



COMMERCIAL CANNABIS BUSINESS APPLICATION
RETAIL STOREFRONT C-2 COMMERCIAL GENERAL

Planning Division
455 East Florida Avenue
Hemet, CA 92543
Phone: 951.765.2375
Email: Cannabis@hemetca.gov
https://www.hemetca.gov

APPLICANT (ENTITY) INFORMATION

APPLICANT (ENTITY) NAME: _____ DBA: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
PRIMARY CONTACT (Same as above? [] Yes [] No): _____
Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS PERMIT IN THE CITY OF HEMET: [] Yes [] No

Business Formation Documentation: Describe how the business is organized (attach to Business Plan).

[] Sole Proprietor [] Corporation [] S-Corporation [] Limited Liability Company [] Limited Partnership

PROPOSED LOCATION

PROPERTY OWNER NAME: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Zoning Verification Letter (Please attach): [] Yes [] No
Has Zoning been approved by the City: [] 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 unless otherwise noted by a footnote for special deadlines, and will not move forward in the application process:

- 1. One (1) printed hard copy of a complete and signed Commercial Cannabis Business Application (Pages 1-3).
2. A signed Financial Responsibility, Indemnity and Consent to Inspection Terms Agreement (Pages F1-F2).
3. A signed and notarized Agreement on Limitations of City Liability, and Certifications, Assurances, Warranties, and Indemnification to City (Pages F3-F8).
4. A signed and notarized Property Owner Consent/Landlord Affidavit.
5. Proof of Property Ownership or Lease Agreement/Letter of Intent to Lease.
6. Proof of insurability from an insurance company. F2
7. Zoning Verification Application.
8. Application Zoning Verification Letter (ZVL).
9. One (1) USB flash drive. F1
10. Application Fee.

F1 Required documents above and Financial documents are not part of the 200-page limitation.

F2 The only information that can be submitted after the initial application is proof of insurance prior to the City Awarding a Cannabis Permit however, at a minimum proof of insurability must be provided with the initial application package.

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 during the past five (5) 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?

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors 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 Hemet 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 Hemet Municipal Code and State law.

I also acknowledge and understand that the business for which I am applying must obtain its Certificate of Occupancy, be open, and operating within 12 months of issuance of the Commercial Cannabis Business Permit. If the business does not become operational as specified, the Cannabis Business permit shall be null and void, and of no further effect.

I also acknowledge and understand that the Cannabis Business Permit shall not be transferred or otherwise sold within the first three (3) years of the date of issuance of the Cannabis Business Permit. Doing so shall result in the permit being null and void and of no further effect.

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

Name

Signature

Title

Date

For details about the information required as part of the application process, see the Application Procedures & Guidelines, City of Hemet Municipal Code Chapter 18, Article XVI, and any additional requirements to complete the application process. All documents can be found online at <https://www.hemetca.gov/cannabis>. For questions, please contact the Planning Division at 951.765.2375 or Cannabis@hemetca.gov.

OWNER INFORMATION

This document must be completed by all owners with a 10% ownership or more. The total ownership percentage should equal 100%. Exception: If the business is a Publicly Traded Company (PTC), they will only be required to list all the Board of Directors and/or any person with an ownership interest of 10% or more. Please provide supporting documentation if you are claiming the PTC Waiver.

For all other business organizations if each individual owns less than 10% just list the number of individuals who own less than 10% and the total percentage in order to get to 100%. For example, If John Doe owns 9%, Joe Smith owns 8%, and Mary Jones owns 9% state at the bottom of this form that three individuals own 26% 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 % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

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 % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

Signature: _____ Date: _____

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