



Development Services Department
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CANNABIS NON-RETAIL BUSINESS LICENSE REGISTRATION

The Registration period for Non-Retailers will open on January 17, 2022. Registration materials must be submitted through the City of Encinitas Customer Self Service (CSS) online portal. Please note that each proposed location requires a separate completed Registration form.

SECTION A – CANNABIS NON-RETAIL REGISTRATION ACTIVITY

Please select the commercial cannabis activity type for which you are Registering/Applying:

- Cultivation Type 1A: Specialty Indoor (501 – 5,000 sq. ft. of total canopy)
- Cultivation Type 1B: Specialty Mixed Light (501 – 5,000 sq. ft. of total canopy)
- Cultivation Type 1C: Specialty Cottage Indoor (500 sq. ft. or less of total canopy)
- Cultivation Type 2A: Small Indoor (5,001 – 10,000 sq. ft. of total canopy)
- Cultivation Type 2B: Small Mixed Light (5,001 – 10,000 sq. ft. of total canopy)
- Cultivation Type 3A: Medium Indoor (10,001 – 22,000 sq. ft. of total canopy)
- Cultivation Type 3B: Medium Mixed Light (10,001 – 22,000 sq. ft. of total canopy)
- Manufacturer Type 6: Non-Volatile Solvent or Mechanical Extraction*
- Manufacturer Type N: Infusion*
- Manufacturer Type P: Packaging and Labeling*
- Distribution Type 11: Distributor

*If you selected a Manufacturing license type above, please provide a brief description of the type(s) of cannabis goods that you will be manufacturing, in order to determine whether the business qualifies as a “Product Manufacturer” or “Cannabis Kitchen” pursuant to the Encinitas Municipal Code. In your description, specifically state whether the business will be manufacturing edible and/or non-edible cannabis goods.

SECTION B – BUSINESS ENTITY INFORMATION

Please check only one box:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other (Please Specify): _____ | |

Legal Business Name: _____

Last Name (Sole Proprietorship Only) _____

First Name (Sole Proprietorship Only) _____

Doing Business As (DBA): _____

Place and Date of Filing Fictitious Business Name (DBA): _____

Taxpayer Identification Number: _____ Secretary of State Registration Entity ID: _____

Applicant/Business Phone:* (____) ____ - ____ Applicant/Business Email Address*: _____

Mailing Address*: _____

City *State* *ZIP*

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

SECTION C – BUSINESS OWNER(S) INFORMATION*

BUSINESS OWNER #1

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City *State* *ZIP*

BUSINESS OWNER #2

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City *State* *ZIP*

BUSINESS OWNER #3

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City *State* *ZIP*

BUSINESS OWNER #4

Last Name: _____ First Name: _____

Business Title: _____ Percentage Owned: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - _____ Email Address: _____

Home Address: _____

City *State* *ZIP*

* Attach additional pages if necessary.

CITY OF ENCINITAS – CANNABIS NON-RETAIL BUSINESS LICENSE REGISTRATION FORM

SECTION D – RESPONSIBLE PERSON INFORMATION*

Note: Pursuant to EMC Chapter 9.25, “Responsible Person” is defined as the person who is responsible for the operation, management, direction or policy of the proposed cannabis business.

Last Name: _____ First Name: _____

Business Title: _____

Date of Birth: _____ Place of Birth: _____

Govt. Issued ID No.: _____

Phone: (____) ____ - ____ Email Address: _____

Home Address: _____

City State ZIP

SECTION E – PROPERTY INFORMATION (LOCATION OF PROPOSED USE)

Assessor Parcel Number(s): _____

Property Address: _____
Street

City State ZIP

SECTION F – PROPERTY OWNER(S) INFORMATION*

Property Owner Name: _____

Phone: (____) ____ - ____ Email Address: _____

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (____) ____ - ____

Check this box if additional persons or entities have an ownership interest in the subject property in addition to that indicated above; and attach a separate sheet that lists the names, mailing addresses, phone, and email addresses of additional property owners.

* Attach additional pages if necessary. If Property Owner is a legal entity (e.g. Corporation, LLC, etc.) then complete Section F with the legal entity name, phone number, email, etc.

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SECTION G – PROPERTY OWNER AUTHORIZATION.*

Property Owner(s) Authorization must accompany all Registration forms. If the business owner is the same person/entity as the property owner, the business owner must complete, sign, and notarize the Property Owner Authorization form.

