



Development Services Department
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CANNABIS RETAIL BUSINESS LICENSE REGISTRATION

The Registration period for Retailers will open on January 17, 2022 and close on February 18, 2022 at 5:00 p.m. Registration materials must be submitted through the City of Encinitas Customer Self Service (CSS) online portal. Please note that each proposed location requires a separate completed Registration form.

SECTION A – CANNABIS RETAIL REGISTRATION ACTIVITY

Please select the commercial cannabis activity type for which you are Registering:

Type 10: Storefront Retailer*

**Note: Type 10 Storefront Retailers are authorized to engage in off-site delivery from the location of the Storefront facility.*

SECTION B – BUSINESS ENTITY INFORMATION

Please check only one box:

- | | |
|--------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other (Please Specify): _____ | |

Legal Business Name: _____

Last Name (Sole Proprietorship Only) _____

First Name (Sole Proprietorship Only) _____

Doing Business As (DBA): _____

Place and Date of Filing Fictitious Business Name (DBA): _____

Taxpayer Identification Number: _____ Secretary of State Registration Entity ID: _____

Applicant/Business Phone: * (____) ____ - ____ Applicant/Business Email Address*: _____

Mailing Address*: _____

City State ZIP

*** Note: Contact information provided in these fields will be used by the City to communicate with applicant.**

SECTION C – BUSINESS OWNER(S) INFORMATION*

BUSINESS OWNER #1

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City

State

ZIP

BUSINESS OWNER #2

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City

State

ZIP

BUSINESS OWNER #3

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City

State

ZIP

BUSINESS OWNER #4

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City

State

ZIP

* Attach additional pages if necessary.

SECTION D – RESPONSIBLE PERSON INFORMATION*

Note: Pursuant to EMC Chapter 9.25, “Responsible Person” is defined as the person who is responsible for the operation, management, direction or policy of the proposed cannabis business.

Last Name: _____ First Name: _____

Business Title: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City State ZIP

SECTION E – PROPERTY INFORMATION (LOCATION OF PROPOSED USE)

Assessor Parcel Number(s): _____

Property Address: _____
Street (including suite number where applicable)

City State ZIP

SECTION F – PROPERTY OWNER(S) INFORMATION*

Property Owner Name: _____

Phone: (____) ____ - _____ Email Address: _____

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (____) ____ - _____

Check this box if additional persons or entities have an ownership interest in the subject property in addition to that indicated above; and attach a separate sheet that lists the names, mailing addresses, phone, and email addresses of additional property owners.

* Attach additional pages if necessary. If Property Owner is a legal entity (e.g. Corporation, LLC, etc.) then complete Section F with the legal entity name, phone number, email, etc.

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SECTION G – PROPERTY OWNER AUTHORIZATION.*

Property Owner(s) Authorization must accompany all Registration forms. If the business owner is the same person/entity as the property owner, the business owner must complete, sign and notarize the Property Owner Authorization form.

I certify that I am/we are the record owner(s) of the property at:

Street City State Zip

and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

I am the property owner or am authorized to act on the property owner's behalf, and the information I have provided above is correct. I acknowledge that I have read and understand the information contained herein.

I acknowledge that the proposed commercial cannabis business _____
Tenant (Corporation/LLC/Partnership/Sole Owner)
 has the legal right to occupy the property, and consent to business conducting the following commercial cannabis activity at the Property:

Type 10: Storefront Retailer

I agree to comply with all applicable City Ordinances and State Laws relating to (MAUCRSA).

SIGNATURE OF PROPERTY OWNER(S):

PRINTED NAME OF PROPERTY OWNER(S) SIGNATURE OF PROPERTY OWNER(S)

PRINTED NAME OF PROPERTY OWNER(S) SIGNATURE OF PROPERTY OWNER(S)

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.

Subscribed and sworn to before me this _____ day of _____, 20_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____.

****NOTARIZATION REQUIRED. This authorization form will not be valid without notarization. The authorization contained in this form automatically expires upon sale or transfer of title to the Property. If sale or transfer of the Property occurs prior to obtaining a business license, the applicant must resubmit this notarized form with approval of the new legal owner(s) of the Property. Section G must be signed by all Property Owners identified in Section F of the Registration Form. Attach additional pages if necessary.***

SECTION H – COMMERCIAL CANNABIS BUSINESS OWNER AUTHORIZATION: *

Commercial Cannabis Activity (business) owner’s consent must accompany all Registrations.

