



# MEDICAL USE CANNABIS BUSINESS LICENSE APPLICATION

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

**Medical Use Cannabis shall mean and include:** An establishment wherein cannabis is sold for medicinal purposes by a medicinal cannabis cooperative, collective, dispensary, operator, or retailer who cultivates, distributes, or sells medicinal cannabis to qualified patients, or primary caregivers of qualified patients.

**Only the four existing Medical Cannabis dispensaries and the top four scoring applicants in the Medical Cannabis Business License category, as determined by the Screening Application process outlined in WHMC 5.70.035, and adopted by the Application Evaluation Committee on February 7, 2019, are eligible to apply for a Medical Cannabis Business License with the City of West Hollywood and shall use the following application packet to apply:**

**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

Forms Included in the Application Packet	Items to be Provided by the Applicant	Provided	N/A
Completed Applicant/Owner Information Form	<input type="radio"/> Valid Government-issued ID or Drivers License (for all owners as defined in Section C) <sup>5</sup>	<input type="radio"/>	
Acknowledgement of Operating Requirements	<input type="radio"/> California State Cannabis License (if already obtained)	<input type="radio"/>	<input type="radio"/>
Cannabis Business Indemnity Agreement Form	<input type="radio"/> Detailed Business Floor Plan	<input type="radio"/>	
Agency Approvals for Final Issuance of License	<input type="radio"/> Neighborhood Layout (Elevations and Overhead) <sup>4</sup>	<input type="radio"/>	
Notarized Owner's Affidavit	<input type="radio"/> Interior and Exterior Design Renderings <sup>1</sup>	<input type="radio"/>	
Additional Information Requested	<input type="radio"/> Odor Control Plan	<input type="radio"/>	
Completed Request for Live Scan Service for all owners (as defined in Section C) <sup>5</sup> and managers	<input type="radio"/> Copy of Approved Hazard Analysis Plan (if required) <sup>3</sup>	<input type="radio"/>	<input type="radio"/>
Live Scan Results Release Authorization Form	<input type="radio"/> Security Operations Plan <sup>1,2</sup>	<input type="radio"/>	
	Proof of Business Ownership (i.e. DBA, Partnership Agreement, Articles of Incorporation, etc)	<input type="radio"/>	
	Copy of Deed, Lease, or Rental Agreement	<input type="radio"/>	
	Off-site Cultivation/Manufacturing Zoning Compliance <sup>6</sup>	<input type="radio"/>	<input type="radio"/>
	Copy of approved Zone Clearance	<input type="radio"/>	
	Application Fee - \$4,035.00 (make checks payable to "City of West Hollywood".	<input type="radio"/>	

1 Security Plan and Interior/Exterior Design Renderings presented in the screening application shall be updated to reflect the applicant's selected physical location, if a physical location was not identified in the screening application, or if the location identified in the screening application has changed.

2 Security Operations Plan shall clearly state how it complies with WHMC 5.70.040(a)

3 If manufacturing or cultivation is a planned part of the business as ancillary uses under Section 19.36.030, a Hazard Analysis Plan or equivalent document must be submitted to and approved by the Los Angeles County Fire Department as part of the application.

4 Text and graphic materials showing the site in the context of the immediate neighborhood and floor plan of the facility (WHMC 5.70.020.C).

5 Section C of the Applicant/Owner Information Form

6 See "Additional Information Requested" form

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

(This Page Intentionally Left Blank)



# MEDICAL USE CANNABIS BUSINESS LICENSE APPLICATION 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)
---	-------------------------

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
------	-------	--------------	---------------

**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 - ADDITIONAL INFORMATION (if additional room is needed, please provide it on a separate sheet of paper)**

Have you or any of the other owners or prospective managers been licensed before (any business, any city)?  Yes  No

Please explain:

Have you or any of the other owners or prospective managers ever had a business license revoked?  Yes  No

Please explain:

Have you or any of the other owners or prospective managers ever been convicted of a criminal offense, other than a traffic violation?  Yes  No

Please explain:

**SECTION F - PROPERTY OWNER INFORMATION**

Is the applicant also the owner of the property where this business activity will take place?  Yes  No

If no, please provide the name, address, and contact information of the property owner. Additionally, you must provide a copy of the lease or rental agreement pertaining to the premises in which the cannabis business is or will be located:

Property Owner Name	Email	Phone #	Alt. Phone #	
Address		City	State	Zip Code

Under penalty of perjury, I hereby declare that the information contained within and submitted with the screening application and this 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 this application, the applicant is authorizing the City to verify the accuracy of the information in this application and the screening application.

Signature	Printed Name	Date Signed
-----------	--------------	-------------



**CANNABIS BUSINESS LICENSE APPLICATION  
ACKNOWLEDGEMENT OF OPERATING  
REQUIREMENTS FOR MEDICAL USE CANNABIS  
(WHMC 5.70.043)**

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

All medical-use dispensaries in the city shall operate in conformance with the following operating requirements:

- A. Security shall comply with the following minimum standards:
  1. Medical-use dispensaries shall provide adequate security and lighting on-site to ensure the safety of persons and protect the premises from theft at all times in conformance with the security plan submitted with the license application
  2. All security guards employed by medical-use dispensaries shall be licensed and possess a valid Department of Consumer Affairs "Security Guard Card" at all times. Medical-use dispensary security guards shall not possess firearms or tasers.
  3. Medical-use dispensaries shall provide a neighborhood security guard patrol for a two-block radius surrounding the dispensary during all hours of operation.
- B. No recommendations for medicinal cannabis shall be issued on site.
- C. There shall be no on-site sales of alcohol or tobacco. No alcohol or tobacco products shall be consumed by patrons or employees.
- D. Hours of operation shall be limited to: Monday through Sunday, 6:00 a.m. to 2:00 a.m., or as further limited by the Business License Commission or state law.
- E. Medical-use dispensaries shall only dispense medical-cannabis to qualified patients and their caregivers as defined by state law, unless otherwise authorized by a state license and local business license to dispense adult-use cannabis on the same premises.
- F. Medical-use dispensaries shall notify patrons of the following verbally and through posting of a sign in a conspicuous location readily visible to persons entering the premises:
  1. Use of cannabis shall be limited to the patient identified on a valid doctor's recommendation, or a qualified purchaser identified on a state-issued form of identification.
  2. Patrons must immediately leave the site and not consume cannabis until at home or in an equivalent private location, unless the medical-use dispensary has a valid cannabis consumption license issued by the city. Medical-use dispensary staff shall monitor the site and vicinity to ensure compliance.
  3. Forgery of medical documents is a felony crime.
- G. Medical-use dispensaries shall only provide cannabis to an individual in an amount consistent with personal-medical use.
- H. Medical-use dispensary patients shall be eighteen years of age or older.
- I. Medical-use dispensaries shall provide law enforcement and all neighbors within one hundred feet of the medical-use dispensary with the name and phone number of an on-site community relations staff person to notify if there are operational problems with the establishment.
- J. Medical-use dispensary operator(s) shall attend regular meetings with the Los Angeles County Sheriff's Department, Los Angeles County Fire Department, and City Public Safety Department staff to review public safety issues associated with the operations.

