



CANNABIS BUSINESS LICENSE APPLICATION

Ventura County

County Executive Office
800 S. Victoria Ave, Fourth Floor
Ventura, CA 93009-1940
Ph: 805.654.2681
Email: cannabis@ventura.org

APPLICANT (ENTITY) INFORMATION

APPLICANT (ENTITY) NAME: _____ DBA: _____

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

PRIMARY CONTACT (Same as above? ☐ Yes ☐ No): _____

Title: _____

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

Phone: _____ Email: _____

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS BUSINESS LICENSE IN VENUTRA COUNTY: ☐ Yes ☐ No

Select one or more of the following categories. For each category, indicate whether you are applying for Adult-Use ("A") or/and Medicinal ("M") or both.

☐ Adult Use ☐ Medicinal Use

☐ Cultivation ☐ Nursery ☐ Distribution

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

☐ Sole Partnership ☐ Corporation ☐ S-Corporation ☐ Limited Liability Company ☐ Limited Partnership

PROPOSED LOCATION

PROPERTY OWNER NAME: _____

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

Phone: _____ Email: _____

Land Use Entitlement/Permit (Please attach): ☐ Yes ☐ No

Assessor's Parcel Number (APN): _____

Proposed Location Cultivation Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

Applications failing to submit any of the following will be delayed in being issued a Cannabis Business License unless otherwise noted by an asterisk:

- ✓ One (1) printed hard copy of a complete and signed Cannabis Business License Initial Application form (Pages 1-3), with the Application Fee Deposit.
- ✓ All Evaluation Criteria outlined in Appendix A saved in PDF format on a single USB flash drive. (This section shall not exceed 200 pages).
- ✓ Application and Evaluation Criteria.
- ✓ Proof of comprehensive general liability insurance (minimum \$1M per occurrence) or evidence by an Insurance Agency that the cannabis business is insurable.*
- ✓ A signed and notarized Property Consent form, Lease Agreement, or a "Letter of Intention" to Lease.
- ✓ A signed Financial Responsibility, Indemnity and Consent to Inspect Terms Agreement form (Pages F1-F3).
- ✓ A signed Agreement of Limitations of County Liability, and Certifications, Assurances, Warranties, and Indemnification to County form (Pages F4-F6).
- ✓ Land Use Entitlement/Permit Verification

* The only information that can be submitted after the initial application is proof of insurance prior to the County Awarding a Cannabis Business License however, at a minimum proof of insurability must be provided with the initial application package.

SUPPORTING INFORMATION

List all fictitious business names the applicant is operating under including the address where each business is located:

Provide the names, addresses and license numbers of any and all other commercial cannabis operations currently being operated by the applicant, or that had previously been operated by the applicant and a statement of whether the authorization for any such operation has been revoked or suspended and, if so, the reason, therefore.

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction?

Please provide the name of any attorney, management company or any other consultant, that will be assisting the applicant with the application process or will be compensated either during the application process, upon the awarding or issuance of any license.

APPLICATION 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 fact is cause for rejection of this application, denial of the license, or revocation of a license issued.

In addition, I understand that the filing of this application grants the County of Ventura permission to reproduce submitted materials for distribution to staff, consultants, Commissions, Board of Supervisors, and other Agencies 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 County'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 County Ordinance 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 on the facts is cause for rejection of this application, denial of a license or revocation of an issued license.

Name

Signature

Title

Date

For details about the information required as part of the application process, see the Application Procedures & Guidelines, County of Ventura Ordinance Code Section 2700, County of Ventura Ordinance Code 8105-4, 8105-5 and 8107-47 to complete the application. All documents can be found online at <https://www.ventura.org/cannabis/businesslicense>. For questions, please contact the County Executive Office at cannabis@ventura.org.

OWNER INFORMATION

It must be completed by all owners. The total ownership percentage should equal 100%. Exception: If the business has owners that have less than 10% please indicate all other owners equal 10% in order to get to 100% of ownership on the form.

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? ☐ Yes ☐ No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? ☐ Yes ☐ No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? ☐ Yes ☐ No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? ☐ Yes ☐ No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? ☐ Yes ☐ No

Signature: _____ Date: _____

Add more pages as necessary to accommodate all Cannabis Business Owners