State of California Gavin Newsom, Governor

www.bcc.ca.gov

CANNABIS RETAILER LICENSE APPLICATION APPLICATION FEE \$1000 (NON-REFUNDABLE)

To pay the application fee by cash, contact the Bureau to schedule an appointment.										
SECTION A - APPLICANT/BUSINESS INFORMATION Please provide the below business information for your cannabis license.										
License Type Designation (Please check ALL that apply):										
Adult-Use (A-license) Medicinal (M-license)										
2. License Type (Please check ONE):										
Retailer - Non-Storefront (Type 9) Retailer (Type 10)										
A Retailer Non	-Storefront must have a	icensed premises	, but is not	open to t	the public. It conduct	s sales ex	clusively by	delivery.		
A Retailer Non-Storefront must have a licensed premises, but is not open to the public. It conducts sales exclusively by delivery. A Retailer may conduct sales in a licensed premises open to the public and may conduct sales by delivery.										
3. Business Organizational Structure (Please check ONE)										
Sole Proprietorship Limited Liability Company General Partnership										
Corporation (or foreign corporation) Limited Partnership Limited Liability Partnership										
4. Name (sole proprieto	first and last, all other b	usiness types lega	al business	name)	Doing Business As	(DBA)				
Business Premises A	ddress		Ci	ty				State	Zip Cod	de
			0:						7: 0	
Mailing Address (if di	ferent from premises add	dress)	Cı	City				State	Zip Cod	de
6. Business Website	Puoino	aa Email Addrasa					Duoinggo	Dhone N	lumbor	
6. Business Website Business Email Address					Business Phone Number					
7. Social Security Numb	or (CCN) or Individual To	wasvar Idantificati	ion Numbo	r (ITINI) · c	or Puninana'a Fadara	I Employer	· Idontificati	on Numb	or (EEIN	`
7. Social Security Numb	er (3314) or individual ra	ixpayer identificati	ion Numbe	i (i i i i i i), C	Di Busilless's Federa	Lilibioyei	luentincati	JII NUIIID	ei (i Liiv)
SECTION D. DDIMAG	V CONTACT DEDEC	M. This will be	the cente	at for any	v avections regard	ing this s	nnligation	and tha	Dursou	otoff
SECTION B - PRIMAR will only be able to disc						ing this a	pplication	and the	bureau	Stan
8. Name	acc the application wi	Title	i an owne		Number		Email Addr	ess		
• • • • • • • • • • • • • • • • • • • •										
SECTION C - DECLA	RATIONS									
9. Is the proposed premises located within a 600-foot radius of a school (K-12), day care center, or youth center?								s \square	No	
10. Are you a federally recognized tribe or other sovereign entity?						s \square	No			
11. Do you have evidence of California Environmental Quality Act (CEQA) compliance or exemption? Yes						s 🔲	No			
12. Applicant's California Department of Tax and Fee Administration If no Seller's Permit, do you attest that you (applicant)										
										No
13. Number of employees? (not counting owners)				If more than one employee, provide State Employment						
Identification Number (SEIN).										
14. If your company has 20 or more employees (not including supervisors) for the cannabis business, you must attest to one of the following:										
I have entered into and will abide by a labor peace agreement and have attached a notarized statement and a copy Yes										
of the signature page of the agreement.										
I have not yet entered into a labor peace agreement but have attached a notarized statement that I will enter into and abide by one										
as soon as reasonably practicable.								Yes		
If your company has less than 20 employees (not including supervisors), you must attach a notarized statement indicating that you										
will enter into and abide by a labor peace agreement within 60 days of hiring your 20th non-supervisory employee.										
15. If your company has one or more employees (not including supervisors) do you attest that you have or will have within one year										
of licensing, one supervisor and one employee that have completed a Cal-Osha 30-hr general industry course offered and provided by an OSHA Training Institute Education Center?										
an containing ins	mate Education Center!									100

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16. Name		Er	Email O		Title	Title		
Mailing Address			City			Zip Code		
Social Security Number			Date of Birth					
Name		Er	Email Own		Title			
Mailing Address			City			Zip Code		
Social Security Number			Date of Birth					
siness pursuant to Busin ditional pages if needed Name of Entity	Organizational Struct	ure O	al), you will need to comple	te the following info	ormation ress			
CTION F - NON-OWNE Name	ERS WITH A FINANCIAL INTE	REST IN TH	E BUSINESS (attach addit	ional pages if need	ded)			
Name			Date of Birtin					
Government ID Type	Government ID Type			Government ID Number				
Name			Date of Birth					
Government ID Type			Government ID Number					
ECTION G - FICTITIOUS	S BUSINESS NAMES							
. Business Name								
Address		City			te Zi	p Code		
Business Name								
Address		City		Sta	te Zi	p Code		
CTION H - LICENSING	FEE DETERMINATION							
	er category in which your expected	gross revenue	e for the 12-month license peri	od belongs as provid	led in			
Bureau Regulations section	on 5014 listed below.							
Retailer-Non-Storefron	t Type 9 & Retailer Type 10		_					
Less than or equal to \$500,000 (\$2,500)			More than \$500,000 and less or equal to \$750,000 (\$5,500)					
More than \$750,000 and less or equal to \$1 million (\$7,500)			More than \$1 million and less or equal to \$1.5 million (\$11,000)					
More than \$1.5 million and less or equal to \$2 million (\$14,500)			More than \$2 million and less or equal to \$3 million (\$22,500)					
More than \$3 million and less or equal to \$4 million (\$30,500)			More than \$4 million and less or equal to \$5 million (\$38,500)					
More than \$5 million and less or equal to \$6 million (\$46,500)			More than \$6 million and less or equal to \$7.5 million (\$57,000)					
More than \$7.5 mil	lion (\$96,000)							

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SECTION I - REQUIRED ATTACHMENTS/DOCUMENTS							
	Evidence of legal right to occupy and use the proposed premises location.						
	Premises Diagram Form						
<u> </u>	Business formation documents, including all documents filed with the CA Secretary of State (SOS). Foreign corporations must include a copy of the Certificate of Qualification from the SOS. Evidence of premises compliance with local jurisdiction, if answered "Yes" to question 9.						
	Limited sovereign immunity waiver, if answered "Yes" to question 10.						
	Evidence of exemption from, or compliance with, the California Environmental Quality Act.						
	Labor peace agreement document(s), related to question 14.						
	Financial Information Form						
	Proof of surety bond in the amount of \$5,000, payable to the State of California.						
	Transportation Procedures Form						
	Inventory Procedures Form						
	Non-laboratory quality control Procedures Form						
	Security Procedures Form						
	Delivery Procedures Form						
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				
Office Us	Office Use Only - CLEaR Application Record Number:						

See Disclosures on the Next Page

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DISCLOSURES

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

State Tax Obligation

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

Financial Information

To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

Premises Location

Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application and required documents.

Access to Personal Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- · Mailing address
- · License number
- · License status
- · Original license issue date

- · Last license renewal date
- License expiration date
- · Disciplinary action
- · Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)

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