

Cannabis Equity Program Direct Grants & Fee Waiver Application

Application Instructions:

Applicants must submit one (1) grant application per Medical and Adult-Use Cannabis License Type (i.e., cultivation, manufacturing, distribution, and lab testing) and include all applicable attachments by mail or e-mail, in a single submission. If submitted by e-mail, the grant application and all supporting documentation must be in PDF format. The City will not accept documents submitted in any other format.

Grant applications and all supporting documentation must also be prepared legibly in black or dark blue ink or using the PDF form. Forms completed in pencil will be returned to you. Please make sure that you and other authorized individuals sign and date the forms, where applicable. Grant applications must include all supporting documentation to begin processing, not including documents will result in grant processing delays.

Applications may be submitted by mail or e-mail to:

Economic Development Department
Cannabis Equity Program
411 W. Ocean Blvd., 10th Floor
Long Beach, CA 90802

Email: cannabizLB@longbeach.gov

Monday through Friday
8:30 a.m. to 4:30 p.m.

For Direct Grants Program assistance, please contact us at:

cannabizLB@longbeach.gov

Public Records - Reminder to All Applicants

Any document or record that is used, retained, or maintained by the City during the course of business is considered public record. Unless a specific exemption from disclosure applies, the City may be required to disclose application information in response to a California Public Records Act request (*Government Code Section 6250 et seq.*).

Section A – Direct Grants Program Eligibility Requirements

To participate in the cannabis social equity grant program, you must meet the following eligibility requirements.

Do you qualify as an Equity Applicant? Yes No

If you marked “No”, please visit www.longbeach.gov/cannabisequity for information on how to qualify.

If you marked “Yes”, please attach the *Cannabis Social Equity Program Verification Letter* issued by the Office of Cannabis Oversight (OCO) or Economic Development Department.

Have you completed the cannabis general information and demographic questionnaire?

Yes No

If you marked “No”, please complete the questionnaire prior to submittal of your grant application. The City only requires completion of the questionnaire once. To complete the questionnaire, please click the following link:

[City of Long Beach Cannabis Equity Applicant / Licensee Questionnaire.](#)

Section B – Equity Applicant Information

FIRST NAME	LAST NAME	Mi:
EMAIL ADDRESS: *	PHONE NUMBER: *	
MAILING ADDRESS: *	CITY: *	
STATE: *	ZIPCODE: *	COUNTY: *

*Note: All fields are required. Unless provided under Section C, contact information provided in these fields will be used by the City to communicate with the applicant/business regarding status of equity grant application and eligibility information.

Section C – Equity Business Information

Do you qualify as an Equity Business? Yes No

If you marked "Yes", please complete this section and attach the *Verification of Equity Business Status Letter* issued to your business entity by the Business License Division.

If you marked "No", please leave this section blank and complete the rest of the application, starting with Section – Equity License Information.

LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR):

FIRST NAME (SOLE PROPRIETORSHIP ONLY):	LAST NAME (SOLE PROPRIETORSHIP ONLY):
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DOING BUSINESS AS (DBA):	BUSINESS LICENSE APPLICATION NUMBER:
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MJ _____

BUSINESS EMAIL ADDRESS: *	BUSINESS PHONE NUMBER: *
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MAILING ADDRESS: *	CITY: *
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STATE: *	ZIPCODE: *	COUNTY: *
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CANNABIS BUSINESS SITE ADDRESS:

PROPERTY OWNER/LANDLORD NAME:	BUSINESS EMAIL ADDRESS:
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MAILING ADDRESS: *	CITY: *
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STATE: *	ZIPCODE: *	COUNTY: *
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*Note: Unless provided under Section B, contact information provided in these fields will be used by the City to communicate with the applicant/business regarding status of equity grant application and eligibility information.

Section D – Equity License Type Information

Please check all that apply:

Cultivation	Manufacturing	Distribution	Lab Testing	Microbusiness
<input type="checkbox"/> Nursery <input type="checkbox"/> Specialty Cottage <input type="checkbox"/> Small <input type="checkbox"/> Medium	<input type="checkbox"/> Type P – Packing & Labeling <input type="checkbox"/> Type N – Infusions <input type="checkbox"/> Type 6 – Non-Volatile <input type="checkbox"/> Type 7 – Volatile Manufacturing	<input type="checkbox"/> Type 11 – Distribution <input type="checkbox"/> Type 13 – Transport Only Distribution	<input type="checkbox"/> Type 8 – Lab Testing	<input type="checkbox"/> Type 12 – Microbusiness

Section E – Financial Information

Have you invested any of your own funds into the business? Yes No

If you marked “Yes”, please provide proof through bank or financial statements of the funds you, as the equity applicant, have invested into the business. “Invested” could mean buying property, equipment, and paying for any expenses related to setting up your business.

