



City of Goleta

Cannabis Business License Application (In City Limits)

Cannabis BL #: _____
Date Received: _____

SECTION A – APPLICANT INFORMATION

1. Application Type (Please check ONE):

- New Application Fee*: \$13,704
- Renewal Application Fee*: \$11,104

*Fee includes \$4 State Fee (AB 1379)

*Submitted applications must be complete, with all required attachments and fees. Incomplete applications will be returned to the applicant. **Fees are nonrefundable.** Applicants are subject to both preliminary and final approval. Before final approval of cannabis business license, all permits must be approved by the Planning Department, including necessary building permits, certificate of occupancy, and approvals from other agencies (if applicable). Applicant must submit copy of state approved license and is subject to final inspection prior to issuance of cannabis business license.*

2. License Type (If more than one license type is selected, specify primary license type below and include \$100 per each additional type.):

Primary License Type: _____ Adult-Use: Medicinal

Accessory Uses: Yes* No (If yes, additional fees apply)

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

Total Fees Owed*: \$_____ *Add application type fee and \$100 per each additional accessory use.

In order to hold a microbusiness license, a licensee must engage in at least three of the following cannabis business activities (Please check all that apply, THREE minimum):

- Cultivation (>10,000 sq.ft.)
- Distribution
- Manufacturing (Level 1 , Type 6)
- Retail
- Transport Only
- Non-Store Front Retail (Delivery)

3. Applicant Name (if corporation, list names, addresses of directors, and date of birth and provide as an additional attachment):

Mailing Address:	City, State, Zip Code:
Driver's License Number:	Date of Birth:
Phone Number:	Email Address:

SECTION B – BUSINESS INFORMATION

4. Legal Business Name: _____ Doing Business As (if applicable): _____

Storefront Business Name (If applicable and different than above): _____

Business Location Address (Do not use P.O. Box):	City, State, Zip Code:
Business Mailing Address (If different from above):	City, State, Zip Code:
Business Telephone:	Business Email Address:

5. Business Website: _____

6. Description of Business: _____

SECTION B – BUSINESS INFORMATION - CONTINUED

7. Projected Annual Gross Receipts:

8. Max Employees:

9. Hours of Operation/Day(s):

10. California Department of Tax and Fee Administration Seller's Permit Number, if applicable:

11. Business Organization Structure (Check ONE):

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (<i>attach a certified copy of the Certificate of Limited Partnership filed with Secretary of State</i>) |
| <input type="checkbox"/> Limited Liability Company (LLC) (<i>attached a certified copy of Articles of Organization filed with Secretary of State</i>) | <input type="checkbox"/> Nonprofit (<i>attach a copy of your 501(c)(3) determination letter</i>) |
| <input type="checkbox"/> Corporation (<i>attach a certified copy of the Articles of Incorporation filed with the Secretary of State</i>) | <input type="checkbox"/> Other (<i>attached description and related documentation</i>) |

12. Social Security Number (SSN) or Taxpayer Identification Number (ITIN); or Federal Employer Identification Number (FEIN):

SECTION C – PROPERTY LEASE/OWNERSHIP INFORMATION (*Licensees must have legal possession of the premises for duration of license issuance*):

13. Property Address:

14. Assessor's Parcel Number (APN):

15. Does this location currently have a City of Goleta issued land use permit, coastal zone permit or conditional use permit, allowing the type of use you are requesting? Yes, Type: _____ Permit #: _____ No

16. Property Owner Name:

Property Owner Phone Number:

Property Owner Mailing Address:

Property Owner Email Address:

17. Do you own the property where the business is or will be located? Yes (Attach copy of title or deed) No (see below)

18. If you are NOT the property owner, fill out the information below. The applicant must provide a true and complete copy of the executed lease, and proof that the property owner has authorized the use as a Cannabis Business as provided in the affirmation section further below.

Lease Start Date:

Lease End Date:

SECTION D – LIST OF OWNERS (*An owner is identified as a person with an aggregate ownership interest of 20 percent or more, chief executive officer, member of the board of directors of a nonprofit, an individual who will be participating in the direction, control or management of the person applying for a license, a partner of a commercial cannabis business that is organized as a partnership, a member of a limited liability company, or an officer or director of a commercial cannabis business that is organized as a corporation – attach additional pages if more owners*):

19. Owner #1 Name:

Title:

Ownership %:

Email Address:

Date of Birth:

Mailing Address:

City, State, Zip Code:

SECTION D – LIST OF OWNERS - CONTINUED (An owner is identified as a person with an aggregate ownership interest of 20 percent or more, chief executive officer, member of the board of directors of a nonprofit, an individual who will be participating in the direction, control or management of the person applying for a license, a partner of a commercial cannabis business that is organized as a partnership, a member of a limited liability company, or an officer or director of a commercial cannabis business that is organized as a corporation. Attach additional pages if needed):

20. Owner #2 Name:		Title:	
Ownership %:	Email Address:	Date of Birth:	
Mailing Address:		City, State, Zip Code:	

SECTION E – ENTITY OWNERSHIP (An entity is anything other than an individual. If an entity is an owner of the commercial cannabis business pursuant to Business and Professions Code section 26001 (a) you will need to complete the following information. Attach additional pages if needed.)

21. Entity Name:		Organizational Structure:	
Ownership %:	Email Address:	FEIN:	
Mailing Address:		City, State, Zip Code:	

SECTION F – NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS (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 but not qualified as an owner. The applicant must provide the following information for all non-owners with a financial interest; their name, date of birth, and ownership of at least 10%– Attach additional pages if more non-owners)

22. Non- Owner #1 Name:		Type of Interest (i.e., loan, investment, equity):	
Ownership %:	Email Address:	Date of Birth:	
Mailing Address:		City, State, Zip Code:	

23. Non- Owner #2 Name:		Type of Interest (i.e., loan, investment, equity):	
Ownership %:	Email Address:	Date of Birth:	
Mailing Address:		City, State, Zip Code:	

SECTION G – PRIMARY CONTACT PERSON (This will be the contact person for any questions regarding the application and City staff will only be able to discuss the application with this person or an owner of the business):

24. Name:		Title:	
Mailing Address:		City, State, Zip Code:	
CA Driver's License Number:		Date of Birth:	
Primary Phone Number:		Email Address:	

SECTION H – 24 HOUR EMERGENCY CONTACT *(This will be the emergency contact person for operations. 24 Hour Emergency Contact must be made available to the City, Fire Chief and Police Chief, and shall be updated with the agencies when such contact changes. Attach additional pages if more than one):*

25. Name:	Title:
Mailing Address:	City, State, Zip Code:
CA Driver's License Number:	Date of Birth:
Primary Phone Number:	Email Address:

SECTION I – CANNABIS BUSINESS LICENSE OR LAND USE PERMIT REVOCATIONS

26. Have any of the persons directly or indirectly interested in the Cannabis Business License sought ever had a Cannabis Business License or Land Use Permit revoked?

Yes No

If yes, please describe below the circumstance of such revocation:

SECTION J – LIVE SCAN FINGERPRINTING

Goleta Municipal Code Chapter 5.09 requires that every owner, manager, supervisor or employee of the cannabis business to undergo a Department of Justice "Live Scan" by the Sheriff's Department to verify that person's criminal history.

The screening process requires each person to submit a Live Scan intake-form, show valid ID, and submit a fingerprint scan at the County of Santa Barbara Sheriff's Office. **To start this process applicants will need to obtain a Department of Justice Live Scan intake-form for each individual being screened from Neighborhood Services and Public Safety. Live Scans are to be done no sooner than 30 days of submittal of application.** To learn more about obtaining a Live Scan intake-form, please contact Neighborhood Services & Public Safety Department, at (805) 961-7558.

The Live Scan fingerprinting must be performed at the County of Sheriff's Office **BY APPOINTMENT ONLY**. For fee information and to schedule an appointment, please call (805) 681-4100.

Sheriff's Office Headquarters
4434 Calle Real
Santa Barbara, CA 93110
(805) 681-4100

County of Santa Barbara's Sheriff's Office will issue a receipt (required attachment) and notify the Neighborhood Services and Public Safety Department of the Live Scan results.

SECTION K – REQUIRED ATTACHMENTS/DOCUMENTS

Required attachments for all Cannabis Business Licenses:

- List of all owners, officers, employees, or agents, that includes names, date of birth, and title
- Copy of DMV-issued driver's license or identification card or passport for each owner, officer, employee, or agent
- Copy of Social Security card for each owner, officer, employee, or agent
- Live Scan receipts for all owners, officer, employee or agent. Proof of Live Scan must be dated within 30 days of submission of application
- Fire Clearance Letter from the Santa Barbara County Fire Department
- Cannabis Business Tax Registration Form
- Copy of State's Sellers Permit issued by the California Department of Tax and Fee Administration (CDTFA)
- Proof of insurance as required by GMC Chapter 5.09
- Property Lease/Ownership Information –If applicant owns property, attach a copy of title or deed. If applicant does not own the property, a notarized statement and consent form from the owner of the property acknowledging that a Cannabis Business is or will be located on the property and copy of the lease or rental agreement
- Zoning (include a zoning verification letter, if applicable) – See Cannabis Land Use Ordinance
- Business entity documents
- Site Plan and Floor Plan
- Business Plan
- Green Business Plan
- Odor Abatement Plan
- Safety Plan
- Security Plan

Additional attachments for Non-storefront Retail (Delivery):

- List with names and driver's license numbers of all the business' delivery drivers, including Live Scan receipts.
- Proof of ownership of the vehicle or a valid lease for any and all vehicles that will be used to deliver cannabis or cannabis products
- List of any and all vehicles that will be used to deliver cannabis goods, including the year, make, model, license plate number and numerical Vehicle Identification Number (VIN).
- Proof of insurance for any and all vehicles being used to deliver cannabis goods. All non-storefront retailer licensee shall provide proof of insurance in a minimum amount of \$1,000,000 for bodily injury liability and property injury for any and all vehicles being used to transport cannabis goods.

Additional attachments for Manufacturing:

- Proof of certification from an engineer licensed by the State of California, or by a certified industrial hygienist, must be provided to the City for a professional grade closed loop system used by any commercial cannabis manufacturing manufacture to certify that the system was commercially manufactured, is safe for its intended use, and was built to codes of recognized and generally accepted good engineering practices
- Attach standard operating procedures on creating cannabis extracts that includes good manufacturing practices, and a training plan.

Additional attachments for Cultivation:

- Proof of consultation with SCE prior to application submittal including a copy of a completed and submitted SCE Customer/Project Information Sheet.
- Proof of participation in energy use assessments as follows:
 - o If available, participation in the Resource Innovation Institute's Calculate Powerscore tool.
 - o If available, participation in SCE's Savings By Design program.
- Proof of registration with the Department of Pesticide Regulation if using any pesticides. If not using pesticides, a statement confirming no use of pesticides must be provided.

Additional attachments for Distribution:

- Proof of a bond of at least five thousand dollars (\$5,000)

Additional attachments for Retail:

- Copy of valid and current security guard registration card with the Bureau of Security and Investigative Services (Live scan receipt also required)

SECTION L – INDEMNITY AND WAIVER OF LIABILITY

Pursuant to Goleta Municipal Code Chapter 5.09, the Applicant, as consideration for making application with the City of Goleta and as consideration in the grant of a license pursuant to Chapter 5.09 of the Goleta Municipal Code, agrees as follows:

That the applicant hereby releases the City of Goleta, its agents, officers, elected officials and employees from any and all claims, injuries, damages or liabilities of any kind arising from a repeal or amendment of Chapter 5.09 of the Goleta Municipal Code, including any section therein, as well as the repeal or amendment of any other provision of the Goleta Municipal Code.

Applicant further waives any right to claim damages, liability or to file suit, whether in equity or law, against the City of Goleta, its agents, officers, elected officials and employees for any harm or liability alleged to have resulted from the arrest, prosecution or institution of civil proceedings against the Applicant, its managers, agents, employees, members or volunteers by the State of California or the United States of America. Applicant agrees that issuance of a license to Applicant shall not be deemed as an agreement to contribute to Applicant or indemnify it for any such arrest, prosecution or civil action undertaken by state or federal governmental authority.

Applicant further agrees to defend, indemnify and hold harmless the City of Goleta, and its agents, officers, elected officials and employees from and against any and all claims, suit liability, or actions brought by adjacent or nearby property owners or any other third parties, whether civil or governmental, for any damages, injuries or other liability of any kind arising from operations at its cannabis business.

By signature below, the Applicant hereby affirms that it has authority to bind Applicant, its partners, shareholders or any other legal entity claiming a financial interest in the cannabis business to be licensed under Chapter 5.09 of the Goleta Municipal Code and that this Indemnity and Waiver shall be binding on the Applicant’s beneficiaries, transferees, devisees and assignees.

Applicant Signature	Applicant Printed Name	Date Signed
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SECTION M - AFFIRMATION AND CONSENT – PLEASE READ CAREFULLY

I understand that as defined by Title 5, Chapter 5.09 of the Goleta Municipal Code (GMC), I am deemed the responsible party for any violation(s) of the GMC that may arise at the proposed facility location. I understand and acknowledge that the operation of this Cannabis Business must adhere to all the requirements of Goleta Municipal Code Chapter 5.09 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.

Property owner and applicant must provide signatures.

Applicant Signature	Applicant Printed Name	Date Signed
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Property Owner Signature	Property Owner Printed Name	Date Signed
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OFFICE USE ONLY

Neighborhood Services & Public Safety Director Review and Comments:

- Incomplete
- Denied
- Pending
- Approved

Neighborhood Services & Public Safety Director Preliminary Approval (Endorse Here):

Neighborhood Services & Public Safety Director Final Approval (Endorse Here):