

MINOR CANNABIS TRANSFER OF OWNERSHIP APPLICATION

(All forms must be typed or printed in blue or black ink)

Form Instructions			
<p>A Minor Cannabis Transfer of Ownership Application is required when a business is adding owners to their license whose ownership percentage <u>totals between 10% and 49% of the business</u>.</p> <p>A single form may be used to add an owner or owners to multiple licenses <u>at a single address, under a single entity name</u>. For licenses at different addresses and/or under different entity names, please fill out a separate form for each address/entity.</p> <p>Please include the following documents with this application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of one (1) fully legible valid government issued form of identification for each <u>NEW</u> owner. <input type="checkbox"/> Copy of Live Scan receipt/completion for each <u>NEW</u> owner. <input type="checkbox"/> Corporation, Limited Liability Companies, Limited Liability Partnerships: <ul style="list-style-type: none"> • Copy of your Articles of Incorporation/ Organization or Amended Articles of Incorporation • Copy of your Statement of Information. <p>The new owner(s) and all existing owner(s) must sign this form to be valid. All signatures included in this form must be notarized to be valid.</p>			
Business Information			
LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION):		DOING BUSINESS AS (DBA):	
Premises Information			
PREMISES PHYSICAL ADDRESS:		ASSESSOR PARCEL NUMBER (APN):	
License/Application Information			
CITY LICENSE ACCOUNT NUMBER	STATE LICENSE NUMBER (IF APPLICABLE)	LICENSE TYPE (Adult-Use or Medical)	TYPE OF COMMERCIAL CANNABIS ACTIVITY
<p>IS THE BUSINESS MODIFYING THE LICENSED PREMISES?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE SUBMIT A MODIFICATION OF PREMISES FORM WITH THIS APPLICATION.</p>			

Owner(s) Information – The following individual(s) is/are owner(s) of the business:

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
GOVERNMENT ISSUED ID NUMBER:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
<input type="checkbox"/> NEW OWNER <input type="checkbox"/> EXISTING OWNER	LIVE SCAN ATI NUMBER

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
GOVERNMENT ISSUED ID NUMBER:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
<input type="checkbox"/> NEW OWNER <input type="checkbox"/> EXISTING OWNER	LIVE SCAN ATI NUMBER

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
GOVERNMENT ISSUED ID NUMBER:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
<input type="checkbox"/> NEW OWNER <input type="checkbox"/> EXISTING OWNER	LIVE SCAN ATI NUMBER

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
GOVERNMENT ISSUED ID NUMBER:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
<input type="checkbox"/> NEW OWNER <input type="checkbox"/> EXISTING OWNER	LIVE SCAN ATI NUMBER

***Attach additional pages if necessary**

Declarations		
1. I hereby declare that I am authorized to submit this application on behalf of the entity listed on the application because I am an owner of the entity or because I have authority from the owner.		
2. I acknowledge that any false, misleading, or fraudulent statement of material fact in this application by an agent of an owner, or an owner, will be held against the owner and is grounds for denial of this application, or suspension or revocation of the license and permit associated with this application.		
3. I hereby declare that I have read and understand all the laws, rules and regulations, and policies and procedures associated with my application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will abide by such laws, rules, and policies during the application process after my license is issued by the City.		
4. 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.		
5. 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 application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.		
6. I acknowledge that any license to which I am being added as an owner may be subject to existing agreements, actions, or restrictions, including disciplinary action, or any other limitation imposed by the City or third-party and I voluntarily agree to be bound by any such limitation(s) on the license.		
7. I acknowledge the City will review this application for compliance with applicable laws, regulations, and ordinances, and that my application may be denied as allowed by laws, rule, or policies of the City.		
8. I acknowledge the City may initiate disciplinary action on this license based upon any conduct associated with the license, including, but not limited to, conduct by owners, previous owners, managers, employees, agents, or any other person connected or associated with the licensee. I further acknowledge that this license constitutes a revocable privilege and that I am liable for all actions associated with this license.		
9. I acknowledge that this application does not confer an entitlement or a vested right to receive a license and/or permit, and I acknowledge that I must qualify for, and obtain, a license or license status that I am seeking prior to operating or otherwise claiming that I have any such right to a license or to operate.		
10. I certify that the business identified in this application, if employing two or more employees at the proposed property, will enter into, or has entered into, a labor peace agreement and will abide by the terms of said labor peace agreement.		
11. I acknowledge that a change to the entity name, corporate ID, and/or Federal Tax ID Number is considered a transfer of ownership and that prior approval from the City is required before initiating any such transfer. I also acknowledge that a change to the DBA or conversion from a non-profit to a for-profit, and vice versa, without changing the entity name, corporate ID, and/or Federal Tax ID Number is not considered a transfer of ownership.		
12. 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 application, and that I am knowingly and voluntarily submitting my application in compliance with this acknowledgement and advisement and all applicable laws.		
13. I acknowledge that I am jointly and severally liable for any and all taxes, fees, and charges associated with the license.		
14. I acknowledge that am responsible for knowing and complying with all state and local laws and regulations applicable to commercial cannabis activity, including, but not limited to, the Medicinal and Adult Use Cannabis Regulation and Safety Act and applicable Chapters of the Long Beach Municipal Code. I acknowledge I am responsible for compliance with subsequent updates to cannabis laws and regulations.		
15. I hereby declare the information contained within and attached to this application is complete, true, and accurate. I understand any false, misleading or fraudulent statement of material fact is cause for rejection of this application, denial of the license, or revocation of an issued license.		
16. I consent for the City Manager, or his or her designee, to enter the proposed premises to conduct inspections of the process during application process and after a business license has been issued. I acknowledge that it is unlawful for any property owner, landlord, and lessee, or employee, manager, owner, or any other person having any responsibility over the operation of an applicant or licensee pursuant to Chapter 5.90 and 5.92 of the Long Beach Municipal Code to refuse to allow, impede, obstruct or interfere with an inspection.		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
NEW OWNER PRINT NAME:	SIGNATURE:	DATE:
NEW OWNER PRINT NAME:	SIGNATURE:	DATE:
NEW OWNER PRINT NAME:	SIGNATURE:	DATE:

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Owner Disclosures	Yes	No
1. Has any owner ever been convicted of, or entered into a plea of guilty or nolo contendere to, any felony in the United States or a foreign country?		
2. Has any owner ever had a cannabis license or permit suspended or revoked by a city, county, or state?		
3. Has any owner ever been denied a cannabis business license or permit by a city, county, or state?		
4. Has any owner ever had a City of Long Beach license or permit suspended or revoked?		
5. Has any owner ever been denied a cannabis business license by the City of Long Beach?		
6. In the past 3 years, has any owner been sanctioned, fined, enjoined from, found guilty of, or plead guilty or no contest to, any charge of engaging in commercial cannabis activity without the required permits, licenses, registrations, or approvals required by State or local law?		

If you answered "Yes" to any of the questions above, please provide a written statement detailing the date(s) and circumstances of such convictions, pleas of guilty or nolo contendere, sanctions, fines, denials, suspensions, or revocations, including, but not limited to, specific offenses and/or violations, agency involved, name of any business names, and account numbers.

Oath – Signed by all existing and new owners

I/we certify that the information contained herein is complete, true, and accurate. I/We understand any false, misleading, or fraudulent statement of material fact in this form is grounds for rejection of a business license application, denial of the license, or revocation of an issued license. I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:
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* All signatures included in this form must be notarized to be valid.