



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)



## Application to Renew Cannabis Retail License 2019 (No Changes)

**Scope of Authority:** See County Code Section 7.130.110(B)

**Instructions to the Applicant:** The information you provide in this application will be used to determine your eligibility to renew your cannabis dispensary license under County Code Section 7.130.110(B).

- It is your responsibility to complete this form, provide all required information, and cooperate with all required field investigations.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, attach additional sheets and identify the additional information by the question number.
- The Certifications, Assurance and Warranties (Page 5) of this form requires notarized signatures
- The County may ask for additional information in order to process your application.
- A physical site re-inspection will be required as part of the renewal process. Any code violations must be corrected before a renewal license is issued. The County may request additional security measures as part of the renewal process.
- Send the completed forms to the Office of Cannabis Licensing listed above or email them to [Melodye.Serino@santacruzcounty.us](mailto:Melodye.Serino@santacruzcounty.us). Completed forms must be received by **November 16, 2018**.
- Renewals to licenses are only valid through December 31 for the calendar year issued; licenses must be renewed annually.

**Renewal Application Fee:** Please include a certified check, cashier's check or money order for the application fee made payable to the County of Santa Cruz. Application Fees are non-refundable. 2019 Annual Renewal Application fees:

- |  |                        |
|--|------------------------|
| • Renewal Application (no changes, includes 1 site inspection)   | \$ 2,800.00            |
| • Renewal Application (with changes, includes 1 site inspection) | \$ 3,000.00            |
| • Live Scan if adding owner(s) or operator(s)                    | \$ 100.00 (per person) |
| • Additional Site Inspection(s)                                  | At Cost                |
| • Extra Services   | At Cost                |

### Disqualification

Applicants failing a Live Scan Background check, having an ineligible dispensary location, or other prior misconduct are disqualifiers. Deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. **You are responsible for providing complete, accurate, and truthful responses.**

**Section 1 – Identifying Information (to be completed by all applicants)**

a. Retail Dispensary Corporate Name		
b. Retail Dispensary "Doing Business As" Name		
c. Business Structure (check only one)  <input type="checkbox"/> Corporation (or foreign corporation) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (specify) _____		d. DISPENSARY LICENSE TYPE: (Check only one)  <input type="checkbox"/> Dispensary <input type="checkbox"/> Dispensary & Mobile Delivery Service
e. State Cannabis License Number	f. State License Type	g. State Tax ID
h. BOE Sellers Number	i. Santa Cruz County License Number	j. Federal Tax ID
k. Business Owner Name and Name of Business Entity id an entity is owner or partial owner		l. Business Owner Driver's License # / State or SSN if no Driver's License
m. Business Physical Site Address (Street number and name, city, state, zip code)		
n. Business Mailing Address (if different than physical address -- Street number and name, city, state, zip code)		
o. Business Phone Number	p. Business Owner Contact Phone Number	
q. Business Email	r. Business Owner Contact Email	
s. Business Web Site address		
t. Does the owner also have any financial interest in any of the following cannabis businesses (check all that apply)  <input type="checkbox"/> Manufacturing <input type="checkbox"/> Testing Lab <input type="checkbox"/> Microbusiness <input type="checkbox"/> Event Organizer <input type="checkbox"/> Cultivation <input type="checkbox"/> Distribution <input type="checkbox"/> Another retail business		
u. If you checked any boxes in line "t" please provide the business name. Attach additional sheets for all businesses as necessary.		
v. If you checked any boxes in S please provide the business physical site address (incl. City, state, zip). Attach additional sheets for all businesses as necessary.		
w. If you checked any boxes in S please provide the State cannabis business license number. Attach additional sheets for all businesses as necessary.		

LIST ANY OFFICERS, DIRECTORS, BOARD MEMBERS, STOCKHOLDERS, LIMITED PARTNERS OR LLC MEMBERS OF THE BUSINESS WHO HAVE A FINANCIAL INTEREST IN THIS RETAIL CANNABIS BUSINESS, AND THEIR PERCENTAGE OF OWNERSHIP OR FINANCIAL INTEREST. (MUST TOTAL 100%. Attach additional sheets if necessary.)

Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
<b>TOTAL OF ALL PERCENTAGES:</b>			% Total

FOR ANYONE WHO IS LISTED ABOVE THAT HAS A FINANCIAL INTEREST IN THIS RETAIL DISPENSARY CANNABIS BUSINESS, PLEASE IDENTIFY IF THEY HAVE A FINANCIAL INTEREST IN ANY OTHER CANNABIS BUSINESS. IDENTIFY THE PERSON, THE TYPE OF CANNABIS BUSINESS, THE NAME OF THE BUSINESS, THE PHYSICAL SITE ADDRESS OF THE BUSINESS AND THE STATE CANNABIS BUSINESS LICENSE NUMBER. (Attach additional sheets, if necessary)

Name of Person (1)	Type of Cannabis Business	State License Number
Name of Cannabis Business (1)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (2)	Type of Cannabis Business	State License Number
Name of Cannabis Business (2)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (3)	Type of Cannabis Business	State License Number
Name of Cannabis Business (3)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (4)	Type of Cannabis Business	State License Number
Name of Cannabis Business (4)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (5)	Type of Cannabis Business	State License Number
Name of Cannabis Business (5)	Cannabis Business Physical Site Address	City, State, Zip

**Please also complete the following additional forms and submit with your application:**

1. Dispensary Supplier List (Form CLO RDLR 1002)
2. Proof of Worker's Compensation Insurance
3. Live Scan Service (Form CLO 1003)
4. Updated Security Plan (Form CLO 1008)
5. Please also complete the Request for Live Scan Service (Form CLO 1004 which you give to County and Form CLO 1005 which you give to the Live Scan service provider). Complete a new Live Scan as soon as possible. No renewal license will be issued without a Live Scan for anyone with a financial interest in the retail business.
6. Proof of Vehicle Insurance– only if you have a mobile delivery service
7. Driver Identification Form (Form CLO RDLR 1009) – only if you have a mobile delivery service
8. Vehicle Identification Form (Form CLO RDLR 1010) – only if you have a mobile delivery service
9. A site inspection will be required.

**If you have no changes, please sign this document below **AND** sign and notarize the following page.**

*I certify that there have been **NO CHANGES** in the ownership, Directors, Officers, Partners, Managers, financial interests, background information, facility location, or physical space of the retail dispensary named in this document from that information contained in this dispensary's license application documents (including any amendments) for the calendar year 2018.*

*I also certify that I am not aware of any violations of any provision of the Santa Cruz County Code or State law related to operation of this retail cannabis dispensary.*

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**Signature of Applicant**

**Date**

**Section 2 – Certifications/Assurances and Warranties (to be completed by all applicants)**

**a. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY SANTA CRUZ COUNTY**

The applicant and all owners and operators hereby waive and release the County and the Santa Cruz County Sheriff's Office from any and all liability for monetary damages related to or arising from the application for a renewal license, any pre-licensure background investigation, the issuance of a renewal license, or the enforcement of the conditions of the license. The undersigned certifies that under no circumstances shall the undersigned file any cause of action for monetary damages against the County of Santa Cruz, the Santa Cruz County Sheriff's Office, the licensing official or any County employee as a result of this application to renew a license, or issuance of a renewal license, or enforcement of the conditions of the license.

**b. Release of Santa Cruz County from Liability to License Applicant and Licensee**

By applying for an renewal dispensary license, the applicant/licensee, owners and operators, and each of them, waive and release Santa Cruz County, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability 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/licensee for a violation of state or federal laws, rules or regulations relating to cannabis, including but not limited to any background investigation associated with licensing determinations.

**c. Agreement to Indemnify Santa Cruz County**

By applying for a renewal to a dispensary license pursuant to the Santa Cruz County Cannabis Licensing Program and by accepting a renewal license from the Santa Cruz County Licensing Officer acting as the Santa Cruz County Local Licensing Authority, the applicant/licensee, owners and operators, and each of them, jointly and severally if more than one, agree to indemnify, defend and hold harmless Santa Cruz County, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the cannabis business that is the subject of the license.

d. The undersigned certifies that any proposed new dispensary manager and/or anyone proposed to obtain an ownership interest in the business referenced herein represents and certifies they have submitted to a Live Scan background check no earlier than 30 days prior to the date of this application.

e. The applicant represents and certifies that he/she/it continues to hold in good standing any license required by the State of California for cannabis business operations.

f. The applicant understands that operators, employees and members of the cannabis dispensary or cultivation business may be subject to prosecution under federal laws.

g. The person whose signature appears below is authorized to sign this application on behalf of the business and all owners and operators of the business, and has submitted this information and all attachments to renew a Santa Cruz County cannabis license.

**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.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINTED NAME AND 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.

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_ (insert name and title of the officer),

personally appeared \_\_\_\_\_, 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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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 \_\_\_\_\_

(Seal)