



CITY OF PALM SPRINGS

Application No.:

Received:

Annual Renewal of Cannabis Related Business and Activities Permit

Instructions to the Applicant: 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:

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|---|---------------------|
| • Renewal Application (due at time of filing renewal application) | \$ 7,656 |
| • Background fee if adding owner(s) or operator(s) | \$ 297 (per person) |
| • Site Inspection(s) (if needed) | At Cost |
| • Extra Services (if needed) | 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 one) <input type="checkbox"/> Corporation (or foreign corporation) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (specify) _____		d. LICENSE TYPE: (Check all that apply): <input type="checkbox"/> Dispensary <input type="checkbox"/> w/ Delivery <input type="checkbox"/> Lounge <input type="checkbox"/> Cultivation, Type: _____ Canopy Size: _____ <input type="checkbox"/> Distribution Type: _____ <input type="checkbox"/> Manufacturing Type: _____ <input type="checkbox"/> Testing
e. State Cannabis License Number	f. State License Type	g. State Tax ID
h. BOE Sellers Number	i. Palm Springs Permit Number	j. Federal Tax ID
k. Business Owner Name and Name of Business Entity is an entity is owner or partial owner		l. Business Owner Driver's License # / State or Passport if no Driver's License
m. Business Physical Site Address (Street number and name, city, state, zip code)		
n. Business Mailing Address (if different than physical address -- Street number and name, city, state, zip code)		
o. Business Phone Number	p. Business Owner Contact Phone Number	
q. Business Email	r. Business Owner Contact Email	
s. Business Web Site address		
t. Does the owner also have any financial interest in any of the following cannabis businesses in any other jurisdictions (check all that apply):		
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Testing Lab <input type="checkbox"/> Microbusiness <input type="checkbox"/> Event Organizer <input type="checkbox"/> Cultivation <input type="checkbox"/> Distribution <input type="checkbox"/> Another retail business		
u. If you checked any boxes in line "t" please provide the business name. Attach additional sheets for all businesses as necessary.		
v. If you checked any boxes in "t" please provide the business physical site address (incl. City, state, zip). Attach additional sheets for all businesses as necessary.		

w. 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.

y. Are there any changes to your approved Operations and Security Plan? No Yes If yes, describe the changes and submit the changes.

z. Name, contact phone number and email for Business twenty-four (24) hour contact person.

LIST OF ALL EMPLOYEES PRESENTLY EMPLOYED BY THE CANNABIS BUSINESS, (Attach additional sheets if necessary.)

Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
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Name	Date of Birth:	Title	Start Date
Name	Date of Birth:	Title	Start Date
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_____ Additional sheets attached.

LIST ANY OFFICERS, 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 NAME OF THE BUSINESS, THE PHYSICAL SITE ADDRESS OF THE BUSINESS AND THE STATE CANNABIS BUSINESS LICENSE NUMBER. (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
Name of Cannabis Business (2)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (3)	Type of Cannabis Business	State License Number
Name of Cannabis Business (3)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (4)	Type of Cannabis Business	State License Number
Name of Cannabis Business (4)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (5)	Type of Cannabis Business	State License Number
Name of Cannabis Business (5)	Cannabis Business Physical Site Address	City, State, Zip

____ Additional sheets attached.

I certify that I am not aware of any violations of any provision of the Palm Springs Municipal Code or California State law related to operation of this commercial cannabis business.

Dated: _____

Print Name: _____

Signature of Applicant

