



County of Santa Cruz  
 Cannabis Licensing Office  
 701 Ocean Street, Room 520  
 Santa Cruz, CA 95060  
 831-454-3833  
[Cannabisinfo@santacruzcounty.us](mailto:Cannabisinfo@santacruzcounty.us)



## Cannabis Retail Dispensary Renewal Form 2019 Applicant Certification Form

(Complete if there are changes in owners or financial investors)

1. Business DBA Name \_\_\_\_\_

State License # \_\_\_\_\_ County License # \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ APN \_\_\_\_\_

2. Name of individual authorized by all owners / financial investors to serve as the “applicant” for a Cannabis Business License from the County of Santa Cruz.

Applicant Name \_\_\_\_\_

Applicant Contact Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

3. Certification and Delegation of Authority - The signatures below constitute all of the owners, directors / board members of the business whose name appears above, and we hereby delegate authority to the party listed as the “applicant” to apply for a cannabis license from the County of Santa Cruz on our behalf. (Add extra sheets, if necessary.)

Print Last Name	Print First Name	Print Address	Print City, State, Zip	Signature	Date