



**CITY OF LONG BEACH BUSINESS LICENSE APPLICATION**  
**Second Floor, City Hall**  
**411 W. Ocean Boulevard, Long Beach, CA 90802**

[www.longbeach.gov](http://www.longbeach.gov)  
[LBBIZ@LongBeach.gov](mailto:LBBIZ@LongBeach.gov)  
**(562) 570-6211**

**GENERAL INFORMATION**

OWNER/ENTITY NAME		DRIVER'S LICENSE NO	STATE	SOCIAL SECURITY NO.	HOME OCCUPATION <input type="checkbox"/> Y <input type="checkbox"/> N
BUSINESS NAME (D.B.A)		TYPE OF BUSINESS (BE SPECIFIC)		EMAIL:	
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
BILLING ADDRESS (if same write SAME)	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
RESIDENCE ADDRESS (if same write SAME)	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
LIST OF PRINCIPAL OFFICERS, MEMBERS, PARTNERS AND RESIDENTIAL ADDRESSES (IF MORE, PLEASE ATTACH A LIST)				TITLE	% OWNERSHIP
				TITLE	% OWNERSHIP
<input type="checkbox"/> New Business		<input type="checkbox"/> Address Change		<input type="checkbox"/> Ownership Change	
<input type="checkbox"/> Secondary License		<input type="checkbox"/> Sole Owner		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Corporation		<input type="checkbox"/> LLP. <input type="checkbox"/> LLC.	

**BUSINESS OPERATIONS INFORMATION**

START DATE	NO. OF EMPLOYEES	NO. OF VEHICLES	FEDERAL TAX ID. NUMBER	SALES & USE TAX (SELLER'S PERMIT) NO.
DOES YOUR BUSINESS HAVE A CALIFORNIA STATE LICENSE? <input type="checkbox"/> Y <input type="checkbox"/> N		STATE LICENSE NO.	CLASSIFICATION(S)	RENEWAL DATE
HAVE YOU EVER HAD A BUSINESS LICENSE/PERMIT REVOKED OR SUSPENDED? <input type="checkbox"/> Y <input type="checkbox"/> N		LICENSE/PERMIT NO.	ISSUING AGENCY	CLASSIFICATION & DATE OF SUSPENSION/REVOCATION

**FOOD / ALCOHOL / TOBACCO / ENTERTAINMENT**

Do you plan to sell or serve food? (Includes pre-packaged)  Y  N  
 If serving food, how many seats?: \_\_\_\_\_  
 Do you plan to sell or serve alcoholic beverages?  Y  N  
 ABC License number: \_\_\_\_\_ Type: \_\_\_\_\_  
 Conditions Included: **(If yes, please attach to application)**  Y  N  
 Does your business have amusement machines, video games, vending machines, jukebox and/or pool tables?  Y  N  
 How many: \_\_\_\_\_ Type: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Do you plan to sell tobacco products/paraphernalia?  Y  N  
 Do you plan to operate a Smoking Lounge?  Y  N  
 Will you deal with, use, store or transport Medical Marijuana?  Y  N  
 Will you have  Music  Dancing  Performers  Adult Entertainment?  Y  N

**SERVICES / FUND RAISING**

Will you offer massage, tanning, herbal therapy, escort or any other services that improve the health or well being of another?  Y  N  
 Will you engage in fund raising?  Y  N  
 Will you deal in coins, firearms, jewels or second-hand property?  Y  N  
 Will you perform Parking Management? If so, please attach a detailed list of all activities?  Y  N

**BUILDING AND FACILITY INFORMATION**

Property Owner's Name: \_\_\_\_\_  
 Business sq. ft.: \_\_\_\_\_ Warehouse on site?  Y  N  
 Do you:  Own or  Rent/Lease your business property?