All Commercial Cannabis Owners who own 20% or more of a Commercial Cannabis Activity must be acknowledged and sign this form. (Attach additional pages, as needed)

I certify that I am/we are the owner(s) of the Commercial Cannabis Activity, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I hereby declare that I am authorized to submit this Registration on behalf of the entity listed on the Registration because I am an owner of the entity or because I have authority from the owner.
- I hereby declare the information contained within and attached to this Registration is complete, true, and accurate. I acknowledge that any false, misleading, or fraudulent statement of material fact in this Registration by an agent of an owner, or an owner, will be held against the owner and is grounds for denial of this Registration, or suspension or revocation of the license and permit associated with this Registration.
- I hereby declare that I have conducted my own research and investigation regarding the compliance of my proposed location with state and local laws, including, but not limited to, location requirements, zoning regulations, and address requirements. I further declare that the proposed location of the cannabis business license fully complies with applicable state and local law.
- I acknowledge that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained within this Registration is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.
- I acknowledge the City will review this Registration for compliance with applicable laws, regulations, and ordinances, and that my Registration may be denied as allowed by laws, rule, or policies of the City.
- I agree to comply with all applicable City Ordinances and State Laws including but not limited to the Medicinal and Adult Cannabis Regulation and Safety Act (“MAUCRSA”).
- My Commercial Cannabis Business Registration form may be subject to the California Public Records Act. All references to names, addresses, telephone numbers, and project information will be part of the California Public Record Act.
- I acknowledge this Registration does not grant any authorization to conduct a Commercial Cannabis Activity on these premises unless and until I am issued a Cannabis Business License from the City of Encinitas.
- I understand that Registration does not entitle me or anyone else to commence or continue the operation of a Commercial Cannabis Activity in the City nor does it guarantee that I will be issued a permit or license to do so under the City Ordinance or under any state or local law.
- I consent for the City Manager or designee, to enter the proposed premises to conduct inspections during Registration process and after a business license has been issued.
- I hereby declare that I have read this acknowledgement and advisement, that I have had the opportunity to consult with, and be represented by, legal counsel of my own choice prior to the execution and submission of this Registration, and that I am knowingly and voluntarily submitting this Registration in compliance with this acknowledgement and advisement and all applicable laws.

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- I certify that none of the owners or responsible persons associated with this business have been cited or fined by any California jurisdiction for operating a non-permitted cannabis business after October of 2015, when the state passed MAUCRSA.
- I understand that, if I am selected to receive a business license through a public lottery process and am unable to comply with the requirements outlined in Chapter 9.25 of the EMC in order to obtain a business license from the City within eighteen (18) months of being selected, my Registration shall be retracted. If the majority of the delays in the licenses are determined to be due to processing, scheduling, or other delays on the party of the City or other relevant authority, beyond my control, the period for compliance shall be extended proportional to the delays.

SIGNATURE OF COMMERCIAL CANNABIS ACTIVITY OWNER(S): *(Attach additional pages if needed)*

_____ <i>PRINTED NAME OF COMM.CANNABIS ACTIVITY OWNER(S)</i>	_____ <i>SIGNATURE OF COMM.CANNABIS ACTIVITY OWNER(S)</i>
_____ <i>PRINTED NAME OF COMM.CANNABIS ACTIVITY OWNER(S)</i>	_____ <i>SIGNATURE OF COMM.CANNABIS ACTIVITY OWNER(S)</i>
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_____ <i>PRINTED NAME OF COMM.CANNABIS ACTIVITY OWNER(S)</i>	_____ <i>SIGNATURE OF COMM.CANNABIS ACTIVITY OWNER(S)</i>

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.

Subscribed and sworn to before me this _____ day of _____, 20_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____.

***NOTARIZATION REQUIRED.** This authorization form will not be valid without notarization. Section H must be signed by all owners identified in Section C of the Registration Form. Attach additional pages if necessary.

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SECTION I – PREFERENCE CRITERIA:

Please check the box for each preference criteria category in which one or more owner(s) of the applying organization for a cannabis business license in Encinitas has the requisite experience.