I certify that I am/we are the record owner(s) of the property at:

Street City State Zip

and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the property owner or am authorized to act on the property owner's behalf, and the information I have provided above is correct. I acknowledge that I have read and understand the information contained herein.
- I acknowledge that the proposed commercial cannabis business _____
Tenant (Corporation/LLC/Partnership/Sole Owner) has the legal right to occupy the property, and consent to business conducting commercial cannabis activity at the Property.
- I agree to comply with all applicable City Ordinances and State Laws relating to (MAUCRSA).

SIGNATURE OF PROPERTY OWNER(S):

_____ <u>PRINTED NAME OF PROPERTY OWNER(S)</u>	_____ <u>SIGNATURE OF PROPERTY OWNER(S)</u>
_____ <u>PRINTED NAME OF PROPERTY OWNER(S)</u>	_____ <u>SIGNATURE OF PROPERTY OWNER(S)</u>

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.

Subscribed and sworn to before me this _____ day of _____, 20_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____.

***NOTARIZATION REQUIRED.** 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. Section G must be signed by all Property Owners identified in Section F of the Registration Form. Attach additional pages if necessary.

SECTION H – COMMERCIAL CANNABIS BUSINESS OWNER AUTHORIZATION: *

Commercial Cannabis Activity (business) owner’s consent must accompany all Registrations/Applications.

All Commercial Cannabis Owners who own 20% or more of a Commercial Cannabis Activity must be acknowledged and sign this form. (Attach additional pages, as needed)

I certify that I am/we are the owner(s) of the Commercial Cannabis Activity, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I hereby declare that I am authorized to submit this Registration on behalf of the entity listed on the Registration because I am an owner of the entity or because I have authority from the owner.
- I hereby declare the information contained within and attached to this Registration is complete, true, and accurate. I acknowledge that any false, misleading, or fraudulent statement of material fact in this Registration by an agent of an owner, or an owner, will be held against the owner and is grounds for denial of this Registration, or suspension or revocation of the license and permit associated with this Registration.
- 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.
- 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 Registration is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.
- I acknowledge the City will review this Registration for compliance with applicable laws, regulations, and ordinances, and that my Registration may be denied as allowed by laws, rule, or policies of the City.
- I agree to comply with all applicable City Ordinances and State Laws including but not limited to the Medicinal and Adult Cannabis Regulation and Safety Act (“MAUCRSA”).
- My Commercial Cannabis Business Registration form may be subject to the California Public Records Act. All references to names, addresses, telephone numbers, and project information will be part of the California Public Record Act.
- I acknowledge my Registration does not grant me the authorization to conduct a Commercial Cannabis Activity on these premises unless and until I am issued a Cannabis Business License from the City of Encinitas.
- I understand that Registration does not entitle me to commence or continue the operation of a Commercial Cannabis Activity in the City nor does it guarantee that I will be issued a permit under the City Ordinance or under any state or local law.
- I consent for the City Manager, or his or her designee, to enter the proposed premises to conduct inspections of the process during Registration process and after a business license has been issued.
- 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 Registration, and that I am knowingly and voluntarily submitting my Registration in compliance with this acknowledgement and advisement and all applicable laws.

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I certify that none of the owners or responsible persons associated with this business have been cited or fined by any California jurisdiction for operating a non-permitted cannabis business after October of 2015, when the state passed the MAUCRSA.

SIGNATURE OF COMMERCIAL CANNABIS ACTIVITY OWNER(S): *(Attach additional pages if needed)*

_____ <i>PRINTED NAME OF COMM.CANNABIS ACTIVITY OWNER(S)</i>	_____ <i>SIGNATURE OF COMM.CANNABIS ACTIVITY OWNER(S)</i>
_____ <i>PRINTED NAME OF COMM.CANNABIS ACTIVITY OWNER(S)</i>	_____ <i>SIGNATURE OF COMM.CANNABIS ACTIVITY OWNER(S)</i>
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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.

Subscribed and sworn to before me this _____ day of _____, 20_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____.

***NOTARIZATION REQUIRED.** This authorization form will not be valid without notarization. Section H must be signed by all owners identified in Section C of the Registration Form Attach additional pages if necessary.