



# COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION (Cannabis Storefront Retailer)

City of Healdsburg  
City Manager's Office  
401 Grove Street  
Healdsburg, CA 95448  
Email: cannabis@healdsburg.gov

## APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Street City State Zip*

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS PERMIT IN THE CITY OF HEALDSBURG?  Yes  No

Indicate whether you are applying for Retail (Storefront) or Retail (Storefront with Delivery).

Retail (Storefront)  Retail (Storefront with Delivery)

Indicate whether you intend to operate a Microbusiness with Retail.  Yes  No

Business Formation: Describe how the business is organized.

Sole Partnership  Corporation  S-Corporation  Limited Partnership  Limited Liability Company

Other (please describe): \_\_\_\_\_

## PROPOSED LOCATION

Property Owner Name: \_\_\_\_\_

Proposed Location  
Address: \_\_\_\_\_  
*Street City State Zip*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Zoning Clearance Letter (Please attach):  Yes  No

Assessor's Parcel Number (APN): \_\_\_\_\_ Proposed Location Square Footage: \_\_\_\_\_

## APPLICATION SUBMITTAL CHECKLIST

Applications failing to submit any of the following will be deemed incomplete and will not move forward in the application process:

- ✓ One (1) printed hard copy of a complete and signed Cannabis Business Permit Application form (Pages 1-5).
- ✓ A signed Financial Responsibility, Indemnity and Consent to Inspect Terms Agreement form (Pages F1-F3).
- ✓ A signed Limitations of City Liability and Indemnification to City form (Pages F4-F6).
- ✓ Application Fee Payment.
- ✓ Criminal background check confirmation for each owner and manager.
- ✓ A signed and notarized Property Owner Letter of Intent form.
- ✓ Proof of capitalization.
- ✓ Business entity formation and organizing documents.
- ✓ Application Zoning Clearance Letter (ZVL).
- ✓ A USB flash drive containing all of the materials identified in the Application Procedure Guidelines and Review Criteria for a Commercial Cannabis Business Permit (Storefront Retail Applications).

**OWNER INFORMATION**

**For the purpose of this section, "owner" shall have the following meaning:**

(A) A person with an aggregate ownership interest of 10% or more; or

(B) An individual who manages, directs, or controls operations including: (a) a member of the board of directors of a nonprofit, (b) a general partner of an applicant organized as a partnership, (c) a non-member manager or managing member of an applicant organized as a limited liability company, (d) the trustee(s) and all persons who have control of the trust and/or applicant that is held in trust, (e) the chief executive officer, director, vice president, general manager or their equivalent.

**Ownership percentages should total 100%. If any individual(s) own(s) less than 10%, list the number of individuals who own less than 10% and the total percentage to reach 100%. For example, If John Doe owns 5%, Joe Smith owns 8%, and Mary Jones owns 9% state at the bottom of this form that three individuals own 22% so that the total will equal 100% once you individually include all those who own 10% or more.**

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.			
Ownership % _____	<b>Background information is included as required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name: _____		Title: _____	
Address: _____			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Signature: _____		Date: _____	

  

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.			
Ownership % _____	<b>Background Information is included as required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name: _____		Title: _____	
Address: _____			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Signature: _____		Date: _____	

  

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.			
Ownership % _____	<b>Background Information is included as required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name: _____		Title: _____	
Address: _____			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Signature: _____		Date: _____	

  

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.			
Ownership % _____	<b>Background information is included as required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name: _____		Title: _____	
Address: _____			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Signature: _____		Date: _____	

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

**OTHER CONTACT INFORMATION**

If the proposed commercial cannabis applicant is incorporated, provide the names, titles, addresses, and contact information of each corporate officer. If the proposed commercial cannabis applicant is a partnership, provide the names, addresses of each partner.

In addition, provide the name, address, and contact information of the agent for service of process, and any person(s) designated as a manager of the proposed business.

**CORPORATE OFFICERS OR PARTNERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

**AGENT FOR SERVICE OF PROCESS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

**MANAGER(S)**

**Any person(s) designated by the commercial cannabis applicant to act as the representative or agent of the commercial cannabis applicant in managing day-to-day operations. If such information is not available at the time the commercial cannabis permit application is submitted, the commercial cannabis permit applicant shall submit such information as soon as it becomes available to the City Manager’s Office at [cannabis@healdsburg.gov](mailto:cannabis@healdsburg.gov).**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Background information included as required?  Yes  No Phone: \_\_\_\_\_

Add more pages as necessary to accommodate all Corporate Officers, Partners, and Managers.

**SUPPORTING INFORMATION**

List all fictitious business names the applicant is operating under including the address where each business is located:

Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time in the previous seven (7) years? If so, please list and explain:

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction(s)? If so, which jurisdiction(s)?

Does the applicant intend to store or use any hazardous chemicals on-site? If so, please list and explain:

Does the applicant intend to discharge any effluent into the City's wastewater or storm water system? If so, please list and explain:

If applicable, provide a brief description of the proposed cannabis delivery service, including number of delivery vehicles, location of vehicle storage, and estimated size of delivery area.

## APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, corporate officers, partners, and managers identified in this application that the statements and information furnished in this application and the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Healdsburg permission to reproduce submitted materials for distribution to staff, Commissions, Boards and City Council Members, and other Agencies to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Healdsburg Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation of the facts is cause for rejection of this application, denial of a license or revocation of an issued license. I further authorize the City, its agents, and employees to seek verification of the information contained in the application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For details about the information required as part of the application process, see the Application Procedures & Guidelines, City of Healdsburg Municipal Code Chapter 20, Section 20.095 or any additional requirements to complete the application process. All documents can be found online at [www.healdsburg.gov/cannabis](http://www.healdsburg.gov/cannabis). For questions, please contact the City Manager's Office at [cannabis@healdsburg.gov](mailto:cannabis@healdsburg.gov).**