Any false, misleading, or fraudulent statement of material fact in response to the preference criteria may be grounds for denial of the Registration, or suspension/revocation of the license and permit associated with this Registration. The City of Encinitas reserves the right to request additional supporting documentation to support the validity of any claims made in response to the preference criteria identified below.

Unless otherwise specified, "Owner" is defined as a person with an aggregate ownership interest, direct or indirect, of twenty percent (20%) or more in a Commercial Cannabis Business. The applicant will also be required to submit proof that they meet the preference criteria for any preference they claim.

PREFERENCE CRITERIA #1

- A minimum of twelve (12) consecutive months as an Owner or Responsible Person of a Cannabis Business, within the previous five (5) years, in a jurisdiction permitting such Commercial Cannabis Activity. "Responsible Person" is defined as the person who is responsible for the operation, management, direction, or policy of a cannabis retailer, cultivator, manufacturer, or distributor.

The twelve (12) consecutive months of lawful Cannabis Business ownership demonstrated must be of a type substantially similar to that allowed by the City License for which the Applicant is applying. To qualify for this criteria, the applicant must provide the following information:

1. Other Cannabis Licenses – List all commercial cannabis businesses licenses, including out-of-state licenses, permits, or authorizations to conduct commercial cannabis activity. Insert additional pages if necessary.

Legal Business Name: _____

Name of Relevant Owner or Responsible Person: _____

Percent Ownership (if Owner): _____

No. Months of Consecutive Ownership (if Owner): _____

Position Title (if Responsible Person): _____

No. Months in Position (if Responsible Person): _____

Type of Cannabis License: _____

Physical Address of Licensed Facility: _____

Street

City *State* *ZIP*

State License Number: _____

Issued By (State): _____

Date State License Issued: _____

Local Business License Number: _____

Issued By (Local Jurisdiction): _____

Date Local License Issued: _____

2. Attach a copy of the Cannabis Business License issued by the State.
3. Attach a copy of the Cannabis Business License issued by the Local Jurisdiction.

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PREFERENCE CRITERIA #2

A minimum of thirty-six (36) consecutive months as an owner with an aggregate ownership of thirty percent (30%) or more in a lawful pharmaceutical business licensed and regulated by a state or the federal government. The thirty-six (36) months of experience demonstrated must be of a type substantially similar to that allowed by the City License for which the applicant is applying.

1. Pharmaceutical License(s) – List all licenses, including out-of-state licenses, to operate a pharmaceutical business. Attach additional pages if necessary.

Legal Business Name: _____

Name of Relevant Owner: _____

No. Months of Consecutive Ownership: _____

Percent Ownership: _____

Physical Address of Licensed Facility: _____
Street

City State ZIP

Drug Enforcement Administration (DEA) Registration Number: _____

Date DEA Registration Issued: _____

National Provider Identifier (NPI) Number: _____

Date NPI Number Issued: _____

State of Licensure: _____

Regulatory State Board of Pharmacy: _____

State Board of Pharmacy License Number: _____

Date State Board of Pharmacy License Issued: _____

Local Business License Number: _____

Issued By (Local Jurisdiction): _____

Date Local Business License Issued: _____

Other License Type: _____

Other License Number: _____

Issued By: _____

Date License Issued: _____

2. Attach a copy of the DEA certificate.
3. Attach a copy of the license issued by the State Board of Pharmacy.
4. Attach a copy of the Local Business License.
5. Attach a copy of the Other License (if applicable)

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PREFERENCE CRITERIA #3

A minimum of eighteen (18) consecutive months as an owner with an aggregate ownership interest of twenty percent (20%) or more in a lawful, properly licensed business with an average of four (4) or more employees located within the City of Encinitas.

1. City of Encinitas Business License(s) – List all qualifying businesses licenses issued by the City of Encinitas. Insert additional pages if necessary.

Legal Business Name: _____

Name of Relevant Owner: _____

Percent Ownership: _____

No. Months of Consecutive Ownership: _____

Type of Business License: _____

Physical Address of Licensed Facility: _____
Street

_____ *City* _____ *State* _____ *ZIP*

Local Business License Number: _____

Date Local License Issued: _____

2. Attach a copy of the Business License issued by the City of Encinitas and documentation sufficient to demonstrate the compliance with the preference criteria for ownership and average number of employees.