Do you have any partners that have provided and/or are willing to provide capital to the business? Yes No

If you marked “Yes”, please provide a signed letter from the business partner stating the amount of capital that has been provided and/or will be provided to support the business.

Section F – Required Supporting Documentation

Prerequisite Information

EQUITY APPLICANT RESUME OR ANSWERS TO EXPERIENCE QUESTIONS

Please attach a PDF copy of your resume or answers to the experience questions.

PARTNER(S) RESUME OR ANSWERS TO EXPERIENCE QUESTIONS

Please attach a PDF copy of your partner's resume or answers to the experience questions. If you do not have a partner as a part of your business, please check the box below.

I do not have a partner as a part of my cannabis business.

UPDATED BUSINESS PLAN

Please attach a PDF copy of your Business Plan along with your completed grant application.

The Business Plan must include the following components:

- Executive Summary
- Mission/Vision Statement
- Team/Organizational Structure
- Operating Plan
- Budget/Financial Plan
- Market Analysis
- Marketing Plan

The Business Plan will be graded by the City using the Direct Grant Assessment Form.

Resources

- For business plan assistance, please email cannabizLB@longbeach.gov to be connected with a [Direct Technical Assistance](#) consultant.

BUSINESS ENTITY FILINGS

Please attach copies of your Business Entity filing documents along with your completed grant application. For corporations and LLCs, please provide the Articles of Incorporation/Organization and Statement of Information filed with the CA Secretary of State.

Please select one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership (GP) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Sole Proprietorship |

Resources

- For assistance with these requirements, please contact our office by email at cannabizLB@longbeach.gov.
- For more information on how to establish your business entity and required filings, please visit the California Secretary of State's online portal: [cannabizfile](https://www.sos.ca.gov/cannabizfile).

Milestone #1 – Securing a Business Location

LETTER OF INTENT

Please include a PDF copy of your Letter of Intent (LOI) along with your completed grant application. The LOI must be signed and notarized by the equity applicant and legal property owner and/or landlord.

The City reserves the right to deny a grant application based on LOI terms found to be above fair market value or indicative of predatory practices and/or unpermitted license type(s) based on the location and zoning requirements, as listed in the [Cannabis Map](#).

Please select one of the following that have been executed within the last 30 days:

- Letter of Intent to Lease Commercial Property
- Lease Agreement

The Letter of Intent must include (but is not limited to) the following components:

- Lessee
- Lessor
- Property Address, including any suite(s) and APN(s)
- Property Type
- Property Profile, including photos of interior and exterior
- Permitted Use
- Rentable Square Footage
- Financial Terms (i.e., base rent, deposit, utilities)
- Payment Method
- Lease Conditions
- Lease Terms

Milestone #1A – Application Fees

If you have submitted your [cannabis business license application](#) and have received approval from the Department of Development Services, Planning Bureau, please include the following with your completed grant application:

- Copy of Bill Notice for Application Fees

Milestone #1B – Administrative Use Permit (AUP) Fees

If you have applied for an [Administrative Use Permit \(AUP\)](#) with the Department of Development Services, Planning Bureau, please include the following with your completed grant application:

- Copy of Invoice for Administrative Use Permit (AUP) Fees

Milestone #1C – Conditional Use Permit (CUP) Fees

If you have applied for a [Conditional Use Permit \(CUP\)](#) with the Department of Development Services, Planning Bureau, please include the following with your completed grant application:

- Copy of Invoice for Conditional Use Permit (CUP) Fees

Milestone #2 – Drawing Up Plans

If your business license application is now in the [Permitting and Inspections](#) phase of the licensing process, please include one of the following with your completed grant application:

- Copy of Letter of Local Authorization to Apply for a State License
- Copy of Executed Lease Agreement

Milestone #2A – Cannabis Facility Consultation Program

If you signed up for the [Cannabis Facility Consultation Program](#) to receive technical assistance on your specific project prior to submitting your facility and architectural plans, please include the following with your completed grant application:

- Copy of Invoice for Cannabis Facility Consultation Fees

Milestone #2B – Plan Check Fees

If you have submitted your facility and architectural plans to the [Department of Development Services](#), please include the following with your completed grant application:

- Copy of Invoice for Plan Check Fees

Milestone #2C – Permitting Fees

If your facility and architectural plans have been approved by the [Department of Development Services](#), please include the following with your completed grant application:

- Copy of Invoice for Permitting Fees

Milestone #2D – Categorical Exemption Fees

If you have applied for a Categorical Exemption in compliance with the California Environmental Quality Act (CEQA) for your cannabis business with the [Department of Development Services](#), please include the following with your completed grant application:

- Copy of Invoice for Categorical Exemption Fees

Milestone #3 – Starting Construction

If you have been issued a Building Permit by the [Department of Development Services](#), Building & Safety Bureau, please include the following with your completed grant application:

- Copy of Building Permit
- Copy of Approved Architectural Plans

Milestone 4 – Opening Your Business

If you have been issued your Business License by the Department of Financial Management, Business Services Bureau, please include the following with your completed grant application:

- Copy of Business License

Section G – Eligible Uses of Grant Funding

Please select which goods/services you will be paying for using the grant funds if awarded (select all that apply):

- Structural Engineer Services
- Architectural Engineer Services
- Consulting Services
- Legal Assistance Services
- Construction Services
- Marketing Services
- Equipment
- Furniture
- Other: _____

Section H – Description of Grant Funding Uses

Please provide a detailed description of how grant funding will be used to support your cannabis business:

Attach additional pages if necessary.

Section I – Direct Grant Payment Information

Information provided in this section will be used by the City to issue direct payments upon determination of grant milestone eligibility and award of a direct grant. The information provided in this should match your W-9 form.

FULL NAME (INDIVIDUAL OR LEGAL BUSINESS ENTITY): *

ADDRESS (NUMBER, STREET, AND APT. OR SUITE NO.): *

CITY, STATE, AND ZIPCODE: *

Do you have a W-9 Form on file with the City?

Yes **No**

If you selected "No", please submit a completed [W-9 Form](#) and attach with your grant application.

Section J – Declarations

1. I hereby declare that I am authorized to submit this application as an equity applicant and/or on behalf of the equity business entity that has submitted a medical and/or adult-use cannabis business license application to the City because equity applicant(s) have 51% or more ownership of the business entity.

2. I acknowledge that any change to the entity name, corporate ID, and/or Federal Tax ID Number that is considered a change in ownership and requires prior approval from the City may impact my status as an equity business and may result in my business no longer maintaining equity business status if it is determined that I no longer meet the equity business requirements, pursuant to the Long Beach Municipal Code.

3. I acknowledge and understand that it is in the discretionary powers of the City to make reasonable rules, policies, and procedures to develop and administer the cannabis social equity program, including grant program requirements and/or funding allocations, which may be subject to change as the City deems necessary, so long as it is in compliance with equity grant contract requirements.

4. I acknowledge that it is my responsibility to comply with the provisions of the Long Beach Municipal Code and all laws, rules, and regulations which govern my application to be eligible for the cannabis social equity grants program.

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 the City will review this application for compliance with equity grant contract requirements, laws, regulations, and ordinances, and that my application may be denied as allowed by equity grant contract requirements, laws, rule, or policies of the City.

7. I acknowledge that this application does not confer an entitlement or a vested right to receive grant funding and I acknowledge that I must qualify for, and meet the grant eligibility and milestone requirements that I am seeking to receive grant funds, prior to, during, and after the cannabis business licensing process.

8. 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.

9. I acknowledge that equity grant funding will only be made available by the City during the grant term period and that equity grant funds will not be available for disbursement prior to the beginning of the grant term, or after the grant term ends.

10. 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, revocation of equity applicant and/or equity business status, and may result in disciplinary action, or any other limitation imposed by the City and I voluntarily agree to be bound by any such limitation(s) regarding equity status and benefits.

11. I consent for the City Manager, or his or her designee, to contact me to request data or other related information for the purposes of complying with equity grant contract documentation and reporting requirements.

I declare under penalty of perjury that all of the information provided in this application and provided in all attachments are true and correct. If an Equity Business, all owners must sign.

PRINT NAME:	SIGNATURE:	DATE:
PRINT NAME:	SIGNATURE:	DATE:

Attach additional pages if necessary.