



Commercial Cannabis Business Application

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 PERMIT IN THE CITY OF OCEANSIDE: Yes No

Select one or more of the following categories.

Distribution

Manufacturing

Testing Lab

Business Formation Documentation: Describe how the business is organized (attach supporting documents to this application).

Sole Partnership

Corporation

General Partnership

Limited Liability Company

Limited Partnership

PROPOSED LOCATION

PROPERTY OWNER NAME: _____

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

Phone: _____ Email: _____

Zoning Verification Letter Number: _____

Assessor's Parcel Number (APN): _____

Proposed Location Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

Applications failing to contain all of the following items will be determined incomplete and will not move forward to Phase 2 of the application process. A complete application packet will contain all of the following items:

- One (1) printed hard copy of a complete and signed Commercial Cannabis Business Application (pages 1 – 6)
- All Evaluation Criteria outlined in the Appendix A. (This sections shall not exceed 125 pages)*
- Application and Evaluation Criteria saved in PDF format on a single USB Flash Drive
- A signed and notarized Property Owner Consent form (Page #4)
- A signed Limitations on City's Liability (pages #5 & #6)
- Zoning Verification Letter

*Proof of Capitalization documents are not to be considered part of the 125 pages. Financial responsive documentation shall be saved in a separate digital file (See the Application Procedure Guidelines).

SUPPORTING INFORMATION

Describe all nearby State and locally designated sensitive use areas and list the name and address of the closest school and the closest alcohol establishment to the proposed location:

List all fictitious business names 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? If so, please list and explain:

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

Has the Applicant been subject to any prior code enforcement action whether in or out of the Oceanside?

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 permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Oceanside permission to reproduce submitted materials for distribution to staff, Commission, Board and City Council Members, 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 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 Oceanside Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in 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

All documents can be found online at https://www.ci.oceanside.ca.us/gov/dev/cannabis_facilities/default.asp. For questions please contact Stefanie Cervantes at 760.435.3544 or by email cannabis@oceansideca.org.

OWNER INFORMATION

It must be completed by all owners. Ownership percentage should equal 100%.

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 Commercial Cannabis Business Owners

PROPERTY OWNER CONSENT FORM

Commercial Cannabis Business

PROPERTY OWNER INFORMATION:

OWNER MANAGER OTHER: _____

Name	Title		
Business Name (if applicable)	Phone Number		
Mailing Address	City	State	Zip Code
Business Name (if applicable)	Phone Number		

PREMISES LOCATION INFORMATION:

Physical Address	City	State	Zip Code
Tenant Applicant (Business Name)			

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Section 7.120(3) of the City of Oceanside Municipal Code. **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 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.

_____ Name	_____ Signature
_____ Title	_____ Date

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 truthfulness, accuracy, or validity of that document.

Subscribed and sworn to before me this _____ day of _____, 20_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____ .
(Name, Notary Public)

_____ Notary Signature	_____ Date of Notarization
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Oceanside Limitations on City's 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 OCEANSIDE

The applicant and all owners and operators hereby waive and releases the City from any and all liability for monetary damages related to or arising from the application for a license, the issuance of the license, or the enforcement of the conditions of the license. The applicant certifies that under no circumstances shall the applicant cause any cause of action for monetary damages against the City of Oceanside, the permitting official or any City employee or agent as a result of this permit application or issuance or the enforcement of the conditions of the license.

b. RELEASE CITY OF OCEANSIDE FROM LIABILITY FOR ISSUING THE APPLICANT A LICENSE

By applying for a license pursuant to the Oceanside Medical Cannabis Facility license and by accepting a license, from the City of Oceanside Development Services Department acting as the Oceanside Local Permitting Authority, the applicant/permittee, owners and operators, and each of them, waives and releases Oceanside, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability 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 OCEANSIDE

By applying for a license pursuant to the Oceanside Medical Cannabis Facility license Program and by accepting a license, from the Oceanside Development Services Department acting as the Oceanside Local Permitting Authority, the applicant/permittee, owners and operators, and each of them, jointly and severally if more than one, agrees to indemnify, defend and hold harmless Oceanside, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the commercial medical cannabis facility that is the subject of the license.

- d. The applicant, commercial cannabis business manager and anyone with an ownership interest in the business referenced herein represents and certifies they have submitted to a Live Scan and/or background check no earlier than 30 days prior to the date of this application.
- e. For renewals, the applicant represents and certifies that they continue to hold in good standing any permit/license required by the State of California where applicable for a cannabis business operation.
- f. The applicant understands that operators, employees and members of the cannabis business may be subject to prosecution under Federal Laws.

g. 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 medical cannabis license from the City of Oceanside.

I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a license pursuant to Oceanside Municipal Code Chapter 7, Article XIII and in compliance with Oceanside Municipal Code Section 7.120, 7.125, 7.126, and all other applicable Sections of this Ordinance.

Applicant Signature

Printed Name and Title

Date

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 truthfulness, accuracy, or validity of that document.

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature _____