



## APPLICATION FOR MEDICAL CANNABIS FACILITY LICENSE

1. Applicant's Name (Legal Ownership Structure): \_\_\_\_\_
2. Business Name (DBA): \_\_\_\_\_ Business Phone#: \_\_\_\_\_
3. Applicant/ Business Email: \_\_\_\_\_
4. Business Site Address: \_\_\_\_\_
5. Date Business Proposes to Open: \_\_\_\_\_
6. Days & Times Premises Are Open for Inspection: \_\_\_\_\_

7. Proposed Use (select one only):

**Note: You must submit a separate application for each medical cannabis business/facility use. Applicants are limited to two license categories per MCRSA regulations.**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Cannabis Dispensary   | <input type="checkbox"/> Laboratory Testing             |
| <input type="checkbox"/> Medical Cultivation Facility  | <input type="checkbox"/> Medical Cannabis Delivery      |
| <input type="checkbox"/> Medical Distribution Facility | <input type="checkbox"/> Medical Manufacturing Facility |
| <input type="checkbox"/> Other (explain),              |   |

8. Community Relations Liaison Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

9. Type of Organizational Structure:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Individual
<input type="checkbox"/> LLC	<input type="checkbox"/> Unincorporated Association or Club

### General Information (All Applicants Fill-out or Attach)

- i. If the applicant is incorporated, attach to this application copies, certified by the Secretary of State, of the Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information, By Laws, Restated Articles of Incorporation, and the most recent Annual Report of Officers and Directors.
- ii. If the applicant is an unincorporated association and filed a Statement By Unincorporated Association with the Secretary of State, attach copies, certified by the Secretary of State, of each Statement by Unincorporated Association, Registration of Unincorporated Nonprofit Association, and original & amended Articles of Association to this application .
- iii. If the applicant is an informal unincorporated association, provide copies of the fully executed Articles of Association (AKA Charter or Constitution).
- iv. Fictitious Business names or DBA's used: \_\_\_\_\_
- v. Place and date of filing of fictitious business name statement: \_\_\_\_\_
- vi. Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Imperial:

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vii. Name and address of person (agent) authorized to accept service of process in California:

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viii. State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which it is held, and expiration date thereof:

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ix. Has the Medical Cannabis Facility applicant previously operated in this City of any other county, city, or state under a similar license or permit?

(a) If "Yes," provide the license/permit issuing city, county, state, and the license and/or permit identification number(s):

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(b) Please confirm whether any of these previously issued licenses or permits were revoked or suspended, and the reason(s) why:

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x. Has any owner or business manager ever been convicted of a felony?  YES  NO

xi. For each management employee convicted of a crime or on probation or parole as set forth in Item No. (X) above attach with this application the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

xii. If the applicant owns the property listed as the business site, enter the date of purchase:

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xiii. If the applicant rents, leases, or is in the process of leasing and/or purchasing the property listed as the business site check the boxes below to verify that the applicant has notified the owner(s) and landlord or leasing agent of the proposed Medical Marijuana Business property use.

- Attached is a copy of proof of ownership, lease, and/or letter of landlord's commitment to lease upon issuance of a license to the proposed business location and medical cannabis use.
- Attached is an original fully executed Letter of Authorization, for each owner, landlord, and leasing agent of the property listed as the proposed business site in this application (item No. IV).

**NOTE:** If the property is owned, rented, or leased by more than one person, a separate authorization form must be submitted for each owner, landlord, and leasing agent or equivalent.

xiv. Does the applicant have a CA Seller's Permit issued by the California State Board of Equalization for the location identified in Item No. (IV) of this application?  YES  NO

If "Yes" enter the CA Sellers's permit identification number, and attach a legible copy of the CA Sellers's permit to this application : \_\_\_\_\_

- xv. Attach photographs accurately depicting the entire interior and exterior of the proposed site(s), including entrance(s), street frontage(s), parking, front, rear and sides of the proposed site.
- xvi. Provide the name, address, telephone number, business license account number, and PPO number of the security company that will be used. NOTE: A copy of the security guards' CA state license must be maintained on file at the business at all times.

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- xvii. If an alarm monitoring company will be used, please provide the name, address, and telephone number of the alarm monitoring company:

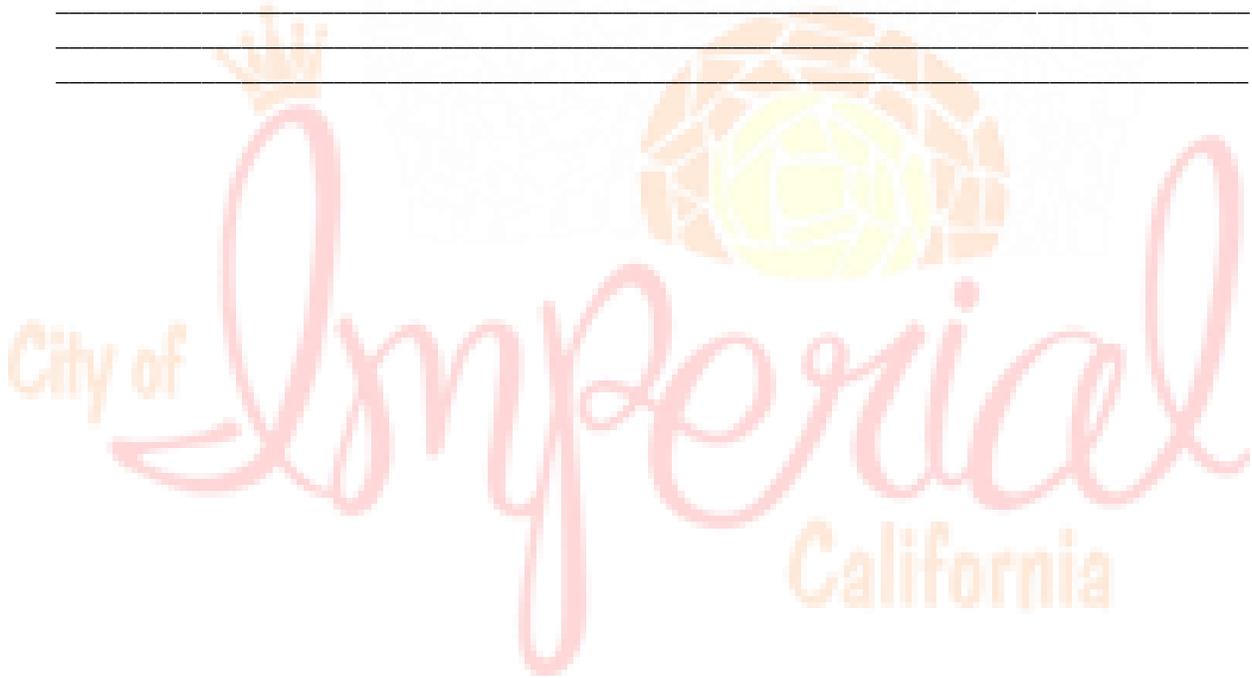
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- xviii. Provide a list of all members with access to the surveillance camera system to be used (attach additional pages if necessary):

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**General Information (Cont.)**

**CERTIFICATION OF EMPLOYMENT PRACTICES**

I, \_\_\_\_\_, certify that the business will not employ any person with any type of violent or serious felony conviction as specified in Section 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit, or embezzlement. The business will also not employ as managers or employees any person with any narcotic drug related misdemeanor conviction. The following shall become a condition of maintaining a license.

