

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

To pay the application fee by cash, contact the Department 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 (Please check ONE):
 Distributor (Type 11) Distributor - Transport Only (Type 13)

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 Department staff will only be able to discuss the application with this person or an owner of the business. If you have an agent for service of process that is different than the primary contact or designated responsible party, please include their contact information below.

8. Name	Title	Phone Number	Email Address

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? Yes No

13. Number of employees? (not counting owners) _____ If more than 1 employee, provide State Employment Identification Number (SEIN). _____

14. If your company **has 20 or more employees** (not including supervisors) for the cannabis business, please select one of the following:
 I will provide a notarized statement with this application that the commercial cannabis business will enter into and abide by the terms of a labor peace agreement. Yes
 I will provide documentation with this application that demonstrates that the commercial cannabis business has already entered into and will abide by the terms of the labor peace agreement. 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 your manufacturing or cultivation license number(s) _____

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 and Place of Birth			
Government-Issued Identification Number	Telephone Number			
Current Employer				

SECTION E - ENTITY FINANCIAL INTEREST HOLDERS An entity is anything other than an individual. If an entity is a financial interest holder 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
Federal Employer Tax Identification Number		Name of Primary Contact		

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

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 Department Regulations section 15014 listed below.

Distributor Type 11 & Distributor-Transport Only Type 13

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|---|---|
| <input type="checkbox"/> Less than or equal to \$1 million (\$1,500) | <input type="checkbox"/> More than \$1 million and less or equal to \$2.5 million (\$6,000) |
| <input type="checkbox"/> More than \$2.5 million and less or equal to \$5 million (\$11,250) | <input type="checkbox"/> More than \$5 million and less or equal to \$10 million (\$22,500) |
| <input type="checkbox"/> More than \$10 million and less or equal to \$20 million (\$45,000) | <input type="checkbox"/> More than \$20 million and less or equal to \$30 million (\$75,000) |
| <input type="checkbox"/> More than \$30 million and less or equal to \$50 million (\$120,000) | <input type="checkbox"/> More than \$50 million and less or equal to \$70 million (\$180,000) |
| <input type="checkbox"/> More than \$70 million (\$240,000) | |

Distributor-Transport Only Self-Distribution Type 13 (If answered "Yes" to question 16)

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|--|---|
| <input type="checkbox"/> Less than or equal to \$1,000 (\$200) | <input type="checkbox"/> More than \$1,000 and less or equal to \$3,000 (\$500) |
| <input type="checkbox"/> More than \$3,000 (\$1,000) | |

SECTION I - REQUIRED ATTACHMENTS/DOCUMENTS

- Evidence of legal right to occupy and use the proposed premises location.
- Premises Diagram Form
- If the business is a foreign corporation or foreign LLC: a certificate of qualification, registration, or status issued by the California Secretary of State.
- Evidence of premises compliance with local jurisdiction, if answered "Yes" to question 9.
- Limited sovereign immunity waiver, 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.
- Proof of surety bond in the amount of \$5,000, payable to the State of California.

DISCLOSURE OF LICENSE HISTORY If you have previously been denied a license or had a license suspended or revoked by the Department or any other state cannabis licensing authority, provide the type of license denied, suspended, or revoked, the name of the licensing authority, and the date of the denial, suspension, or revocation.

License Type:	Date of Denial, Suspension, or Revocation:
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Licensing Authority:

AFFIRMATION AND CONSENT

Under penalty of perjury, I hereby declare that the information contained within and submitted with this 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