



Commercial Cannabis
Business Permit Application
Indoor Cultivation and Testing Lab

City of Oxnard

Planning Department
214 South "C" Street, Oxnard, CA 93030
Phone: 805.385.8207
oxnard.gov/cannabis
cannabisinfo@oxnard.org

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name : _____ DBA: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Has any individual in this application applied for any other commercial cannabis business permit in the City of Oxnard?

[] Yes [] No

Business Formation Documentation: Describe how the business is organized (attach to the Business Plan)

- [] Sole Partnership [] Corporation [] General Partnership [] Limited Liability Partnership
[] Limited Partnership [] Limited Liability Company

PROPOSED LOCATION

PROPERTY OWNER NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Zoning Clearance/Verification Letter (Please attach): [] Yes [] No

Assessor's Parcel Number (APN): _____

Proposed Location Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

Applicants failing to submit all of the following items will be determined ineligible and will not advance to Step 2 of the application process. It is the responsibility of the Applicant to ensure that the application is complete, internally consistent, and all items identified below are submitted before the application deadline. Failure to comply will be grounds for application disqualification.

A complete application packet will contain all of the following items:

- [] Applicant information (page 1)
[] Signed application certification (page 2)
[] Owner information and live scan/Cannabis Employee Permit (page 3)*
[] Signed and notarized property owner consent (Page 4)
[] Signed and notarized limitations on City liability (page 6)
[] City issued zoning verification letter (page 7)
[] Proof of comprehensive general liability insurance (minimum \$1M per occurrence)**
[] Evaluation criteria (outlined in Appendix A of the Application Guidelines. This shall not exceed 200 pages)***
[] One (1) hard copy of the commercial cannabis business application ("application" - pages 1 - 7)
[] Application, evaluation criteria and proof of capitalization documents are required to be emailed to cannabisinfo@oxnard.org. These materials are considered completeness items and must be emailed prior to the close of the application period
[] Payment of application fee (Step 1 in the amount of \$3,067.78)

*As part of the application process, each owner must submit for a Cannabis Employee Permit (CEP) prior to submitting a completed Commercial Cannabis Business Permit (CCBP) Application. Information regarding the background check process can be secured via the application procedures guidelines and also accessible via: oxnard.gov/cannabis.

** Must show evidence prior to the approval of regulatory permit issuance.

*** CCBP Application, proof of capitalization and background check data are not included in the 200 page limit.

SUPPORTING INFORMATION

List all fictitious business names that the Applicant is operating under, including the address where each business is located (within or outside of the City of Oxnard):

Has the Applicant or any of its owners ever been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license/type? If so, please list and explain:

Is the Applicant or any of its owners currently involved in a Cannabis Business Permit Application process in any other jurisdiction?

Has the Applicant(s) been subject to any prior code enforcement action whether in or out of the City of Oxnard? Is there a code enforcement action present on the subject building location?

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this form that the statements and information furnished in this form is to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this form, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Oxnard permission to reproduce submitted materials for distribution to staff, Committees, Commission, and City Council Members to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this form, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Oxnard City Code and State law.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the form is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this form, denial of a permit or revocation of a permit issued.

Name

Signature

Title

Date

For details about the information required as part of the application process, see the Application Procedure Guidelines, City of Oxnard Ordinance Nos. 3032 and 2962. Any information regarding the requirements to complete the application process can be found online at www.oxnard.gov/cannabis. For questions please contact the Commercial Cannabis Business Program Administrator at 805.385-8207 or by email at cannabisinfo@oxnard.org.

OWNER(S) INFORMATION AND NON-OWNER(S) WITH A FINANCIAL INTEREST IN THE BUSINESS

Identification of all ownership percentages should total 100%. 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 percentage (if any).

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

PROPERTY OWNER CONSENT FORM
Commercial Cannabis Business

PROPERTY OWNER INFORMATION:

Name _____ Title _____

Business Name (if applicable) _____ Phone Number _____

Mailing Address _____ City _____ State ____ Zip Code _____

Business Name (if applicable) _____ Phone Number _____

PREMISES LOCATION INFORMATION:

Physical Address _____ City _____ State ____ Zip Code _____

Tenant Applicant (Business Name) _____

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Chapter 11, Article XVI of the City of Oxnard City Code. **Original signatures only.**

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter my property for the purpose of examining and inspecting the property in preparation of processing the application request and/or required environmental review for the processing of the application(s) being filed.

Name	Signature
Title	Date

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.

Subscribed and sworn to before me this _____ day of _____, 20 _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____ .
(Name, Notary Public)

Notary Signature	Date of Notarization
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Limitations on City Liability and Certifications, Assurances and Warranties

A. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY OF OXNARD

The undersigned, on behalf of himself/herself and any entity in which he/she has an ownership interest, hereby waives and releases the City of Oxnard and its officers, officials, employees and agents from any and all liability for monetary damages related to or arising from the application for a permit to authorize a person or entity to operate or engage in a cannabis business within the City of Oxnard pursuant to Oxnard City Code Chapter 11, Article XVI, the issuance of the such permit, or the enforcement of the conditions of such permit. The undersigned certifies that he/she and/or any entity in which he/she has an ownership interest shall not file or cause the filing of any claims, acts or proceedings for monetary damages against the City of Oxnard and/or its officers, officials, employees and agents as a result of this permit application, the issuance of the permit and/or the enforcement of the conditions of the permit.

B. RELEASE CITY OF OXNARD FROM LIABILITY FOR ISSUING THE APPLICANT A PERMIT

By applying for a permit pursuant to the Oxnard City Code Chapter 11, Article XVI and by accepting such a permit from the City of Oxnard, the undersigned – on behalf of himself/herself and any entity in which he/she has an ownership interest – waives and releases City of Oxnard, and its officers, officials, employees and agents, from any claims, acts or proceedings for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/permittee for a violation of state or federal laws, rules or regulations relating to cannabis activities.

C. AGREEMENT TO INDEMNIFY CITY OF OXNARD

By applying for a permit pursuant to the Oxnard City Commercial Cannabis Permit Program and by accepting a permit from the City of Oxnard, the undersigned– on behalf of himself/herself and any entity in which he/she has an ownership interest – agrees to indemnify, defend and hold harmless the City and its officers, officials, employees and agents against all liability, claims and demands of any nature whatsoever arising out of or in any manner related to the issuance of the permit and/or the operation of the commercial cannabis business that is the subject of the permit.

D. LIVE SCAN/BACKGROUND CHECK

I understand Live Scan and a background check is required and will submit documents in accordance with the Application Procedures Guidelines.

E. PERMIT RENEWAL CERTIFICATION

For renewals, the undersigned – on behalf of himself/herself and any entity in which he/she has an ownership interest – represents and certifies that he/she continue to hold in good standing any permit/license required by the State of California where applicable for a commercial cannabis business operation.

F. PROSECUTION UNDER FEDERAL LAW

The applicant understands that operators, employees and members of the commercial cannabis business may be subject to prosecution under Federal Laws.

G. AUTHORIZED TO SIGN

The person whose signature appears below is authorized to sign this application on behalf of the business and has submitted this information and all attachments as required by the application process to obtain a commercial cannabis permit from the City of Oxnard.

I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a permit pursuant to Oxnard City Code Chapter 11, Article XVI.

Applicant Signature

Printed Name and Title

Date

CALIFORNIA 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 California

County of Ventura

On _____ before me, _____
date *name and title of the officer*

Personally appeared _____
Name(s) of signer(s)

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 signatures on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Place notary seal and/or stamp above

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 _____
Signature of notary public



Zoning Clearance/Zoning Verification Letter (ZV/ZVL) Commercial Cannabis Business

City of Oxnard

Planning Department 214 South "C" Street, Oxnard, CA 93030 Phone: 805.385.7858 oxnard.gov/cannabis

Processing a ZV/ZVL takes two weeks for the Planning Department.

Name of Applicant/Mailing Address/Email/Contact Phone Number:

1. Cannabis Property Address (One ZV/ZVL per property address):

2. Do you own the Building or are you a tenant/lessee? [] Yes [] No

3. Intended use of the building: [] Indoor cultivation or [] Testing lab

4. Are you applying for a single cannabis license or multiple licenses? (One application is required per property)

5. Chemicals and approximate volume of chemicals to be stored/contained on site?

6. Are you aware of a sensitive use within 600 feet of the property line of the property address? Sensitive use is defined as: The State of California stipulates that cannabis-related uses cannot be located closer than 600-feet from a sensitive use, which is defined by state law as K-12 schools (including private and charter schools), daycare centers, youth centers, and public parks. Local governments, however, are allowed to designate smaller, or larger, buffer zones if these buffer zones are codified in an ordinance. State law mandates the 600-foot distance be calculated, parcel to parcel (boundary line to boundary line). This means if 600 feet touches any part of a legal parcel, the entire area cannot contain cannabis-related uses. State law is silent on the buffer zone from cannabis use to residential properties; setting that buffer is entirely up to the local government. In October 2018, Council determined that the City should adhere to the state-mandated 600-foot buffer and not impose a more stringent distance separation requirement. [] Yes [] No

7. Are the walls of the property address framed out of wood or metal or concrete/masonry? [] Yes [] No

8. Are you aware of any code enforcement violations on the property address for which a cannabis license is being sought? [] Yes [] No

9. Are any of the applicant(s) currently subject to any code enforcement action(s) within the City of Oxnard or any other jurisdiction? If so, explain.