\_\_\_\_\_  
(Signature of Owner/Management Employee)

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner/Management Employee)

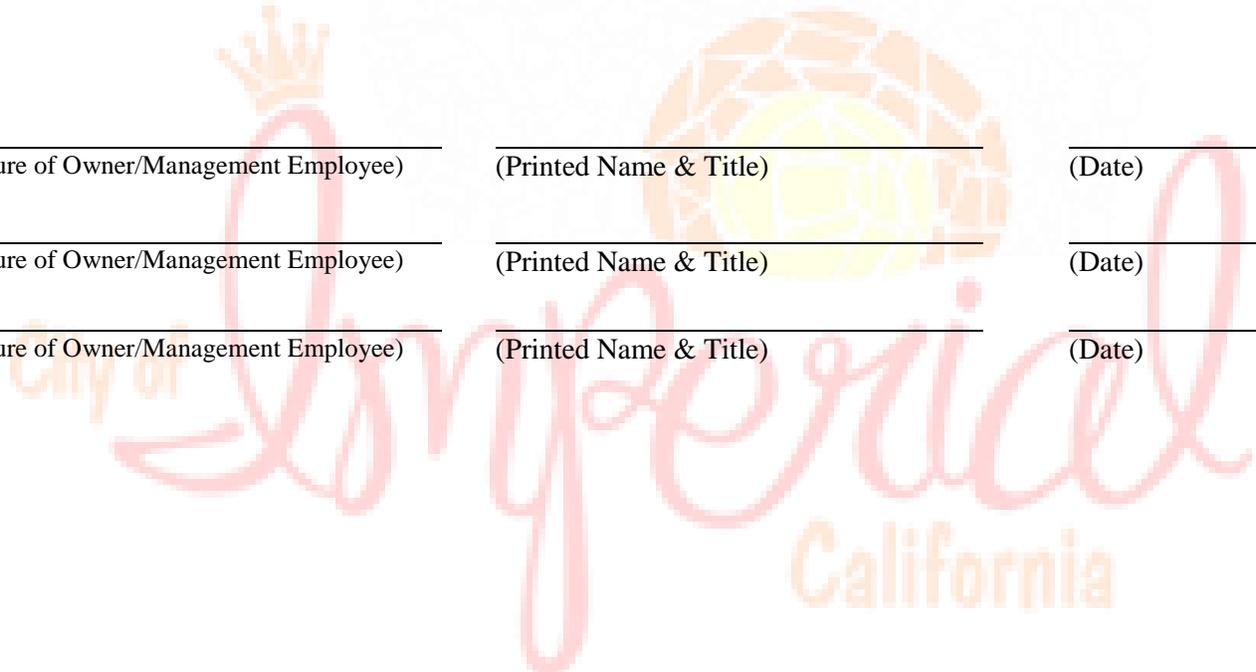
\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner/Management Employee)

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Date)



**General Information (Cont.)**

**IF APPLYING AS AN INDIVIDUAL**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address:  
\_\_\_\_\_  
\_\_\_\_\_

Home/Business Telephone #:  
\_\_\_\_\_

Cell Phone:  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Federal Tax ID Number (if applicable): \_\_\_\_\_

Seller's Permit Number (if applicable): \_\_\_\_\_

**General Information (Cont.)**

**IF APPLYING AS A PARTNERSHIP**

Check One Box:

- General Partnership     Limited Partnership/LLP     Limited Liability Corporation/ LLC

Name of partnership: \_\_\_\_\_

Federal Tax ID Number (if applicable): \_\_\_\_\_

Seller's Permit Number (if applicable): \_\_\_\_\_

**Percentage of Partnership**

Name and residence addresses of **General Partners:** Interest:

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

Names and residence addresses of **Limited Partners:** Interest:

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

Place and date of filing Articles or Certificate of Partnership or Limited Partnership:

\_\_\_\_\_

\_\_\_\_\_

Please Note: Attach certified copies of Articles of Partnership or Limited Partnership, or other written evidence of partnership status and all amendments thereto this application.