**HAZARDOUS MATERIALS / MEDICAL WASTE**

Will you manage or produce bio-hazardous materials or waste?  Y  N  
 Will you use, store, or transport chemicals (new or waste state)?  Y  N

**ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS**

I understand that before I can operate my business in Long Beach, my establishment must comply with applicable City departmental laws and regulations completely and I must obtain a business license and all necessary Federal State and local permits or I will be in violation of L. B. M. C. Chapter 3.80. I declare that I am authorized to complete this application and that the information and statements provided are true and correct. **SIGN and return this statement with your remittance. Make checks payable to City of Long Beach.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Inspection(s): <input type="checkbox"/> Bldg <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> HazMat <input type="checkbox"/> PD <input type="checkbox"/> Other	Prev Use: _____ Exp. Date: _____
Basic Tax _____	Prev Lic: _____
Employees # _____ @ \$ _____ = _____	Exp Date: _____
Vehicles # _____ @ \$ _____ = _____	District: _____
Other # _____ @ \$ _____ = _____	CRT: _____
PIA _____	SIC: _____
PIA Employees # _____ @ \$ _____ = _____	NAICS: _____
Regulatory _____	Entered by: _____
Investigation _____	Date: _____
Misc. Fees _____	
Sub Total _____	
Zoning _____	
Building Review _____	
Total \$ _____	<b>BU</b>

**Zoning Review**  
 Y N N/A

By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 New construction Reuse  
 Zone: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**ATTENTION LICENSE APPLICANT**

**Business License Required (L.B.M.C. 3.80.210)**

Under the Long Beach Municipal Code (Section 3.80.210), any person operating a business in the City of Long Beach is required to obtain a business license and pay an annual business license tax, prior to the operation of that business.

**Term of License (L.B.M.C. 3.80.520)**

A business license is valid for one (1) year from the date of issuance (unless otherwise noted) and must be renewed each year. A renewal notice is sent to the licensee ten (10) days prior to the due date, and the licensee has thirty (30) days to pay without penalty. If a notice is not received by the licensee, he/she is still responsible for payment by the due date. If the licensee changes his/her mailing address during the year, he/she should contact the Business License Section to report the change.

**Penalties (L.B.M.C. 3.80.422)**

A penalty equivalent to twenty-five percent (25%) of the payment due applies to all delinquent licenses unpaid after thirty (30) days from the due date. An additional ten percent (10%) penalty is added on the first day of the calendar month following the imposition of the twenty-five percent (25%) penalty if the tax remains unpaid, up to a maximum of one hundred percent (100%) of the tax due. The postmark will govern the determination of whether or not a tax payment is delinquent. A delinquent tax will be deemed a debt to the City, and the licensee shall be liable for legal action if it remains unpaid.

**Multiple Businesses at one Location (L.B.M.C 3.80.420.6)**

When more than one business activity is engaged in at the same location, and the activity falls into a classification other than that of the original license, the licensee is required to obtain an additional license for each different business activity. If the licensee has more than one business license at the same location, he/she may choose to pay for all employees on one license. If so, the licensee will pay for the employees on the license with the higher employee rate.

**Definition of an Employee (L.B.M.C. 3.80.150)**

For the purpose of Business License taxation in the City of Long Beach, an employee is defined as: Every person engaged in the operation or conduct of any business in Long Beach, whether as owner, member of the owner’s family, partner, associate, agent, manager or solicitor, and every person employed or working in such business, whether full-time, part-time, permanent or temporary, for a wage, salary, commission or room and board. The owner of a sole proprietorship shall not be deemed to be an “employee” of the business.

**Change of Location (L.B.M.C. 3.80.424)**

Every person possessing a City of Long Beach Business License who changes the location of his place of business shall, prior to engaging in such a business at the new location, have the City endorse the new location on the license.

**Display of License (L.B.M.C. 3.80.425.5)**

Every person having a license shall prominently display the license at the place of business. If the business is operated from a vehicle, an identifying decal issued by the City shall be affixed to the vehicle, and the business license shall be carried by the licensee.

**Refunds Prior to Start of Business (L.B.M.C. 3.80.427.5.F)**

Any application for refund must be made by the person entitled to the money within one year after payment of the money to the City. No refund shall be made of any moneys paid for the issuance or renewal of any license unless it is determined that such licensee has not engaged in, nor held himself out as being engaged in, such business or occupation at any time after the effective date of the license. The amount of the refund shall be the full amount of the license tax paid, less an amount determined by the Director of Financial Management, which shall cover the cost of investigation and issuance of the license.

**Sales or Use Tax**

Sales or Use Tax may apply to your business activity. You may seek advice regarding the application of the tax to your business by writing or calling the State Board of Equalization at:

16715 Von Karman Ave Suite #200  
Irvine, CA 92606  
(949) 440-3473

12440 E. Imperial Hwy. Suite 200  
Norwalk, CA 90651  
-or- (562) 466-1694

**Inspections (The business license application must be available on site at time of inspection).**

When a business license inspection is scheduled, the business must be fully prepared to operate, and the business owner or operator must be on site for the entire scheduled time of inspection. If the business owner or operator is unprepared for or misses a scheduled business license inspection without giving a minimum of 24 hours notice to the appropriate City agency, a re-inspection fee will be assessed.

