

CITY OF PALM SPRINGS

Application No.:
Received:

Annual Renewal of Cannabis Related Business and Activities Permit

<u>Instructions to the Applicant:</u> The information you provide in this application will be used to determine your eligibility to renew your cannabis permit.

- It is your responsibility to complete this form, provide all required information, and cooperate with all required field investigations.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, attach additional sheets and identify the additional information by the question number.
- The Certifications, Assurance and Warranties of this form require notarized signatures.
- Copy of Current Palm Springs Business License.
- Copy of State of California License.
- The Employee List should include only your current employees. Please make note if they are currently waiting for Live Scan results. Employment cannot commence until live scans have been approved by the city.
- · Confirm point of sale software utilized.
- A security inspection by the Palm Springs Police Department will be required as part of the renewal process. The City may request additional security measures as part of the renewal process.
- Attach documents to evidence good standing with California Secretary of State.
- Attach insurance declaration page to evidence current coverage.

Renewal Application Fee: Please include a certified check, cashier's check or money order for the application fee made payable to the City of Palm Springs. Application Fees are non-refundable.

Annual Renewal Application fees:

Renewal Application (due at time of filing renewal application)
Background fee if adding owner(s) or operator(s)
Site Inspection(s) (if needed)
Extra Services (if needed)
At Cost
At Cost

Disqualification

Deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

You are responsible for providing complete, accurate, and truthful responses.

Section 1 – Identifying Information (to be completed by all applicants)

a. Corporate Name / Business Owner	⁻ Name		
b. "Doing Business As" Name			
c. Business Structure (check only or	ne)		d. LICENSE TYPE: (Check all that apply):
_	_		☐ Dispensary ☐ w/ Delivery
Corporation (or foreign corpora	tion) \coprod Limited Lia	ability Company (LLC)	Lounge
☐ Sole Proprietorship	Limited Pa	artnership	Cultivation, Type:
☐ General Partnership	Limited Lia	ability Partnership	Canopy Size:
Other (specify)			Distribution Type:
\			☐ Manufacturing Type:
			☐ Testing
e. State Cannabis License Number	f. State License Typ	ne	g. State Tax ID
c. Clate Califiable Election Named	1. Otato Election Typ	,	g. Clate Tax ID
h. BOE Sellers Number	i. Palm Springs Pe	rmit Number	j. Federal Tax ID
k. Business Owner Name and Name	of Business Entity is an e	entity is owner or partial	Business Owner Driver's License # / State
owner	,,	,	or Passport if no Driver's License
m. Business Physical Site Address (S	treet number and name,	city, state, zip code)	
, ,		,	
n. Business Mailing Address (if differe	ent than physical address	s Street number and name ci	ity state zin code)
ii. Basiiises Maiiiig / taaress (ii aiiis/	one than physical address	o caroot nambor and namo, of	is, state, 21p 6646)
o. Business Phone Number		p. Business Owner Contac	ct Phone Number
q. Business Email		r. Business Owner Contac	ct Email
5 · W 6''			
s. Business Web Site address			
t. Does the owner also have any fina	ncial interest in any of the	e following cannabis businesse	es in any other iurisdictions
(check all that apply):	,	3	,
Manufacturing	☐ Testing La	ıb 🗖 Microbu	usiness
	☐ Testing La	_	r retail business
			heets for all businesses as necessary.
,	, , , , , , , , , , , , , , , , , , , ,		
v. If you checked any boxes in 't" plea	ase provide the business	physical site address (incl. City	y, state, zip). Attach additional sheets for all
businesses as necessary.	,	, , = =================================	,, , , , , , , , , , , , , , , , , , , ,

	If you checked any boxes in "t" please provide the State cannabis business license number. Attach additional sheets for all businesses as necessary.
X.	Are there any changes to your approved site plan? No Yes If yes, describe the changes and submit revised site plan / premise map.
	changes.
z. I	Name, contact phone number and email for Business twenty-four (24) hour contact person.

LIST OF ALL EMPLOYESS PRESENTLY EMPLOYED BY THE CANNABIS BUSINESS. (A	Attach additional sheets if necessary.)
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Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Additional sheets attached			

LIST ANY OFFFICERS, DIRECTORS, BOARD MEMBERS, STOCKHOLDERS, LIMITED PARTNERS OR LLC MEMBERS OF THE BUSINESS WHO HAVE A FINANCIAL INTEREST IN THIS RETAIL CANNABIS BUSINESS, AND THEIR PERCENTAGE OF OWNERSHIP OR FINANCIAL INTEREST. (MUST TOTAL 100%. Attach additional sheets if necessary.)