**IF APPLYING AS A PARTNERSHIP (cont.)**

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

**PRINCIPAL PARTNER I**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address: \_\_\_\_\_  
\_\_\_\_\_

Home/Business Telephone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

**PRINCIPAL PARTNER II**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address: \_\_\_\_\_  
\_\_\_\_\_

Home/Business Telephone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

**PRINCIPAL PARTNER III**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address:

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Home/Business Telephone #:

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Cell Phone:

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Email Address:

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_



## **IF APPLYING AS A CORPORATION**

*PLEASE ONLY PROVIDE INFORMATION FOR ALL OFFICERS, DIRECTORS, OR SHAREHOLDERS WHO OWN MORE THAN 10% OF THE ISSUED AND OUTSTANDING STOCK*

Check One Box:       For-Profit Corporation     Non-Profit Corporation

Name of Corporation: \_\_\_\_\_

Corporation Number: \_\_\_\_\_

Date and Place of Incorporation: \_\_\_\_\_

Location of Headquarters: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Seller's Permit Number: \_\_\_\_\_

**Please attach certified copies of Articles of Incorporation and By-Laws, and all amendments to this application.**

Name and Residence Address of Corporation Officers (members of the executive board):

<b>Name:</b>	<b>Title &amp; Ownership % :</b>	<b>Address:</b>	<b>Telephone:</b>

Number of shares issued by Corporation: \_\_\_\_\_

Number of shares retained by Corporation: \_\_\_\_\_

Name and addresses of shareholders, if ten (10) or less state also the number and type of shares:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, telephone number, and email address of agent for service of process designated by Corporation with the Secretary of State of California:

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**IF APPLYING AS A CORPORATION (Cont.)**

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

**CORPORATE OFFICER I**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address: \_\_\_\_\_  
\_\_\_\_\_

Home/Business Telephone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

**CORPORATE OFFICER II**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address: \_\_\_\_\_  
\_\_\_\_\_

Home/Business Telephone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

**CORPORATE OFFICER III**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title(s) or AKA(s): \_\_\_\_\_

Residence address: \_\_\_\_\_  
\_\_\_\_\_

Home/Business Telephone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

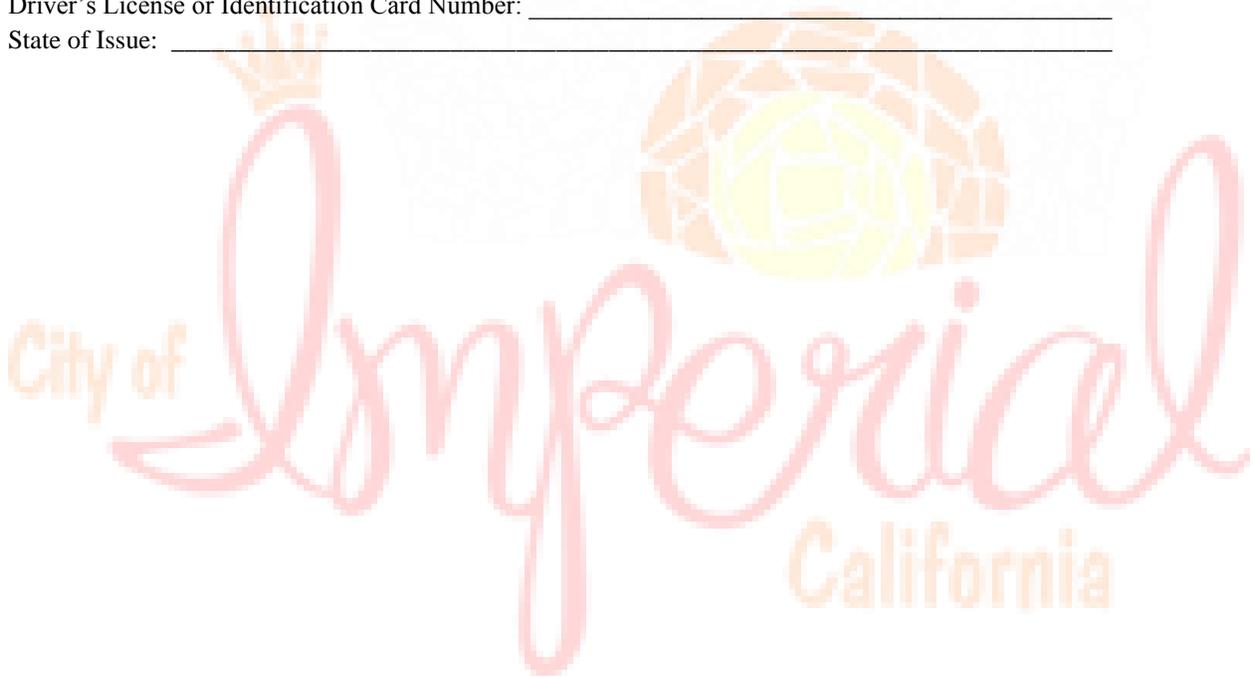
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or Identification Card Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_



## City of Imperial

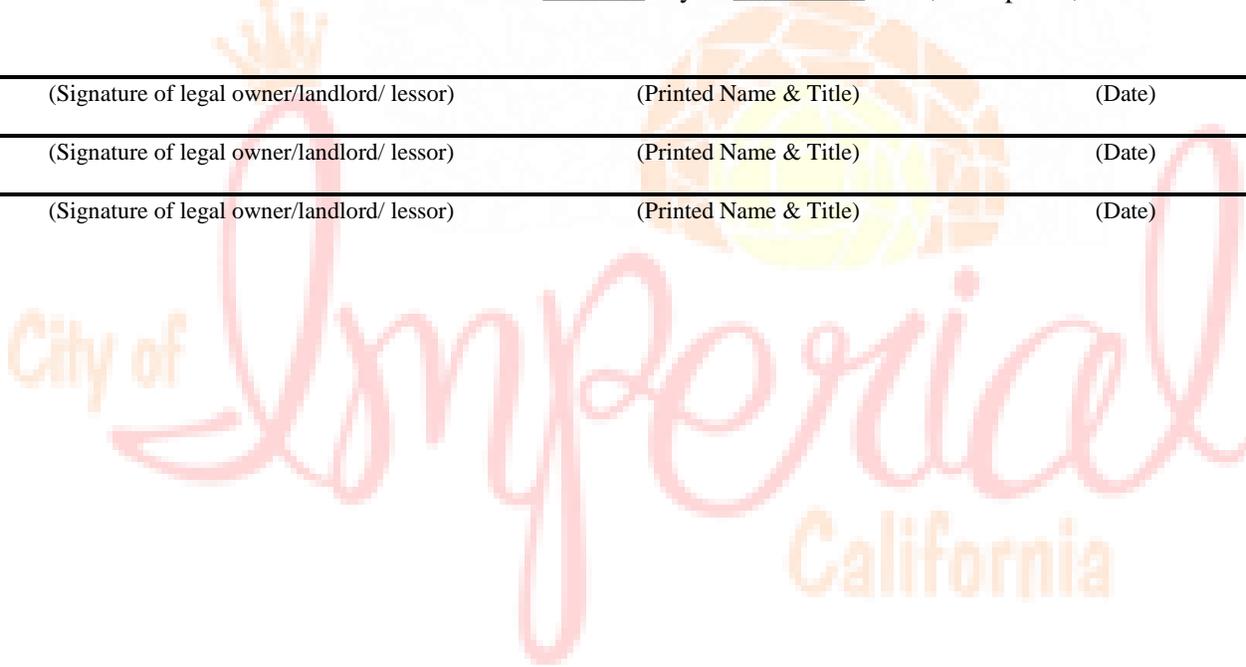
### PROPERTY OWNER/ LANDLORD AUTHORIZATION FOR INSPECTION AND RIGHT TO OPERATE A MEDICAL CANNABIS FACILITY

