

## TEMPORARY CANNABIS DISTRIBUTOR LICENSE APPLICATION

**APPLICATION FEE WILL NOT BE ASSESSED UNTIL YOU SUBMIT AN ANNUAL LICENSE APPLICATION**

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

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

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2. Temporary License Type (Please check ONE):  
 Distributor (Type 11)                       Distributor - Transport Only (Type 13)  
 Transports, arranges for testing, and conducts quality assurance review of cannabis goods. A Distributor - Transport Only may not transport cannabis goods to a licensed retailer and may not engage in any other distributor activities.

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

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

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

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6. Business Website	Email Address	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**

8. Name	Title	Phone Number	Email Address
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**SECTION C - 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. Note: the applicant owner who is completing this application is required to provide his or her date of birth and SSN.

9. Name of Applicant Owner	Email	Phone Number	Ownership % Title
Mailing Address	City	State	Zip Code
Date of Birth	SSN		
Owner Name	Email	Phone Number	Ownership % Title
Mailing Address	City	State	Zip Code

**SECTION D - 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.

10. Name of Entity	Organizational Structure	Ownership %	Phone Number	Email Address
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**SECTION E - REQUIRED ATTACHMENTS/DOCUMENTS** Listed below is all required documents that must be attached to and submitted with your application. To fill out the premises diagram, please visit the Bureau's forms site at <http://www.bcc.ca.gov/clear/forms.html>.

Premises Diagram     Documentation of Local Authorization\*     Evidence of Legal Right to Occupy the Proposed Location

\*Note: the premises address must be identified on the documentation of local authorization.

**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.

### **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](mailto: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)