



County of Santa Cruz  
Cannabis Licensing Office  
701 Ocean Street, Room 520  
Santa Cruz, CA 95060  
831-454-3833  
[Cannabisinfo@santacruzcounty.us](mailto:Cannabisinfo@santacruzcounty.us)



## Application to Renew Cannabis Retail License 2019 (Changes)

**Scope of Authority:** See County Code Section 7.130.110(B)

**Instructions to the Applicant:** The information you provide in this application will be used to determine your eligibility to renew your cannabis dispensary license under County Code Section 7.130.110(B).

- 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 County may ask for additional information in order to process your application.
- The Certifications, Assurance and Warranties (Page 12) of this form requires notarized signatures.
- A physical site re-inspection will be required as part of the renewal process. Any code violations must be corrected before a renewal license is issued. The County may request additional security measures as part of the renewal process.
- Send the completed forms to the Office of Cannabis Licensing listed above or email them to [Melodye.Serino@Santacruzcounty.us](mailto:Melodye.Serino@Santacruzcounty.us). Completed forms must be received by **November 16, 2018**.
- Renewals to licenses are only valid through December 31 for the calendar year issued; licenses must be renewed annually.

**Renewal Application Fee:** Please include a certified check, cashier's check or money order for the application fee made payable to the County of Santa Cruz. Application Fees are non-refundable. 2019 Annual Renewal Application fees:

- |  |                        |
|--|------------------------|
| • Renewal Application (no changes, includes 1 site inspection)   | \$ 2,800.00            |
| • Renewal Application (with changes, includes 1 site inspection) | \$ 3,000.00            |
| • Live Scan if adding owner(s) or operator(s)                    | \$ 100.00 (per person) |
| • Additional Site Inspection(s)                                  | At Cost                |
| • Extra Services   | At Cost                |

## Disqualification

Applicants failing a Live Scan Background check, having an ineligible dispensary location, or other prior misconduct are disqualifiers. 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. Retail Dispensary Corporate Name		
b. Retail Dispensary "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. DISPENSARY LICENSE TYPE: (Check only one)  <input type="checkbox"/> Dispensary <input type="checkbox"/> Dispensary & Mobile Delivery Service
e. State Cannabis License Number	f. State License Type	g. State Tax ID
h. BOE Sellers Number	i. Santa Cruz County License Number	j. Federal Tax ID
k. Business Owner Name and Name of Business Entity id an entity is owner or partial owner		l. Business Owner Driver's License # / State or SSN 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 (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 S 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 S please provide the State cannabis business license number. Attach additional sheets for all businesses as necessary.		

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 or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
<b>TOTAL OF ALL PERCENTAGES:</b>			% Total

FOR ANYONE WHO IS LISTED ABOVE THAT HAS A FINANCIAL INTEREST IN THIS RETAIL DISPENSARY 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

**Please also complete the following additional forms and submit with your application:**

1. Dispensary Supplier List (Form CLO RDLR 1002)
2. Proof of Worker’s Compensation Insurance
3. Live Scan Service (Form CLO 1003)
4. Updated Security Plan (Form CLO 1008)
5. Please also complete the Request for Live Scan Service (Form CLO 1004 which you give to County and Form CLO 1005 which you give to the Live Scan service provider). Complete a new Live Scan as soon as possible. No renewal license will be issued without a Live Scan for anyone with a financial interest in the retail business.
6. Proof of Vehicle Insurance– only if you have a mobile delivery service
7. Driver Identification Form (Form CLO RDLR 1009) – only if you have a mobile delivery service
8. Vehicle Identification Form (Form CLO RDLR 1010) – only if you have a mobile delivery service
9. A site inspection will be required.