I have read and understand the **Inspection** requirements.

\_\_\_\_\_  
Signature Date

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF  
GENERALSERVICES,  
Division of the State  
Architect, CASp Program

[www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

[www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)

[disabilityaccessinfo](http://disabilityaccessinfo)

DEPARTMENT OF  
GENERALSERVICES,  
California Commission on  
Disability Access

[www.cdda.ca.gov](http://www.cdda.ca.gov)

[www.cdda.ca.gov/resources-menu/](http://www.cdda.ca.gov/resources-menu/)

### CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit [www.apps2.dgs.ca.gov/DSA/casp/casp\\_certified\\_list.aspx](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx).

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

#### **Disabled Access Credit for Eligible Small Businesses**

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at [www.irs.gov](http://www.irs.gov).

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at [www.ftb.ca.gov](http://www.ftb.ca.gov).

#### **Architectural and Transportation Barrier Removal Deduction**

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at [www.irs.gov](http://www.irs.gov).

#### **California Capital Access Financing Program**

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at [www.treasurer.ca.gov/cpcfca/calcap/](http://www.treasurer.ca.gov/cpcfca/calcap/).

### FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at [www.ada.gov](http://www.ada.gov).

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at [www.bsc.ca.gov](http://www.bsc.ca.gov).

**Cannabis Cultivation Business License Application**

<b>Section A – Reason for Application</b>		
New application	Transfer of ownership	Change of Address
<b>Section B – Application Type</b>		
Medicinal Cannabis Cultivation	Adult-Use Cannabis Cultivation	
<b>Section C – State License Types (Check Only One Per Application)</b>		
Type 1C: Specialty Cottage Indoor (500 sq ft or less of total canopy)		
Type 1A: Specialty Indoor (501 – 5,000 sq ft of total canopy)		
Type 2A: Small Indoor (5,001 – 10,000 sq ft of total canopy)		
Type 3A: Medium Indoor (10,001 – 22,000 sq ft of total canopy)		
Type 4: Nursery		
<b>Section D – Equity Status Information (For Adult-Use applications only)</b>		
<b>NOTE: Please visit <a href="http://www.longbeach.gov/cannabisequity">www.longbeach.gov/cannabisequity</a> for more information on the City’s Cannabis Equity Program.</b>		
Are you applying as an Equity Business?	Yes	No
If you marked “No”, please proceed to Section D of this application.		
If “Yes”, have you received approval regarding your status as an Equity Business?	Yes	No
If you marked “Yes”, please attach to this application:		
<ul style="list-style-type: none"> <li>• Approval letter issued by the Office of Cannabis Oversight</li> <li>• LBMC Chapter 5.92 Verification of Equity Business Ownership Form</li> </ul>		
<b>Section E – License Information</b>		
Are you applying to be a co-located cannabis business*?	Yes	No
If “Yes”, what is the license account number for the associated cannabis business, if applicable? MJ_____		
*A co-located cannabis business means any business (entity) that is engaged in both adult-use and medicinal commercial cannabis activities on the same permitted premises for one (1) identical type of commercial cannabis activity.		
Are you converting an existing medical application/license to adult-use or vice versa?	Yes	No
If “Yes”, what is the license account number for the license being converted? MJ_____		
Do you plan on operating a microbusiness*?	Yes	No
*The State requires microbusinesses to engage in at least three (3) of the following commercial cannabis activities: cultivation, manufacturing, distribution, and/or retail sale. The City does not issue microbusiness licenses. A separate application and City license is required for each activity.		

