applicant Signature

Printed Name and Title

Date

SIGNATURE MUST BE NOTARIZED