I, \_\_\_\_\_, am the legal owner / landlord / lessor of real property located at \_\_\_\_\_  
(Name of Property Owner/ Landlord) (Circle One) (Address listed in Item No. (4) of the application)  
\_\_\_\_\_, Imperial, California. I authorize the Medical Cannabis  
Business entitled \_\_\_\_\_ to operate a medical cannabis business at the property, as the term is  
(Name of Business/Owner listed in Item No. (1) of the application)  
defined in state law and the Imperial Municipal Code, for the specific use(s) of:

(Land uses(s) set forth in the Medical Cannabis Facility application – e.g. cultivation, manufacturing, etc.)

Set forth in the Medical Cannabis Facility License Application submitted to the City of Imperial by:  
\_\_\_\_\_ and allow the City of Imperial to enter the property for  
(Name of Business/Owner listed in Item No. (1) of the application)  
inspection of the property. I further understand that I am responsible for any violation and nuisance  
activity, which may occur at this property. I declare under penalty of perjury that the foregoing  
information is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_ 2018, at Imperial, California.

_____ <small>(Signature of legal owner/landlord/ lessor)</small>	_____ <small>(Printed Name &amp; Title)</small>	_____ <small>(Date)</small>
_____ <small>(Signature of legal owner/landlord/ lessor)</small>	_____ <small>(Printed Name &amp; Title)</small>	_____ <small>(Date)</small>
_____ <small>(Signature of legal owner/landlord/ lessor)</small>	_____ <small>(Printed Name &amp; Title)</small>	_____ <small>(Date)</small>



**City of Imperial**  
Notary Acknowledgement Form

The notarized signature of the majority representative owner or owners, as established by deed or contract, of the subject property or properties is required for the filing of this application.

(Additional sheets may be attached if needed.)

On \_\_\_\_\_ before me, \_\_\_\_\_ the undersigned,  
(Date) (Write Name of Notary)

A Notary Public in and for said County, duly commissioned,

Personally appeared \_\_\_\_\_

(Name of Signer)

\_\_\_\_\_  
(Name of Signer)

Personally known to me – OR-

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.

WITNESS my hand and official seal

\_\_\_\_\_  
Notary Public in and for the County of Imperial  
State of California

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title of type of Document: PROPERTY OWNER/ LANDLORD AUTHORIZATION FORM

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity (ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Title(s): \_\_\_\_\_ Title(s): \_\_\_\_\_

# City of Imperial

## ACKNOWLEDGEMENT FORM

### Medical Cannabis Facility (MCF) Application

- I/we consent to onsite inspections of our MCF by City of Imperial officials. Inspections will be conducted by City of Imperial Officials during regular business hours Monday-Friday 8:00a.m to 5:00 p.m., excluding holidays. The telephone number listed on my application is the number the City can call to provide notice, when possible.
- I/we acknowledge that by submitting the permit application we allow onsite inspections; dogs/animals will be locked up, lock gates will be assessable and no weapons will be secured and stored.
- I/we consent that all structures on the parcel that are utilized for Medical Cannabis Activities will be built in accordance with applicable City of Imperial Building Codes and permit requirements.
- I/we acknowledge that the information I/we provide with this application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
- I/we consent to defend, indemnify, and hold harmless the City of Imperial from any defense costs, including attorneys' fees or other loss connected with any legal challenge brought as a result of the City of Imperial's review and/or approval of this Application.
- I/we agree to execute a formal agreement to this effect on a form provided by the City and available for my inspection.
- I/we will only employ individuals at least eighteen (18) years of age, require a Federal or State issued proof of identification be carried at all times on property, and will comply will all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, state workers' compensation liability law.
- I/we have reviewed Ordinance No. ,I/we understand the requirements, will comply with the requirements, and understand the consequences of Non-Compliance.
- I/we acknowledge that the application fee is non-refundable.
- I will comply with Local, State and Federal regulatory agencies.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)