<b>Section F – Business Information (Check Only One)</b>		
Corporation	Limited Liability Company (LLC)	General Partnership
Limited Partnership	Limited Liability Partnership (LLP)	Sole Proprietorship
LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR):		
LAST NAME (SOLE PROPRIETORSHIP ONLY):		FIRST NAME (SOLE PROPRIETORSHIP ONLY):
DOING BUSINESS AS (DBA):		
PLACE AND DATE OF FILING OF FICTITIOUS BUSINESS NAME (DBA):		
TAXPAYER IDENTIFICATION NUMBER:		SECRETARY OF STATE REGISTRATION ENTITY ID:
TYPE:	SSN/ITIN                      EIN                      NIN	
APPLICANT/BUSINESS PHONE: *		APPLICANT/BUSINESS EMAIL ADDRESS: *
MAILING ADDRESS: *		CITY:                      STATE:
ZIP CODE:	COUNTY:	COUNTRY:

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

<b>Section G – Agent for Service of Process</b>		
LEGAL LAST NAME:		LEGAL FIRST NAME:
MAILING ADDRESS:		CITY:
STATE:	ZIP CODE:	COUNTY:
PHONE NUMBER:	EMAIL ADDRESS:	

<b>Section H – Community Liaison Information</b>	
LEGAL LAST NAME:	LEGAL FIRST NAME
COMMUNITY RELATIONS LIAISON MAILING ADDRESS:	
COMMUNITY RELATIONS LIAISON EMAIL ADDRESS:	
COMMUNITY RELATIONS LIAISON PHONE:	

**Section I – Owner(s) Information**

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

**\*Attach additional pages if necessary**

**Section J – Business Manager(s)****NOTE: List any business managers associated with the business. If none, write N/A.**

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	
DATE OF BIRTH:	PLACE OF BIRTH:
GOVERNMENT ISSUED ID NUMBER:	LIVE SCAN ATI NUMBER

**\*Attach additional pages if necessary**



<b>Section K – Owner Disclosures</b>	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.

<b>Section L – Other Cannabis Licenses</b>				
<b>NOTE: List all State licenses and any out-of-state or other local licenses, permits, or authorizations to conduct commercial cannabis activity held by the owners of the business or the applicant entity. Attach additional pages if necessary.</b>				
LEGAL BUSINESS NAME	TYPE OF LICENSE	LICENSE NUMBER	ISSUED BY	DATE OBTAINED

<b>Section M – Premises Information</b>
PREMISES PHYSICAL ADDRESS:
ASSESSOR PARCEL NUMBER (APN):
The applicant acknowledges that all records required for the operation of a commercial cannabis business must be stored, preserved, and maintained on the premises of the location seeking licensure.
<b>Section N – Property Owner Information</b>
PROPERTY OWNER LEGAL ENTITY NAME:
PROPERTY OWNER PHONE:
PROPERTY OWNER EMAIL ADDRESS:
PROPERTY OWNER'S CITY OF LONG BEACH COMMERCIAL/INDUSTRIAL BUSINESS LICENSE ACCOUNT NUMBER (IF APPLICABLE):

**Section O - Security**

**SECURITY GUARDS** | **24 HOUR SECURITY PATROL**

Will security guards be provided?  
Yes                      No

Will 24-hour security patrols be provided?  
Yes                      No

Number of security guards (if applicable):

Days and hours security guards will be provided (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time (AM/PM)							
End Time (AM/PM)							

**SECURITY GUARD COMPANY** | **24-HOUR SECURITY PATROL**

COMPANY NAME: | COMPANY NAME:

ADDRESS: | ADDRESS:

TELEPHONE NUMBER | TELEPHONE NUMBER

**24 HOUR ALARM MONITORING COMPANY**

ALARM MONITORING COMPANY:

ADDRESS:

TELEPHONE NUMBER:

Provide a list of all members with access to the surveillance camera system to be used:

\_\_\_\_\_

\_\_\_\_\_

Provide a detailed description of the security plan for the proposed business (Attach additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section P – Operating Plan

Note: Attach additional pages if necessary

Establishment hours of operation:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open (AM/PM)							
Close (AM/PM)							

What type of products or services will be provided by the cannabis business for this specific application?  
(check all that apply)

Cultivating/selling cannabis to other licensees

Transportation of cannabis

Cultivating/selling clones or immature plants

Packaging/Labeling

Trimming

Other \_\_\_\_\_

Drying

What is the maximum cultivation canopy for the business?

\_\_\_\_\_ square feet under cultivation

Designate the maximum square footage of the cultivation canopy area(s) that you intend to use during your first year of operation. **Square footage under cultivation includes all live cannabis plants, including clones and immature plants.** This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying from the State, but the *maximum amount of canopy area you intend to utilize during the year*. If you intend to have multiple canopy locations in your facility, include the total square footage of all canopy locations within the facility. Total canopy includes, but is not limited to, both vertical and horizontal canopy areas.

