

## Cannabis Business License Renewal Application

**Form Instructions:**

Per LBMC 5.92.310, licensees must submit a renewal application and submit all applicable attachments to be eligible for renewal.

**5.92.310 - Term and renewal of permit.**

- A. All permits issued under the provisions of this Chapter shall be effective for a period not to exceed five (5) years after issuance. The City Manager may renew a permit if the City Manager determines that the permittee has complied with the provisions of this Chapter and all applicable laws during the preceding permit term, and if the permittee pays the renewal fees and taxes required by this Chapter.
- B. Any permit issued under this Chapter does not confer a vested right or entitlement to receive a future permit under this Chapter.
- C. Any permit issued under this Chapter does not authorize any conduct or continuance of any operation of a Commercial Cannabis Business, in the event a permittee fails to provide required business tax returns and taxes to the City.

**ALL LICENSES MUST BE CURRENT ON TAX PAYMENTS BEFORE AN APPLICATION WILL BE PROCESSED**

Complete the application and all accompanying forms 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.

**Application Renewal Fees: \$3,435.00**

**(Multiple licenses can be included on one application; however, each license will incur a renewal fee).**

**Please do not submit payment with your application. Upon review of the application, a bill will be sent to the mailing address listed on the account. As a reminder, application fees are not refundable. The following forms of payment are currently accepted:**

- a. Cash - will be accepted at the lobby level only and by appointment, please call (562) 570-5350.
- b. Check - will be accepted at the lobby level only or via mail. Please make checks payable to the "City of Long Beach."
- c. CREDIT CARD PAYMENTS ARE NOT ACCEPTED.

**Liaison Contact**

NAME:	PHONE:
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EMAIL:
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**Business Information**

LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION):	DOING BUSINESS AS (DBA):
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**Premises Information**

PREMISES PHYSICAL ADDRESS:
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License/Application Information			
CITY LICENSE ACCOUNT NUMBER	STATE LICENSE NUMBER (IF APPLICABLE)	LICENSE TYPE (Adult-Use or Medical)	TYPE OF COMMERCIAL CANNABIS ACTIVITY

Contact Information-	
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	PERCENTAGE OWNED:

Oath		
<p>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.</p>		
PRINT NAME:	SIGNATURE:	DATE:
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**All signatures included in this form must be notarized to be valid**