**I am amending my license. I have the following changes to my previous license application:**

<input type="checkbox"/> CHANGE IN BUSINESS NAME, DBA NAME, BUSINESS STRUCTURE, LICENSE TYPE	FILL OUT SECTION 2
<input type="checkbox"/> ADDING MOBILE DELIVERY AUTHORIZATION Additional forms will be required.	FILL OUT SECTION 3
<input type="checkbox"/> CHANGE IN OWNER(S) / OPERATOR(S)	FILL OUT SECTION 4
<input type="checkbox"/> ALTERATION OF EXISTING BUILDING A building inspection will be required before a license can be issued.	FILL OUT SECTION 5
<input type="checkbox"/> EXPANSION TO ADDITIONAL FACILITIES (this can include office, packaging area, etc.) Appropriate use permits and/or building inspection certifications may be required.	FILL OUT SECTION 5
<input type="checkbox"/> CHANGE IN DISPENSARY LOCATION All set-backs must be adhered to and a building inspection will be required before a license can be issued.	FILL OUT SECTION 6
<input type="checkbox"/> OTHER (including background or violations) Additional forms may be required.	FILL OUT SECTION 7

**PLEASE ONLY COMPLETE THOSE SECTIONS OF THE APPLICATION RELEVANT TO THE CHANGES YOU ARE MAKING AND LICENSE AMENDMENT YOU MAY BE REQUESTING.**

**CONTINUE TO THE NEXT PAGE(S) TO COMPLETE THE INFORMATION FOR CHANGES IN YOUR APPLICATION INFORMATION.**

**Section 2 – Proposed Change in Business Name(s), Structure, and/or License Type**

x. NEW Retail Dispensary Corporate Name									
y. NEW Retail Dispensary "Doing Business As" Name									
z. NEW E-MAIL (if there is a change as a result of your business name change)									
aa. NEW BUSINESS WEBSITE ADDRESS (if there is a change as a result of your business name change)									
bb. NEW Business Structure (check only one) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Corporation (LLC)</td> </tr> <tr> <td><input type="checkbox"/> Sole Owner</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> CA Mutual Benefit Corporation</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> CA Mutual Benefit Corporation		<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation (LLC)								
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership								
<input type="checkbox"/> CA Mutual Benefit Corporation									
<input type="checkbox"/> Other (specify) _____									
cc. NEW DISPENSARY LICENSE TYPE: (Check only one) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> No change to license type</td> </tr> <tr> <td><input type="checkbox"/> Changing to Dispensary only (eliminating mobile delivery service)</td> </tr> <tr> <td><input type="checkbox"/> Adding Mobile Delivery Service (see also section 3)</td> </tr> </table>		<input type="checkbox"/> No change to license type	<input type="checkbox"/> Changing to Dispensary only (eliminating mobile delivery service)	<input type="checkbox"/> Adding Mobile Delivery Service (see also section 3)					
<input type="checkbox"/> No change to license type									
<input type="checkbox"/> Changing to Dispensary only (eliminating mobile delivery service)									
<input type="checkbox"/> Adding Mobile Delivery Service (see also section 3)									
dd. NEW State Cannabis License #	ee. NEW State Tax ID								
ff. NEW BOE Sellers Number	gg. NEW Federal Tax ID								

**For changes related to this section please provide as separate documents proof of change of information at the State and Federal levels showing new name and identification numbers.**

**Section 3 – Mobile Delivery Operations**

**If this amendment is for the addition of a mobile delivery service, please also submit**

- Proof of Vehicle Insurance for each delivery vehicle (External document only, no form)
- Driver Identification - driver's must be 21 or over per State law (Form CLO RDLR 1009)
- Vehicle Identification (Form CLO RDLR 1010)

**Section 4 – Proposed Change in Business Ownership and/or Financial Interests**

If you are seeking to change ownership or financial backers please describe below the specific changes contemplated:

---



---



---



---



---



---



---



---



---



---

Please provide the following information for any proposed new individuals associated with dispensary ownership or financial involvement. (Add additional sheets if necessary):

Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
Name	Driver's License # / State or SSN if no Driver's License	Contact Email Address	% Interest
<b>TOTAL OF ALL PERCENTAGES:</b>			% Total

**Section 4 – Continued**

FOR ANYONE WHO IS LISTED ABOVE AND HAS A FINANCIAL INTEREST IN THIS RETAIL DISPENSARY 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 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
Name of Person (6)	Type of Cannabis Business	State License Number
Name of Cannabis Business (6)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (7)	Type of Cannabis Business	State License Number
Name of Cannabis Business (7)	Cannabis Business Physical Site Address	City, State, Zip

**Section 4 – Continued**

1. Have any of the proposed new owners or operators had any previous violations of Santa Cruz County Code or State law related to the operation of a dispensary or cultivation of cannabis? If yes, explain:

YES      NO      Don't Know  
           

---

---

---

---

---

---

---

---

---

---

---

**For changes related to this section please also provide as separate documents**

- Personal Background information to be completed by all owners and those with a financial interest in your business. (Form CLO RDLR 1005)
- Live Scan for new Owners or Financial backers – those who completed a background form as noted above. (Form CLO 1004 which you give to County and Form CLO 1005 which you give to the Live Scan service provider).
- Applicant Certification form (Form CLO - RDLR 1006)



**Section 5 – Proposed Alteration or Expansion to Existing Facilities**

Please provide a description of any proposed alterations to the existing dispensary building or ancillary facilities such as office space, packaging area, etc. Please also provide a set of plans drawn to scale illustrating the proposed changes.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**For changes related to this section please also provide as separate documents**

- Parcel Owner Certification required only where the applicant is not the exclusive owner of the site (Form CLO RDRLR 1007)
- Updated Security Plan (Form CLO RDRLR 1008)

**A building inspection and certification by both the Cannabis Licensing Office and the Planning Department will be required prior to the issuance of a license.**

**Appropriate use permits and/or building inspection certifications may also be required.**

**Section 6 – Proposed Change in Facility Location**

a. Dispensary “Doing Business As” Name			
b. For a change in location, identify the proposed new dispensary location:			
c. APN of proposed new dispensary location	d. General Plan Designation for Proposed APN		
<p>e. Zoning Designation for Proposed APN (Circle one)</p> <p>Only dispensaries located in the following zone districts will be considered:</p> <p>PA – Professional and Administrative Offices      C1 – Neighborhood Commercial      CT -- Tourist</p> <p>C2 – Community      C4 – Commercial Services</p>			
f. Answer <b>YES</b> or <b>NO</b> to the following questions			
	YES	NO	Don't Know
1. Is the proposed location within 600 feet from a school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the proposed location within 600 feet from another dispensary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the proposed location within 600 feet from an alcohol or drug treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the proposed new building or structure comply with all applicable permit and building code requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the proposed location within 300 feet of any parcel in the following zone districts:			
RA – Single family Residential and Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR – Single Family Residential, Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R1 – Single Family Residential, Urban/Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RB – Single Family Residential, Ocean Front/Urban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM – Multi-Family Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For changes related to this section please also provide as separate documents**

- Parcel Owner Certification required only where the applicant is not the exclusive owner of the site (Form CLO RDLR 1007)
- Updated Security Plan (Form CLO RDLR 1008)

**A building inspection and certification by both the Cannabis Licensing Office and the Planning Department will be required prior to the issuance of a license.**

**Appropriate use permits and/or building inspection certifications may also be required.**

**Section 7 – Proposed Other Changes**

If your proposed changes are not addressed in the prior sections, please provide a description of the proposed changes. These include any changes to previously submitted personal background information and/or any violations information.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**For changes related to this section the Cannabis Licensing Office may require additional documents.**

**Section 8 – Certifications/Assurances and Warranties (to be completed by all applicants)**

- a. **WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY SANTA CRUZ COUNTY**  
The applicant and all owners and operators hereby waive and release the County and the Santa Cruz County Sheriff's Office 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 County of Santa Cruz, the Santa Cruz County Sheriff's Office, the licensing official or any County 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 Santa Cruz County from Liability to License Applicant and Licensee**  
By applying for an renewal dispensary license, the applicant/licensee, owners and operators, and each of them, waive and release Santa Cruz County, 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 Santa Cruz County**  
By applying for a renewal to a dispensary license pursuant to the Santa Cruz County Cannabis Licensing Program and by accepting a renewal license from the Santa Cruz County Licensing Officer acting as the Santa Cruz County Local Licensing Authority, the applicant/licensee, owners and operators, and each of them, jointly and severally if more than one, agree to indemnify, defend and hold harmless Santa Cruz County, 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 dispensary 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 he/she/it continues 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 dispensary or cultivation 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 Santa Cruz County cannabis license.

**AFFIRMATION AND CONSENT**

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

\_\_\_\_\_  
 APPLICANT SIGNATURE    PRINTED NAME AND TITLE    DATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_ (insert name and title of the officer),  
 personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)