What Point-of-Sale (POS) software will you be using to track sales and/or inventory of cannabis?

Provide a detailed description of the business plan to dispose of any cannabis, cannabis product, or cannabis waste that prevents it from being ingested by a person or animal:

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**Section Q – Indemnity and Hold Harmless Agreement for Adult-Use Cannabis Business Permit**

**NOTE: Please only sign this page if you are applying for an Adult-Use Cannabis Business Permit. All owners must sign.**

- A. Permittee shall indemnify, protect and hold harmless the City, its Boards, Commissions, and their officials, employees, representatives, and agents (“Indemnified Parties”), from and against any and all liability, claims, demands, damage, loss, obligations, causes of action, proceedings, awards, fines, judgments, penalties, costs and expenses, including attorneys’ fees, court costs, expert and witness fees, and other costs and fees of litigation, arising or alleged to have arisen, in whole or in part, out of or in connection with (1) the City’s issuance of the Adult-Use Cannabis Business Permit; (2) the City’s decision to approve the Permittee’s operation of any commercial cannabis activity or any Commercial Cannabis Business operation; (3) the process used by the City in making its decision; (4) the alleged violation of any federal, State, or local requirements by the Permittee, or any of its officers, managers, employees, or agents; or (5) negligent or willful acts, errors, omissions or misrepresentations committed by Permittee, its officers, employees, agents, subcontractors, or anyone under Permittee’s control (collectively “Claims” or individually “Claim”). The City may, at its sole discretion, participate at its own expense in the defense of any such action, but such participation shall not relieve any of the obligations imposed hereunder.
  
- B. In addition to Permittee’s duty to indemnify, Permittee shall have a separate and wholly independent duty to defend Indemnified Parties at Permittee’s expense by legal counsel approved by City, from and against all Claims, and shall continue this defense until the Claims are resolved, whether by settlement, judgment or otherwise. No finding or judgment of negligence, fault, breach, or the like on the part of Permittee shall be required for the duty to defend to arise. City shall notify Permittee of any Claim, shall tender the defense of the Claim to Permittee, and shall assist Permittee, as may be reasonably requested, in the defense.
  
- C. If a court of competent jurisdiction determines that a Claim was caused by the sole negligence or willful misconduct of Indemnified Parties, Permittee’s costs of defense and indemnity shall be (1) reimbursed in full if the court determines sole negligence by the Indemnified Parties, or (2) reduced by the percentage of willful misconduct attributed by the court to the Indemnified Parties.
  
- D. The provisions of this Section shall survive the expiration or termination of this permit.

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

TMA:db A18-02059 (5-14-19)  
00903524.docx

## Section R – 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.**

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

**Section S – Application Attachments**

**NOTE: See application instructions for required detailed information.**

Staff Only	All Applications
	<p>Approval letter issued by the Office of Cannabis Oversight (Equity Businesses Only)</p> <p>Equity Business Owner Confirmation Form (Equity Businesses Only)</p>
	<p>Corporation, Limited Liability Companies, Limited Liability Partnerships:</p> <p>Copy of your Articles of Incorporation/ Organization; and</p> <p>Copy of your Statement of Information</p>
	<p>Proof Entity is Registered and in Good Standing with Secretary of State and Franchise Tax Board</p>
	<p>Copy of one (1) fully legible valid government issued form of identification for each owner</p>
	<p>Copy of Live Scan receipt/completion for each owner. If a Live Scan has been completed within the last 6 months, you do not need to get a new Live Scan done, but a copy of the completed Live Scan receipt is still required.</p>
	<p>Copy of CA Seller's Permit issued to the business site address</p>
	<p>Copy of Fictitious Business Name Filing, if applicable.</p>
	<p>Property Owner Authorization Form</p> <p>If the applicant is the owner of the property, please include a copy of the title or deed to the property in addition to the Property Owner Authorization Form.</p>
	<p>Copy of Property Owner's City of Long Beach Commercial/Industrial Business License, if applicable.</p>
	<p>Premises Diagram</p>
	<p>Photographs accurately depicting the entire exterior of the proposed business site, including entrances, street frontages, parking, front, rear, and sides of the proposed site.</p>
	<p>Equity Incubation Plan (Not required for Equity Cannabis Businesses or Medical Cannabis Businesses)</p>
	<p><b>Medical Cannabis Applications (in addition to attachments above)</b></p>
	<p>Proof of Worker's Compensation Insurance</p>
	<p>Proof of Liability Insurance</p>
	<p>Copy of one (1) fully legible valid government issued form of identification for each business manager</p>
	<p>Copy of Live Scan receipt/completion for each business manager. If a Live Scan for a City of Long Beach cannabis business license application has been completed within the previous 6 months, include the Live Scan receipt from the previous application in place of a new Live Scan receipt.</p>



