

APPLICANT(S): It is your responsibility to check with the Planning Division regarding any land use questions for your proposed location prior to starting this process. In addition, be aware that failure of any owner(s)/corporate officer(s) to pass the Live Scan background process will automatically disqualify this application.

Application Fee: \$30,000.00 Deposit (Any unused processing fee will be returned to the applicant.)

SECTION 1 – PERMIT TYPE (PLEASE CHECK TYPE OF PERMIT YOU ARE REQUESTING)

Check One: Cannabis Distributor Cannabis Testing Facility

Circle One: Adult-Use Medical Both

Please List the specific State License Type you will be applying for: _____

SECTION 2 – PROPOSED LOCATION AND PROPERTY OWNER INFORMATION

Property Address:

Assessor's Parcel Number:

Does this location currently have a Conditional Use Permit (CUP) allowing the type of use you are requesting? (please check appropriate box)

Yes No CUP#: _____ Resolution #: _____

Does the Property Comply with all current Zoning development standards/Conditions of approval?

_____ Yes _____ No If no, explain: _____

Property Owner:

Mailing Address:

E-Mail:

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

OFFICE USE ONLY

Application Received By: _____ Date: _____

Application Determined Complete By: _____ Date: _____

Application No.: _____

Fee amount Paid: _____ Method of Payment: _____

SECTION 3 – APPLICANT INFORMATION

Business Name:

DBA:

Business Structure (Please check appropriate box below)

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership (GP) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other |

Business Contact Information:

Last name, First name:

Mailing Address:

City:

State:

Zip Code:

E-Mail:

Phone #:

Fax #:

Agent for Service Contact Information:

Last name, First name:

Mailing Address:

City:

State:

Zip Code:

E-Mail:

Phone #:

Fax #:

SECTION 4 – AFFIRMATION

PLEASE READ CAREFULLY:

I understand that as defined by Title 18, Chapter 18.22 of the La Habra Municipal Code (LHMC). I am deemed the responsible party for any violation(s) of the LHMC that may arise at the proposed facility location.

I understand and acknowledge that the operation of this Cannabis facility must adhere to all the requirements of Title 18, Chapter 18.22 of the LHMC and all other applicable state and local laws and all regulations promulgated thereunder and affirm that this business will be operated in compliance with applicable state and local law and all regulations promulgated thereunder. I understand and acknowledge that any permit issued based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing statements are true and correct.

Signatures – Property Owner and Applicant must provide notarized signatures.

Applicant

Print Name: _____

Signature: _____ Date: _____

Property Owner

Print Name: _____

Signature: _____ Date: _____

SECTION 4 – AFFIRMATION (continued)

APPLICANT NOTARIZATION

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 TRUTHFULLNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of California)
) ss.
County of Orange)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

MY COMMISSION EXPIRES: _____

SECTION 4 – AFFIRMATION (continued)

PROPERTY OWNER NOTARIZATION

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 TRUTHFULLNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of California)
) ss.
County of Orange)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under law of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

MY COMMISSION EXPIRES: _____

CANNABIS BUSINESS PERMIT APPLICATION | PART 2 | PAGE 1/2

Property Address: _____

Jurisdiction: _____

Status: _____

Please provide the following for each owner/corporate officer having a minimum interest of 10% in the business (attach additional sheets if necessary):

Name:		
Mailing Address:		
City:	State:	Zip Code:
E-Mail:		
Phone #:	Fax #:	
Specify the amount of interest in the business (Percentage of Ownership):		
Name:		
Mailing Address:		
City:	State:	Zip Code:
E-Mail:		
Phone #:	Fax #:	
Specify the amount of interest in the business (Percentage of Ownership):		
Name:		
Mailing Address:		
City:	State:	Zip Code:
E-Mail:		
Phone #:	Fax #:	
Specify the amount of interest in the business (Percentage of Ownership):		
Name:		
Mailing Address:		
City:	State:	Zip Code:
E-Mail:		
Phone #:	Fax #:	
Specify the amount of interest in the business (Percentage of Ownership):		

Cannabis Business Permit Property Owner Consent Form

Property Address: _____

APN(s): _____

Legal Property Owner Name (print): _____

I, _____, have read
Authorized Person First and Last Name Title (owner, president, managing partner, managing member, trustee)

City of La Habra Municipal Code 18.22 and consent to the operation of

Primary Applicant Business Name

a proposed commercial cannabis business, at the property referenced above.

Authorized Signature: _____

Date: _____

ACKNOWLEDGEMENT

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 _____,

County of _____,

On _____ (Date) before me, _____ (Notary Name) personally appeared _____ (Property Owner Name), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Notary Public)

(Seal)