



**CANNABIS DELIVERY SERVICE  
BUSINESS LICENSE APPLICATION  
(Businesses Based Outside of West Hollywood)**

Department of Public Works  
8300 Santa Monica Boulevard  
West Hollywood, CA 90069  
(323) 848-6375

**Cannabis Delivery Service shall mean and include:** The commercial transfer of cannabis or cannabis products to a customer located within the City of West Hollywood, including the use by a retailer of any technology platform owned and controlled by the retailer.

**This application is for a cannabis delivery businesses located outside of West Hollywood and delivering into West Hollywood.  
(WHMC 5.70.030)**

Any cannabis delivery business with a physical location in the City of West Hollywood shall contact the West Hollywood Department of Public Works to determine the appropriate license type required.

**SUBMIT THE FOLLOWING ITEMS.** Failure to submit the required information will constitute an incomplete application and will not be accepted by the Department of Public Works.

**Application Checklist**

- 1. Completed Business License Application
- 2. Standard Conditions
- 3. Cannabis Business Indemnity Agreement Form
- 4. Proof of Commercial General Liability Insurance 
  - Additional Insured endorsement
  - Primary Coverage endorsement
- 5. Proof of Automobile Liability Insurance
- 6. Proof of Worker's Compensation Insurance
- 7. Valid Government-issued ID or Drivers License
- 8. Agency Sign-Offs
- 9. Copy of Local Cannabis Delivery License (from home jurisdiction)
- 10. Copy of California State Cannabis License
- 11. Application Fee - \$690.00

\*\*Please make all checks payable to "City of West Hollywood"\*\*\*

Office Use Only			
Date Received _____	Received By _____	Payment Method	Cash <input type="radio"/>
Notes _____			Check <input type="radio"/>
_____			Credit Card <input type="radio"/>
_____			

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# CANNABIS DELIVERY SERVICE BUSINESS LICENSE APPLICATION (Businesses Based Outside of West Hollywood) Applicant/Owner Information Form

**SECTION 1 - APPLICANT INFORMATION** Please provide the below business information for your cannabis business.  
**\*\*\*THE APPLICANT MUST BE AN OWNER\*\*\***

Name (individual or sole proprietor first and last; all other business types use legal business name)	Doing Business As (DBA)
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If applicant is a business, list individual applying on behalf of the business

Primary Address	City	State	Zip Code
Mailing Address (if different than primary address)	City	State	Zip Code
Business Website (if any)	Email Address		Phone Number
Applicant SS#, TIN, or FEIN	DL/ID Number	Applicant D.O.B	Applicant Place of Birth

**2. Business Organizational Structure: (check one)**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership

**SECTION B - PRIMARY CONTACT PERSON** This will be the contact person for any questions regarding the application.

Name	Title	Phone Number	Email Address
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**SECTION C - LIST OF OWNERS** An owner is defined as a person with an aggregate ownership interest of 20 percent or more, chief executive officer, member of the board of directors of a nonprofit, an individual who will be participating in the direction, control, or management of the person applying for a license, a partner of a commercial cannabis business that is organized as a partnership, a member of a limited liability company of a commercial cannabis business that is organized as a limited liability company, or an officer or director of a commercial cannabis business that is organized as a corporation. (attach additional pages if more owners)

Owner #1 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code
Owner #2 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code
Owner #3 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code

**SECTION C Continued**

Owner #4 Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code

**SECTION D - FICTITIOUS BUSINESS NAMES (if any)**

Business Name				
Address		City	State	Zip Code
Business Name				
Address		City	State	Zip Code

**SECTION E - Delivery Service Description**

Please describe your cannabis delivery service, including how customers order product, the number of delivery vehicles, location of vehicle storage, and the delivery service area:

**SECTION F - Additional Information:**

Have you or any of the other officers of the partnership or corporation been licensed before?  Yes  No

Please explain:

Have you or any of the officers of the partnership or corporation ever had a business license revoked?  Yes  No

Please explain:

Have you or any of the officers of the partnership or corporation ever been convicted of a criminal offense, other than a traffic violation?  Yes  No

Please explain:

In what other jurisdictions are you licensed to legally deliver cannabis products?

Under penalty of perjury, I hereby declare that the information contained within and submitted with the screening application is complete, true, and correct. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued. By signing below, I also hereby declare that I have read the application information packet and will adhere to the guidelines and requirements included in it.

Signature	Printed Name	Date Signed
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## OPERATING CONDITIONS FOR CANNABIS DELIVERY SERVICES

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

Delivery of cannabis from delivery services with delivery as the primary service, as well as adult-use and medical-use retailers to customers in West Hollywood is permitted, in accordance with the following requirements:

- a. All cannabis delivery services, whether physically located inside or outside the city, shall have an approved business license for a cannabis delivery service from the City of West Hollywood and be able to show compliance with the regulations of the originating jurisdiction.
- b. Every applicant for a delivery service license shall obtain and maintain in full force and effect the following automobile insurance policy: An automotive liability insurance policy, as required by subsection (c) of Section 5.08.120.
- c. The licensee shall maintain in force and effect at all times while the license is in effect workers' compensation insurance as required by law.
- d. Prior to the issuance of a license under this chapter, and at all times while the license is in effect, the licensee shall maintain on file with the Director proof of the insurance required hereunder.
- e. If the insurance policies issued to the licensee pursuant to this chapter are canceled for any reason, the license issued under this chapter is automatically suspended. In order to reinstate the license, the licensee shall file a new certificate of insurance and provide proof of such to the Director.
- f. Only delivery to persons twenty-one years of age or over shall be allowed and eighteen years of age and older if the customer is a medical patient.
- g. All drivers and anyone accompanying the driver must be at least twenty-one years of age or over.
- h. No signage on the exterior of the vehicle identifying the vehicle as a cannabis delivery vehicle shall be allowed.
- i. The amount of cannabis allowed in each delivery vehicle shall be in compliance with state law.
- j. All cannabis delivery service customers are required to be pre-registered with the delivery service prior to receiving deliveries of cannabis.

By signing below, the applicant acknowledges that they have read and understood the operating requirements for Cannabis Delivery Services and agrees to abide by them.

Failure to operate in the manner prescribed by these requirements, and any others set forth in State or Local law, may result in penalties being imposed, including, but not limited to, citations, revocation of the business license, or criminal prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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# Cannabis Business Indemnity Agreement Form

City of West Hollywood  
Department of Public Works  
Business License  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
(323) 848-6375

**The indemnification form must be filled out completely and notarized for any Cannabis Businesses authorized under WHMC Chapter 5.70 and WHMC Title 19, including Cannabis Businesses located outside the City that deliver cannabis into the City**

The Licensee shall defend, indemnify and hold harmless the City and its City Council and each member thereof, and every officer and employee and agent of the City, from and against any and all liability, damages, judgments or financial loss resulting from any suits including all actual litigation costs incurred by City (including but not limited to court costs, attorney fees, and costs of experts and consultants), claims, losses, settlement obligations (including an award of attorney's fees) or actions brought by any person or public entity for damages or liability of any nature whatsoever, arising in any manner by reason of:

1. Any act, error, or omission by the Cannabis Business, its boards, officers, agents, employees, assigns, and successors; and/or
2. The City's processing of an application or issuance of a Business License (WHMC Chapter 5.70) or Land Use Permit (WHMC Title 19) for a Cannabis Business, including but not limited to, an action to challenge, void, revoke or otherwise modify the License or Land Use Permit, the associated environmental (CEQA) review, or to claim injury or personal property damage, any constitutional claim, or any action by any other public entity (including, but not limited to, the Federal Government) against the City from the processing or approval of the License or Land Use Permit.

The licensee shall promptly pay any final judgment rendered against the City (and its officers, officials and employees and agents) covered by this indemnity obligation. It is expressly understood and agreed that the foregoing provisions are intended to be as broad and inclusive as is permitted by the law of the State of California and will survive termination or expiration of the License or Land Use Permit. This indemnification obligation excludes liability resulting from the sole active negligence or wrongful conduct of the City of West Hollywood. The City's issuance of a Business License or Land Use Permit, which is authorized under the laws of the state of California, shall not be considered sole active negligence or wrongful conduct.

In the event the Licensee fails to comply with this agreement, in whole or in part, the City may withdraw its defense of the action, revoke or modify its approval of the License or Land Use Permit, or take any other action. The City retains the right to make all decisions with respect to its representations in any legal proceeding, including its inherent right to abandon or settle litigation. The City shall have the sole right to choose its counsel for defense of any action against the City covered by the indemnity obligation. The rights and remedies of the City provided in this agreement shall not be exclusive and are in addition to any other rights and remedies provided by law.

By signing this Indemnity Agreement Form, Licensee agrees to the terms of this form, agrees not to challenge any of the terms of this form, and accepts that all terms of this form are conditions precedent to the issuance of a License or Land Use Permit and declares under penalty of perjury that that the person signing this form is authorized to do so on behalf of the Licensee.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
Applicant Name	<input type="text"/>		
Applicant Address	<input type="text"/>	Personal Phone	<input type="text"/>
Business Address	<input type="text"/>	Business Phone	<input type="text"/>

**For Notary Use Only**

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, \_\_\_\_\_, a Notary Public in and for said State, 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 \_\_\_\_\_

(Place seal here)

## Agency Approvals

Each of the following agencies must be contacted by the applicant in order to obtain their approvals and signatures as noted below. **The license will not be approved until all signatures are received.**

**Finance (Tax Certificate)**

City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: Cashier  
Hours: 8:00 AM - 4:00 PM Daily  
(323) 848-6451

\_\_\_\_\_  
Approved by (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:** \_\_\_\_\_

**Finance - Risk Management**

8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: **Aileen Ward**  
(323) 848-6509  
award@weho.org  
**Call or email for appointment**

\_\_\_\_\_  
Approved by (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*\*\*\*\*LAST SIGN-OFF\*\*\*\*\***

**Business License Officer**

City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: Business Licensing  
(323) 848-6437  
Dept. of Public Works (323) 848-6375  
Fax (323) 848-6564

\_\_\_\_\_  
Approved by (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*\*\*\*\*LAST SIGN-OFF\*\*\*\*\***

**COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:** \_\_\_\_\_

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## REQUEST FOR EVIDENCE OF INSURANCE

# Cannabis Delivery Service Business License

**PLEASE PROVIDE THIS TO YOUR INSURANCE AGENT FOR PROPER PROCESSING**

\*\*\*\*\*

As part of your process to secure a Cannabis Delivery Service Business License with the City of West Hollywood you are required to provide evidence of insurance coverage as outlined below. Kindly return your completed insurance documents to your City representative.

**Certificate Holder:** The City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, California 90046

### **Required Coverages & Endorsements:**

- Commercial General Liability (CGL) insurance in an amount of not less than one million dollars (\$1,000,000) per occurrence.
- Automobile Liability insurance in an amount of not less than Three Hundred Thousand dollars (\$300,000) combined single limit.
- The CITY OF WEST HOLLYWOOD, its elected or appointed officers, officials, employees, agents, and volunteers are to be covered as additional insureds on the Commercial General Liability (CGL) insurance.

#### ***\*Requires a policy endorsement***

- Named insured must state their insurance is primary and non-contributory by policy endorsement or proof of appropriate "Other Insurance" clause in the CGL policy form.

#### ***\*Requires a policy endorsement***

- Workers' Compensation Insurance as required by law.
- Certificate should indicate 30 day notice of cancellation or change in coverage.

**Please note: not providing the proper insurance documentation may delay the processing of your business license. Refer to WHMC Title 5.70.030.**

**Insurance requirements can be found in WHMC 5.08.120 and 5.70.042.**

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