



City of Los Angeles General Commercial Cannabis Application Worksheet

| Questions 1 - 4 | | |
|--|---|-------------------------------|
| First Name: | Last Name: | |
| Legal Business Name: | | |
| Doing Business As (DBA): | | |
| Type of Application: (Select one per application) | Medical (M) | Adult Use/Recreational (A) |
| Commercial Cannabis Activity: | | |
| Application Processing Type (Circle One) | Proposition M Priority SOCIAL EQUITY PROGRAM GENERAL PUBLIC PROCESSING | Date Operations Began: |

| Question 5 - 7 | | |
|---|--------------|----------------------|
| Do you have a Commercial Cannabis Licence in the State of CA and out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please provide the following: | | |
| License Type: | Date Issued: | Licensing Authority: |
| Have you ever been denied the right to conduct Commercial Cannabis Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please provide the following: | | |
| License Type: | Date Issued: | Licensing Authority: |
| Address of Proposed Commercial Cannabis Operation: | | |
| | | Council District: |
| Phone: | Email: | Website: |
| Designated Contact Name: | | Phone: |
| Address: | | Email: |
| Designated Agent for Service of Process: | | Title: |
| Address: | Phone: | Email: |
| PROPOSED USE: | | |

| Commercial Cannabis Activity Type of License: | |
|---|---|
| <input type="checkbox"/> Retailer- Type 10 | <input type="checkbox"/> Manufacturing (Volatile)- Type 7 |
| <input type="checkbox"/> Delivery- Type 10 | <input type="checkbox"/> Cultivation Type: _____ |
| <input type="checkbox"/> Microbusiness- Type 12 | <input type="checkbox"/> Distribution- Type 11 |
| <input type="checkbox"/> Manufacturing (Non Volatile)- Type 6 | <input type="checkbox"/> Lab Testing- Type 8 |

| Questions 8 and 9 | |
|--|---|
| Type of Corporate Structure: | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Co. |
| <input type="checkbox"/> Other: _____ | |
| Doing Business as: _____ | |
| Please attach a copy of the following business information that does apply: | |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Fictitious Bus. Statement |
| <input type="checkbox"/> Partnership Agreements | <input type="checkbox"/> Cert. of Limited Partnerships |
| <input type="checkbox"/> Operating Agreements | <input type="checkbox"/> Articles of Organization |
| <input type="checkbox"/> Cert. of Liability Agreement | <input type="checkbox"/> Statement of Partnership Authority |
| List every fictitious business name(s) the applicant is operating: | |
| Business name: | |
| Business address: | |
| Business name: | |
| Business address: | |
| Business name: | |
| Business address: | |
| (Question 10-11) List all funds belonging to proposed business: | |
| Account type: | <input type="checkbox"/> Checking |
| | <input type="checkbox"/> Savings |
| Institution name: _____ | |
| Address: _____ | |

| | | | |
|-------------------------|-----------------------------------|----------------------------------|--|
| Account #: _____ | | Amount #: _____ | |
| account type: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |
| Institution name: _____ | | | |
| Address: _____ | | | |
| Account #: _____ | | Amount #: _____ | |
| account type: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |
| Institution name: _____ | | | |
| Address: _____ | | | |
| Account #: _____ | | Amount #: _____ | |

| List all loans made to proposed businesses: | | | |
|---|-----------------------|---------------------|--|
| Lender name: _____ | | | |
| Address: _____ | | | |
| Phone: _____ | Amount of loan: _____ | Date of loan: _____ | |
| Term(s) of loan: _____ | | | |
| Security provided for loan: _____ | | | |
| Lender name: _____ | | | |
| Address: _____ | | | |
| Phone: _____ | Amount of loan: _____ | Date of loan: _____ | |
| Term(s) of loan: _____ | | | |
| Security provided for loan: _____ | | | |
| List all gifts of any kind made to proposal business: | | | |
| Provider of gift name: _____ | | | |
| Address: _____ | | Phone #: _____ | |
| Value of gift #: _____ | | | |

| | |
|--------------------|-------------------|
| Description: _____ | |
| | |
| Last name: _____ | First name: _____ |
| Last name: _____ | First name: _____ |
| Last name: _____ | First name: _____ |
| Last name: _____ | First name: _____ |

| | |
|---|-------------------|
| List every owner of the proposed business: | |
| Name of owner: _____ | Title: _____ |
| Address: _____ | |
| SSN: _____ or TMID: _____ | |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | |
| Date owner acquired interest: _____ | |
| % of own interest: _____ % of shares: _____ | |
| <p>Do you have financial interest in any other business in the state of California? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, please submit a copy of the owner's government issued Identification; a copy of the owner's completed application for electronic fingerprint images).</p> | |

| | |
|--|-----------------------|
| List every individual with a community property interest in proposed business: | |
| Full name: _____ | |
| Mailing Address: _____ | |
| Date of Birth: _____ | Place of birth: _____ |
| SSN: _____ or Tax ID: _____ | |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | |
| Does the individual have financial interest in any other business in the state of California? <input type="checkbox"/> yes <input type="checkbox"/> no | |

(#12) Right to Occupy Proposed Location:Owner // Tenant

If applicant is not the owner, please provide the following:

 Landowner permission of use for commercial cannabis activity letter Rental agreement

If applicant is the landowner, please provide the following:

 A copy of the title or deed of the property**Please provide evidence that the proposed location meets State of CA and City of LA land use and sensitive use requirements:**

Sensitivity Use (800-foot radius)

 Public School Public Library Public Park Alcohol + Drug Recovery Treatment Prop M Licensed Dispensary**#13 Please provide detailed diagram of proposed premises. Make sure to include the following -** Diagram of Premises (must be to scale) Shared property - if portion of property, label proposed property and label remaining property use Multiple businesses - each premises must have unique entrance and immovable physical barriers between unique premises**#14 Pre-inspection of Premises** Department of Cannabis Regulation Police Commission Department of Building and Safety Fire Department Department of City Planning Office of Finance

*All applicable electrical and water systems shall be upgraded to code standards prior to processing

#15-16 Local Hires - must provide detailed description + plan

30% of workforce residents of the city of Los Angeles

10% of this respective workforce must be transitional workers - primary residence within 3-mile radius of proposed business

Provide Staffing Plan- this plan should include a diversity plan and employee safety plan for staffing.

Provide Organizational Chart that outlines the position and responsibilities of each employee. Include reporting or supervisory structure for each employee

17 Labor Peace Agreement

If you have 10 or more employees, you must provide a copy of Labor Peace Agreement

#18 Provide a valid copy of seller's permit issued by the California State Board of Equalization

Seller's Permit # _____

#19 Do you have a bond and insurance, including product liability, required by State of CA?

Yes No
(provide documentation)

#20 Visitor Limited Access Plan

Provide description of practices for allowing individuals to the limited access areas of the premises:

#21 Provide security plan, include the following:

Description of Video Surveillance system including camera placement

practices for maintenance of Video Surveillance equipment

Description of plan to secure all access points

Use of security personnel

Description of security alarm system

Description of fireproof safe

#22 Provide Track-and-Trace Plan to meet State of CA requirements; include the following

Inventory

Waste Management

Returns

Environmental sustainability

Destruction of Products

Operational requirements

Records retention

Waste Removal

#23 For Manufacturers - Solvent Type

Provide Certified Uniform Program Agency (CUPA) permit issued by Fire Department

CUPA Permit

#25 Provide a signed copy of the indemnification agreement, approved by City Attorney

Indemnification Agreement

#26 Provide a proposed Community Benefits Agreement

Community Benefits Agreement

Have you provided a copy of your Community Benefits Agreement to your Local Neighborhood Council?

Yes No

#27 Neighborhood Liaison- Identify and assign an employee as official neighborhood Liaison

Name: _____

Phone: _____

Email: _____

#28 Neighborhood Council- Provide Proof of Proper Notice of pending application to local neighborhood council

Have you provided your local Neighborhood Council your initial application deemed complete:

Yes No

Have you discussed your pending application at a duly-noticed and agendized public meeting of the Board of Neighborhood Council?

Yes No

#29 Provide evidence of tax registration with the State Board of Equalization

Tax Registration

#30 Statement of Non-Alcoholic Retailer

Are you a licensed retailer of alcoholic beverages? Yes No

If no, please provide a Statement of Non-alcoholic Retailer

#31 Radius Map

Provide a Radius Map of your proposed Business.

Public Notice and Appeals

List all addresses for Parties subject to the Public Notice and appeals provisions

Address:

Address:

Address: