



100 Civic Center Plaza  
 Lompoc, CA 93436  
 (805) 736-1261 [www.cityoflompoc.com](http://www.cityoflompoc.com)

OFFICE USE ONLY	
CCU No.	
Application Submittal Date	
Deposit	\$ _____
Accepted By	

## COMMERCIAL CANNABIS USE LICENSE APPLICATION

### Pursuant to Lompoc Municipal Code Chapter 9.36

Upon receipt of a completed application and payment of the application fee, the City Manager or his/her designee shall investigate the information contained in the application to determine whether the applicant shall be issued the requested permit. The purpose of the review is to ensure the commercial cannabis activity will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing commercial cannabis activities, including, without limitation, the Compassionate Use Act as set forth in California Health & Safety Code section 11362.5, the Medical Marijuana Regulation and Safety Act of 2015, the Adult Use of Marijuana Act and the Medical Marijuana Program Act, as set forth in the California Health and Safety Code section 11362.7 *et seq.* and Lompoc Municipal Code Chapter 9.36 and Lompoc City Council Resolutions No. 6147(17) and 6170(18). This application is in addition to any other application or other process for a business tax certificate, waste discharge permit or other City or State requirement needed to conduct business within the City. **The City will accept payment for deposit in a cashier's check or credit card (3.75% service charge will be assessed for all credit card transactions). Cash will not be accepted for payment.**

**Certain information submitted with this application is not required to be disclosed pursuant to the Public Records Act.**

**A SEPARATE COMPLETE APPLICATION IS REQUIRED FOR EACH COMMERCIAL CANNABIS ACTIVITY TO BE CONDUCTED**

**(When completed, please return 1 original, 3 copies and 1 flash drive in .pdf format to the City Clerk.)**

**PROPOSED LOCATION:** \_\_\_\_\_

**LEGAL DESCRIPTION (A.P.N.):** \_\_\_\_\_

**EXISTING LAND USE OF PROPOSED LOCATION:** \_\_\_\_\_

**EXISTING ZONING OF PROPERTY:** \_\_\_\_\_

Is the property located within 1,000 feet of an existing K-12 school, day care center or youth center?

Yes \_\_\_ No \_\_\_

Is the property located within 600 hundred feet of an existing K-12 school, day care center or youth center?

Yes \_\_\_ No \_\_\_

**A. APPLICANT INFORMATION (must be the individual who will own and operate/control the subject commercial cannabis business):**

**APPLICANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

**PERSON(S) WITH FINANCIAL INTEREST IN BUSINESS**

**NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

**(Attach additional sheets as necessary)**

**If State license issued for the commercial cannabis use related to this application is to be held by other than the Applicant, then provide the name of that entity to whom that State license will be issued and what position of control the Applicant has of that entity:**

**NAME OF ENTITY:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Title of position of control over that entity held by the Applicant:** \_\_\_\_\_

Proof of that position: \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**B. PROPERTY OWNER CONSENT:**

**In the event the applicant is not the legal owner of the subject property contemplated by this application, the application must be accompanied with a "COMMERCIAL CANNABIS USE LICENSE APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT" stating and acknowledging a commercial cannabis activity will be operated on the subject property contemplated by this application and containing the notarized signature from the legal owner of the property.**

**If the applicant is the legal owner of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form satisfactory to the City Manager or Economic Development Director/Assistant City Manager.**

**PROPERTY OWNER:** (If not applicant) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**C. ANY OTHER CANNABIS BUSINESS CURRENTLY OPERATED BY THE APPLICANT (if none, then mark N/A)**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**D. ANY OTHER CANNABIS BUSINESS IN WHICH A PERSON WITH A FINANCIAL INTEREST IN THE PROPOSED CANNABIS BUSINESS ALSO HAS A FINANCIAL INTEREST OR OPERATED WITHIN THE LAST FIVE YEARS (if none, then mark N/A)**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**E. ANY OTHER BUSINESSES OPERATED BY APPLICANT WITHIN THE LAST FIVE YEARS (if none, then mark N/A)**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**EMAIL ADDRESS:** \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**F. APPLICANT'S EMPLOYMENT/SELF-EMPLOYMENT WITHIN THE LAST FIVE YEARS (if none, then mark N/A)**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**G. LITIGATION IN WHICH THE APPLICANT OR ANY PERSON WITH A FINANCIAL INTEREST IN THE CANNABIS BUSINESS HAS BEEN INVOLVED WITHIN THE LAST FIVE YEARS (if none, then mark N/A)**

**Case Name, Number and Court it was Filed** \_\_\_\_\_

**Case Name, Number and Court it was Filed** \_\_\_\_\_

**Case Name, Number and Court it was Filed** \_\_\_\_\_

**(Attach additional sheets as necessary)**



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**I. BUSINESS OPERATIONS:**

Type of Commercial Cannabis Business to be conducted \_\_\_\_\_

(If a dispensary, then will cannabis smoking be permitted on-site \_\_\_\_ Yes \_\_\_\_ No)

Days/Hours of Operation: \_\_\_\_\_

Delivery Service to be provided: \_\_\_\_ Yes \_\_\_\_ No

Hours of Delivery Service: \_\_\_\_\_

Names of **all** persons to be regularly engaged in the operation of the proposed commercial cannabis business (*i.e.*, supervisors, managers, employees, volunteers and contractors)

1. **NAME/TITLE:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

2. **NAME/TITLE:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

3. **NAME/TITLE:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

4. **NAME/TITLE:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

5. **NAME/TITLE:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

6. **NAME/TITLE:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**(Attach additional sheets if necessary)**







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**M. PROPOSED SOURCES OF CANNABIS AND CANNABIS PRODUCTS TO BE SOLD OR USED AT THE PROPOSED COMMERCIAL CANNABIS BUSINESS**

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**N. PROPOSED SUPPLY CHAIN (LOCATIONS WHERE CULTIVATION, PROCESSING AND MANUFACTURING)  
OF CANNABIS AND CANNABIS PRODUCT TO BE SOLD OR USED AT THE PROPOSED COMMERCIAL  
CANNABIS BUSINESS**

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_  
(if different from above)

**STATE LICENSE #:** \_\_\_\_\_

**(Attach additional sheets as necessary)**



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**P. SITE PLAN DEPICTING PROPERTY LINES, BUILDING FOOTPRINTS (INCLUDING SQUARE FOOTAGE), SETBACKS, PARKING AREAS, PERIMETER FENCING AND A FLOOR PLAN OF THE COMMERCIAL CANNABIS BUSINESS DENOTING THE PROPERTY LINES AND THE LAYOUT OF ALL AREAS AND USES OF THE COMMERCIAL CANNABIS BUSINESS INCLUDING STORAGE, CULTIVATION, MANUFACTURING, TESTING, DISTRIBUTING, RECEPTION/WAITING, AND ALL ANCILLARY SUPPORT SPACES, AND THE RELATIONSHIP OF THE FACILITY TO ADJACENT PROPERTIES AND LAND USES**

**(Attach additional sheets as necessary)**







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**U. REQUIRED TESTING, TRANSPORTATION, PACKAGING AND LABELING CRITERIA FOR CANNABIS AND CANNABIS PRODUCTS TO BE SOLD OR USED AT THE PROPOSED COMMERCIAL CANNABIS BUSINESS**

TESTING CRITERIA: \_\_\_\_\_

TRANSPORTATION CRITERIA: \_\_\_\_\_

PACKAGING CRITERIA: \_\_\_\_\_

LABELING CRITERIA: \_\_\_\_\_

(Attach additional sheets as necessary)

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**V. APPLICANT AUTHORIZATION**

I hereby authorize and consent to the City Manager, and his/her designees, to seek verification of the information contained in this application and any attachments.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**W. TERMS AND CONDITIONS**

I hereby certify I have reviewed the contents of applicable state law, Chapter 9.36 of the Lompoc Municipal Code and City Council Resolutions No. 6147(17) and 6148(17) and acknowledge, understand, and agree to be bound by each of their terms and conditions, and any amendments thereto, including, but not limited to, payment of all fees and taxes when due.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**X. FURTHER INFORMATION AND INSPECTIONS**

I agree to submit any additional and further information as deemed necessary by the City Manager, or his/her designees, in order to process this application.

I further agree, for the purpose of ensuring compliance with local and State laws, to permit the Lompoc City Manager, Police Chief, Fire Chief, Planning Manager and Building Official and each of their designees to conduct reasonable inspections of the proposed commercial cannabis activity, including inspection of:

- Security recordings made by security cameras required by Chapter 9.36 of the Lompoc Municipal Code,
- Security records and files,
- Inventory records and files, and
- Other written records and files pertaining to the proposed commercial cannabis activity.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Y. INDEMNIFICATION AND RELEASE**

I release the City of Lompoc, its officers, officials, employees and representatives from any and all claims, injuries, damages and liabilities of any kind, and costs, including reasonable attorneys' fees and court costs (collectively "Damages") arising from (a) any repeal or amendment of Chapter 9.36 of the Lompoc Municipal Code relating to commercial cannabis activity, and (b) any arrest or prosecution of me for violation of local, State or federal laws; and I will defend, indemnify, and hold harmless the City of Lompoc and its officers, officials, employees and representatives from and against any and all claims or actions: (a) brought by any adjacent or nearby property owner or any other party for any Damages arising, directly or indirectly, from operations at the subject property contemplated by this application, and (b) brought by any party for any problems or Damages arising, directly or indirectly, out of the distribution of cannabis produced, dispensed, grown, tested, manufactured or sold at the subject property contemplated by this application.

**NAME OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Z. APPLICANT CERTIFICATION**

I certify under penalty of perjury, under the laws of the State of California, I have personal knowledge of the information contained in this application and its attachments, if any, and the information contained herein is true and correct.

**NAME OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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