



CANNABIS LICENSE APPLICATION

OFFICE USE	
Application No:	

APPLICANT (ENTITY) INFORMATION

APPLICANT (ENTITY) NAME: _____ DBA: _____

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

PRIMARY CONTACT (Same as above? Yes No): _____

Title: _____

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

Phone: _____ Email: _____

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER RETAIL CANNABIS LICENSE IN PACIFIC GROVE: Yes No

Select one or more of the following categories. For each category, indicate whether you are applying for Adult-Use (“A”) or/and Medicinal (“M”) or both.

Adult Use Medical Use

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

Sole Partnership Corporation S-Corporation Limited Liability Company Limited Partnership

PROPOSED LOCATION

PROPERTY OWNER NAME: _____

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

Phone: _____ Email: _____

Zoning Verification Letter (Please attach): Not Applicable Yes No

Assessor’s Parcel Number (APN): _____

Proposed Location Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

Applications failing to submit any of the following will be determined ineligible and will not move forward in the application process:

- 1) A Cashier's Check or Money Order for \$9,000 (payable to City of Pacific Grove)
- 2) Complete Retail Cannabis License Application
- 3) Signed Indemnification/Financial Responsibility Form
- 4) Signed and Notarized Property Owner's Statement of Consent
- 5) Zoning Verification Letter (Click here to apply)
- 6) Proof of Insurability of the site/business/principals
- 7) Confirmation(s) of Criminal History Check (click here to apply)
- 8) Additional Submission Requirements (max. response 200 pages)
 - A. Business Plan
 - B. Labor and Local Enterprise Plan
 - C. Safety Plan
 - D. Security Plan
 - E. Neighborhood Compatibility Plan
 - F. Location
 - G. Community Benefits Plan

How to submit?

Files on the thumb drive must be organized as follows:

PDF File#1: Signed Retail Cannabis License Application
 PDF File#2: Signed Indemnification/Financial Responsibility Form
 PDF File#3: Signed and Notarized Property Owner's Statement of Consent
 PDF File#4: Zoning Verification Letter
 PDF File#5: Proof of Insurability of the site/business/principals
 PDF File#6: Confirmation(s) of Criminal History Check
 PDF File#7: Additional Submission Requirements (limit response to 200 pages)

Application packets must be submitted in PDF format on a thumb drive along with payment to the following address:

Pacific Grove Police Department
 Attn: Haroon Noori
 580 Pine Ave, Pacific Grove, CA 93950



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SUPPORTING INFORMATION

List all fictitious business names the applicant is operating under including the address where each business is located:

Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time during the past five (5) years? If so, please list and explain:

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction?

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and the attached exhibits present the data and information required for this initial evaluation 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 application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Pacific Grove permission to reproduce submitted materials for distribution to staff, Selection Committee, Commissions, Board and City Council Members, and other Agencies 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 application, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Pacific Grove Municipal Code and State law.

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

Name

Signature

Title

Date



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OWNER INFORMATION

It must be completed by all owners. The total ownership percentage should equal 100%.

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

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

Background Information Included as required? Yes No

Signature: _____ Date: _____

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