Name	Driver's License # / State	Contact Email Address	% Interest
Name	Driver's License # / State	Contact Email Address	% Interest
Name	Driver's License # / State	Contact Email Address	% Interest
Name	Driver's License # / State	Contact Email Address	% Interest
Name	Driver's License # / State	Contact Email Address	% Interest
Name	Driver's License # / State	Contact Email Address	% Interest
Name	Driver's License # / State	Contact Email Address	% Interest
		TOTAL OF ALL PERCENTAGES:	% Total

Additional sheets attached.

FOR ANYONE WHO IS LISTED ABOVE THAT HAS A FINANCIAL INTEREST IN THIS CANNABIS BUSINESS, PLEASE IDENTIFY IF THEY	HAVE
A FINANCIAL INTEREST IN ANY OTHER CANNABIS BUSINESS. IDENTIFY THE PERSON, THE TYPE OF CANNABIS BUSINESS, THE I	NAME
OF THE BUSINESS, THE PHYSICAL SITE ADDRESS OF THE BUSINESS AND THE STATE CANNABIS BUSINESS LICENSE NUMBER. (A	Attach
additional sheets, if necessary)	

Name of Person (1)	Type of Cannabis Business	State License Number
Name of Cannabis Business (1)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (2)	Type of Cannabis Business	State License Number
lame of Cannabis Business (2)	Cannabis Business Physical Site Address	City, State, Zip
lame of Person (3)	Type of Cannabis Business	State License Numbe
lame of Cannabis Business (3)	Cannabis Business Physical Site Address	City, State, Zi
lame of Person (4)	Type of Cannabis Business	State License Numbe
lame of Cannabis Business (4)	Cannabis Business Physical Site Address	City, State, Zi
Name of Person (5)	Type of Cannabis Business	State License Numbe
Name of Cannabis Business (5)	Cannabis Business Physical Site Address	City, State, Zip
	re of any violations of any provision of the aw related to operation of this commercia	
ited:	Print Name:	
	Signature of Applicant	

Section 2 - Certifications/Assurances and Warranties (to be completed by all applicants)

a. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY CITY OF PALM SPRINGS

The applicant and all owners and operators hereby waive and release the City of Palm Springs from any and all liability for monetary damages related to or arising from the application for a renewal license, any pre-licensure background investigation, the issuance of a renewal license, or the enforcement of the conditions of the license. The undersigned certifies that under no circumstances shall the undersigned file any cause of action for monetary damages against the City of Palm Springs, the licensing official or any City employee as a result of this application to renew a license, or issuance of a renewal license, or enforcement of the conditions of the license.

b. Release of City of Palm Springs from Liability to License Applicant and Licensee

By applying for a renewal, the applicant/licensee, owners and operators, and each of them, waive and release the City of Palm Springs, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/licensee for a violation of state or federal laws, rules or regulations relating to cannabis, including but not limited to any background investigation associated with licensing determinations.

c. Agreement to Indemnify City of Palm Springs

By applying for a renewal pursuant to the City of Palm Springs cannabis program and by accepting a renewal license from the City of Palm Springs, the applicant/licensee, owners and operators, and each of them, jointly and severally if more than one, agree to indemnify, defend and hold harmless the City of Palm Springs, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the cannabis business that is the subject of the license.

- d. The undersigned certifies that any proposed new cannabis business manager and/or anyone proposed to obtain an ownership interest in the business referenced herein represents and certifies they have submitted to a Live Scan background check no earlier than 30 days prior to the date of this application.
- e. The applicant represents and certifies that they continue to hold in good standing any license required by the State of California for cannabis business operations.
- f. The applicant understands that operators, employees and members of the cannabis business may be subject to prosecution under federal laws
- g. The person whose signature appears below is authorized to sign this application on behalf of the business and all owners and operators of the business and has submitted this information and all attachments to renew a Palm Springs cannabis license.

ert name and title of the officer)
, who proved to me to the within instrument a (ies), and that by his/her/theted, executed the instrume
going paragraph is true an
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