

**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 PERMIT IN THE CITY OF VENTURA:**  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  Medical Use

Retail (Store Front)  Retail (Non-Store Front)  Distribution  Manufacturing  Testing Lab  Microbusiness (Non-Cultivation)

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: \_\_\_\_\_

Zoning Verification Letter (Please attach):  Not Applicable  Yes  No

Assessor’s Parcel Number (APN): \_\_\_\_\_

Proposed Location Square Footage: \_\_\_\_\_

**APPLICATION SUBMITTAL CHECKLIST**

Applications failing to submit any of the following will be determined ineligible unless otherwise noted by an asterisk for special deadlines, and will not move forward in the application process:

- ✓ One (1) printed hard copy of a complete and signed Cannabis Business Permit Application form (Pages 1-3), with the Application Fee.
- ✓ 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 or proof of ownership of the property.
- ✓ A signed Financial Responsibility, Indemnity and Consent to Inspection Form. (F1-F3)
- ✓ A signed Agreement on Limitations of City Liability, Certifications, Assurances, Warranties, and Indemnification to City. (F4-F6)
- ✓ Application Zoning Verification Letter (ZVL)

\* Financial documents are not part of the 200-page limitation.  
\*\* The only information that can be submitted after the initial application is proof of insurance which will be required prior to the issuance of a Cannabis Business Permit.

**SUPPORTING INFORMATION**

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

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Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business Permit at any time during the past three (3) years? If so, please list and explain:

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

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**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 Ventura permission to reproduce submitted materials for distribution to staff, Consultants, Commissions, Boards 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 San Buenaventura Municipal Code and State laws.

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 permit or revocation of an issued permit.

**Name** **Signature**

**Title** **Date**

**For details about the information required as part of the application process, see the Application Procedures & Guidelines, San Buenaventura Municipal Code Chapter 6.420, and Chapter 24.105 to complete the application process. All documents can be found online at <https://www.cityofventura.ca.gov/2015/Cannabis-Information>. For questions, please contact the Community Development Department at 805.654.7717.**

## OWNER INFORMATION

**It must be completed by all owners with a 5% ownership or more. The total ownership percentage should equal 100%. Exception: If the business is a Publicly Traded Company (PTC), they will only be required to list all the Board of Directors and/or any person with an ownership interest of 5% or more. (Next page.)**

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: \_\_\_\_\_

**Please provide supporting documentation if you are claiming the PTC Waiver.**

**Add more pages as necessary to accommodate all Cannabis Business Owners**