**CITY OF LONG BEACH**  
 DEPARTMENT OF FINANCIAL MANAGEMENT  
 BUSINESS SERVICES BUREAU  
 BUSINESS LICENSE DIVISION

411 W. Ocean Boulevard, 2<sup>nd</sup> Floor • Long Beach, CA 90802 • (562) 570-6211 FAX (562) 499-1097

**PROPERTY OWNER AUTHORIZATION**

I, \_\_\_\_\_, declare under penalty of perjury that:  
 (Name of Property Owner/ Authorized Representative)

1. I am the Property Owner of record, or the duly authorized representative of the Property Owner, for the real Property located at \_\_\_\_\_ (“the Property”).  
 (Proposed Business Site)

2. The Property Owner acknowledges that the proposed commercial cannabis business \_\_\_\_\_ has the legal right to occupy the  
 Tenant Applicant (Corporation/LLC/Partnership/Sole Owner)  
 Property. The Property Owner acknowledges and consents to the above-stated proposed commercial cannabis business conducting the following types of commercial cannabis activity (check all that apply) at the Property:

- |               |                     |              |
|---------------|---------------------|--------------|
| CULTIVATION   | DISPENSARY (RETAIL) | DISTRIBUTION |
| MANUFACTURING | TESTING LABORATORY  |              |

3. No person shall engage in commercial cannabis activity on the proposed Property without all licenses and permits required by the Long Beach Municipal Code (LBMC) and State law to conduct commercial cannabis activity while an application for a Medical Marijuana Business License and/or an Adult-Use Cannabis Business License is pending.
4. The City of Long Beach may enter the Property to conduct inspections the Property during application process and after a business license has been issued.
5. I have read, understand, and will ensure compliance with the terms of LBMC Chapter 5.90 (“Medical Marijuana Businesses”) and/or the terms of LBMC Chapter 5.92 (Adult-Use Cannabis Businesses and Activities”), as applicable. I further understand that as the legal owner of the property, I am responsible for any violation and nuisance activity which may occur at the above-mentioned property.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ (Authorized Signature)	_____ (Printed Name & Title)	_____ (Date)
_____ (Authorized Signature)	_____ (Printed Name & Title)	_____ (Date)
_____ (Authorized Signature)	_____ (Printed Name & Title)	_____ (Date)

**\*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.**

**Transfer of Ownership Acknowledgement**  
 (Attach this form if you are submitting a Transfer of Ownership application)

**Owner(s) Transferring Interest** - The following individual(s) has/have transferred their interest in the business:

LAST NAME:	FIRST NAME:
PREVIOUS BUSINESS TITLE:	PREVIOUS PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
PREVIOUS BUSINESS TITLE:	PREVIOUS PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
PREVIOUS BUSINESS TITLE:	PREVIOUS PERCENTAGE OWNED:

**Revised Ownership Interest** - The ownership interest has been transferred to the following owner(s):

LAST NAME:	FIRST NAME:
BUSINESS TITLE:	REVISED PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	REVISED PERCENTAGE OWNED:
LAST NAME:	FIRST NAME:
BUSINESS TITLE:	REVISED PERCENTAGE OWNED:

**Oath**

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.

**The owner(s) transferring their interest and all new owner(s) must sign this form to be valid. All signatures included in this form must be notarized to be valid.**

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

\* Attach multiple pages if necessary





### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0194100

ORI (Code assigned by DOJ)

11105 b 11 Res No 17 0001

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

MMB LC Per 11105(B)(11)PC

Authorized Applicant Type

#### Contributing Agency Information:

Long Beach Police Department

Agency Authorized to Receive Criminal Record Information

400 W. Broadway

Street Address or P.O. Box

Long Beach

City

CA

State

90802

ZIP Code

03637

Mail Code (five-digit code assigned by DOJ)

Custodian of Records

Contact Name (mandatory for all school submissions)

(562) 570-7381

Contact Telephone Number

#### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex  Male  Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:



DOJ



FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed