

CANNABIS MICROBUSINESS LICENSE APPLICATION
APPLICATION FEE \$1000 (NON-REFUNDABLE)

To pay the application fee by cash, contact the Bureau to schedule an appointment.

SECTION A - APPLICANT/BUSINESS INFORMATION Please provide the below business information for your cannabis license.

1. License Type Designation (Please check ALL that apply):
 Adult-Use (A-license) Medicinal (M-license)

2. License Type:
 Microbusiness (Type 12)
 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):
 Retailer Non-Storefront Cultivation (less than 10,000 sq. ft.)
 Distributor Transport Only Manufacturer (Level 1, Type 6)

3. Business Organizational Structure (Please check ONE):
 Sole Proprietorship Limited Liability Company General Partnership
 Corporation (or foreign corporation) Limited Partnership Limited Liability Partnership

4. Name (sole proprietor first and last, all other business types legal business name) Doing Business As (DBA)

5. Business Premises Address	City	State	Zip Code
Mailing Address (if different from premises address)	City	State	Zip Code

6. Business Website	Business Email Address	Business Phone Number
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7. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); or Business's Federal Employer Identification Number (FEIN)

SECTION B - PRIMARY CONTACT PERSON This will be the contact for any questions regarding this application and the Bureau staff will only be able to discuss the application with this person or an owner of the business.

8. Name	Title	Phone Number	Email Address
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SECTION C - DECLARATIONS

9. Is the proposed premises located within a 600-foot radius of a school (K-12), day care center, or youth center? Yes No

10. Are you a federally recognized tribe or other sovereign entity? Yes No

11. Do you have evidence of California Environmental Quality Act (CEQA) compliance or exemption? Yes No

12. Applicant's California Department of Tax and Fee Administration Seller's Permit Number, if applicable. _____	If no Seller's Permit, do you attest that you (applicant) are currently applying for one? <input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Number of employees? (not counting owners) _____	If more than one employee, provide State Employment Identification Number (SEIN). _____
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14. If your company **has 20 or more employees** (not including supervisors) for the cannabis business, you must attest to **one** of the following:
 I have entered into and will abide by a labor peace agreement and have attached a notarized statement and a copy of the signature page of the agreement. Yes
 I have not yet entered into a labor peace agreement but have attached a notarized statement that I will enter into and abide by one as soon as reasonably practicable. Yes
 If your company **has less than 20 employees** (not including supervisors), you must attach a notarized statement indicating that you will enter into and abide by a labor peace agreement within 60 days of hiring your 20th non-supervisory employee.

15. If your company has one or more employees (not including supervisors) do you attest that you have or will have within one year of licensing, one supervisor and one employee that have completed a Cal-Osha 30-hr general industry course offered and provided by an OSHA Training Institute Education Center? Yes

16. Will you be transporting only cannabis goods that you have cultivated or manufactured? Yes No
 If yes, provide the following Cdfa/CDPH License number _____ License type _____

SECTION D - LIST OF OWNERS An owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including yourself. Attach additional pages if needed. Each owner is required to submit an Owner Submittal form.

17. Name	Email	Ownership %	Title	
Mailing Address	City		State	Zip Code
Social Security Number	Date of Birth			
Name	Email	Ownership %	Title	
Mailing Address	City		State	Zip Code
Social Security Number	Date of Birth			

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.

18. Name of Entity	Organizational Structure	Ownership %	Phone Number	Email Address
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SECTION F - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS (attach additional pages if needed)

19. Name	Date of Birth
Government ID Type	Government ID Number
Name	Date of Birth
Government ID Type	Government ID Number

SECTION G - FICTITIOUS BUSINESS NAMES

20. Business Name			
Address	City	State	Zip Code
Business Name			
Address	City	State	Zip Code

SECTION H - LICENSING FEE DETERMINATION

Identify the appropriate tier category in which your expected gross revenue for the 12-month license period belongs as provided in Bureau Regulations section 5014 listed below.

Microbusiness Type 12

- | | |
|---|---|
| <input type="checkbox"/> Less than or equal to \$1 million (\$5,000) | <input type="checkbox"/> More than \$1 million and less or equal to \$2 million (\$12,000) |
| <input type="checkbox"/> More than \$2 million and less or equal to \$3 million (\$20,000) | <input type="checkbox"/> More than \$3 million and less or equal to \$4 million (\$32,000) |
| <input type="checkbox"/> More than \$4 million and less or equal to \$6 million (\$45,000) | <input type="checkbox"/> More than \$6 million and less or equal to \$7 million (\$60,000) |
| <input type="checkbox"/> More than \$7 million and less or equal to \$10 million (\$80,000) | <input type="checkbox"/> More than \$10 million and less or equal to \$20 million (\$100,000) |
| <input type="checkbox"/> More than \$20 million and less or equal to \$30 million (\$120,000) | <input type="checkbox"/> More than \$30 million and less or equal to \$40 million (\$140,000) |
| <input type="checkbox"/> More than \$40 million and less or equal to \$50 million (\$160,000) | <input type="checkbox"/> More than \$50 million and less or equal to \$60 million (\$180,000) |
| <input type="checkbox"/> More than \$60 million and less or equal to \$80 million (\$220,000) | <input type="checkbox"/> More than \$80 million (\$300,000) |

SECTION I - REQUIRED ATTACHMENTS/ DOCUMENTS

- Evidence of legal right to occupy and use the proposed premises location.
- Premises Diagram Form(s)
- Business formation documents, including all documents filed with the CA Secretary of State (SOS). Foreign corporations must include a copy of the Certificate of Qualification from the SOS.
- Evidence of premises compliance with local jurisdiction, if answered "Yes" to question 9.
- Limited waiver of sovereign immunity, if answered "Yes" to question 10.
- Evidence of exemption from, or compliance with, the California Environmental Quality Act.
- Labor peace agreement documentation, related to question 14.
- Financial Information Form
- Proof of surety bond in the amount of \$5,000, payable to the State of California.
- Transportation procedures
- Inventory procedures
- Non-laboratory quality control procedures
- Security procedures
- Delivery procedures, if your license activities include Retailer or Retailer Non-Storefront.
- Proof of commercial general liability insurance in the aggregate of no less than \$2 million and no less than \$1 million for each loss, if your license activities include Distributor or Distributor - Transport Only.
- Microbusiness Application Attachment A - Cultivation, if your license activities include Cultivation.
- Microbusiness Cultivation Plan, if your license activities include cultivation.
- Microbusiness Application Attachment B - Manufacturer, if your license activities include Manufacturing.

AFFIRMATION AND CONSENT

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

Signature	Printed Name	Date Signed
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Office Use Only - CLEaR Application Record Number:

See Disclosures on the Next Page

DISCLOSURES

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

State Tax Obligation

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

Financial Information

To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with 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 that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

Premises Location

Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application and required documents.

Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. To do so, please contact the Custodian of Records by phone at (833) 768-5880, by e-mail at bcc@dca.ca.gov or by physical mail at Department of Consumer Affairs–Bureau of Cannabis Control, P.O. Box 419106, Rancho Cordova, CA 95741-9106.

Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- Mailing address
- License number
- License status
- Original license issue date
- Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)