## **OPERATING REQUIREMENTS FOR MEDICAL USE CANNABIS BUSINESSES (Page 2)**

- K. Medical-use dispensaries shall dispense cannabis to qualified patients and primary caregivers only from the following sources:
1. Limited ancillary cultivation of cannabis on-site is permitted. The space devoted to cultivation and manufacturing (as outlined in subsection (r)) shall not exceed twenty-five percent of the total floor area, but in no case more than one thousand five hundred square feet or greater than ten feet in height.
  2. From an off-site location cultivated in accordance with applicable state law and zoning regulations in the jurisdiction in which it is cultivated.
- L. West Hollywood City Code Compliance Officers, West Hollywood Sheriff's Deputies, Los Angeles Fire Department staff, or other agents or employees of the city requesting admission for the purpose of determining compliance with these standards shall be given unrestricted access.
- M. Medical-use dispensaries shall comply with the provisions of state law.
- N. Medical-use dispensaries shall develop and implement a program subject to approval of the city to provide subsidized medical cannabis to income eligible patients, ("compassion program") in accordance with the following criteria.
1. Minimum twenty-five percent discount to all qualified patients based upon need;
  2. Medical-use dispensaries shall not be obliged to provide more than one hundred grams per month to eligible patients;
  3. Program Administration.
    - a. Social service provider to qualify patients on an annual basis,
    - b. Patients will be provided with a letter as proof of eligibility that expires one year after the date it is issued,
    - c. Medical-use dispensaries shall accept eligible patients and keep a record of qualified compassion program patients;
  4. On-site/instant medical and financial need eligibility criteria:
    - a. SSDI,
    - b. Medi-Cal,
    - c. Unemployed with verification;
  5. Social service agency verified medical/financial need eligibility:
    - a. Section 8 housing verification,
    - b. Two hundred percent income below federal poverty level,
    - c. Proof of disability,
    - d. Medical need such as terminal illness, cancer treatment, etc.;
  6. Residency Requirement. Program for West Hollywood residents only.
- O. Medical-use dispensaries shall have a responsible person on the premises to act as manager and supervise employees at all times during business hours.
- P. An odor absorbing ventilation and exhaust system shall be installed so that odor generated inside the business is not detected outside the property or lease area boundaries, or anywhere on adjacent property or public rights-of-way, or within any other unit located within the same building as the cannabis use.

**OPERATING REQUIREMENTS FOR MEDICAL USE CANNABIS BUSINESSES (Page 3)**

- Q. Delivery of cannabis from medical-use dispensaries to customers in West Hollywood and surrounding areas is permitted, in accordance with operating requirements in Section 5.70.042 Cannabis Delivery Services – Operating Requirements.
- R. Medical-use dispensaries shall be permitted to manufacture cannabis derivatives and products subject to the following requirements:
1. Limited manufacture of cannabis derivatives and products is permitted. The space devoted to manufacturing and cultivation (as outlined in subsection (k)(1)) shall not exceed twenty-five percent of the total floor area of the retail space, but in no case more than one thousand five hundred square feet.
  2. Cannabis manufacturing shall be ancillary to the medical-use dispensary and no stand-alone manufacturing businesses shall be allowed.
  3. Cannabis manufacturing shall be subject to local, state, and federal health and safety regulations.
- S. The consumption of cannabis products sold at a medical-use retail business is allowed if the business is issued a separate consumption area business license. The consumption portion of the business shall comply with all requirements of Section 5.70.041. Cannabis products not fully consumed on-site may be taken off-site by the purchaser.

By signing below, the applicant acknowledges that they have read and understood the operating requirements for Medical-Use Cannabis Businesses 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.

Additionally, by signing below, the applicant acknowledges that they understand that the screening application will be included as a part of the business license application file and will be used by staff and the Business License Commission for purposes of reviewing and approving the application, and placing operating conditions on the business license pursuant to WHMC 5.08.210.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(This Page Intentionally Left Blank)





# 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 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)



# CANNABIS BUSINESS LICENSE APPLICATION

## Agency Approvals

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

Business Address: \_\_\_\_\_

Each of the following agencies must be contacted by the applicant in order to obtain their approvals and signatures as noted below.

This document does not need to be completed to submit the application. However, **a final license will not be issued and the business cannot operate until all signatures are received**

**Business Tax Certificate** - The applicant must obtain a business tax certificate for their business.

**Building and Safety** - The applicant must obtain final approval from Building & Safety once all physical improvements have been completed.

- Building & Safety will give their approval only after all building permits have been obtained and a final inspection has been conducted.

**Planning** - The applicant must obtain approval from Planning for the urban design of the business.

- The Urban Designer will ensure that the design of the project is in substantial compliance with the pre-screening application and any Planning permits issued for entitlements.
- The business license will not be issued until this signature is obtained.

**Business License Officer** - The Business License Officer will sign-off on the application once all other documentation has been completed and submitted to the satisfaction of the City.

### Business Tax Certificate

#### Cashier

1st Floor of City Hall  
City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Hours: 8:00 AM - 6:00 PM Weekdays  
(323) 848-6451

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

### Building & Safety

#### (On-Site Inspection)

City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: Inspection Line - Message  
(323) 848-6335 or (323) 848-6320

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Agency Approvals (continued)

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

Business Address: \_\_\_\_\_

## Planning

City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: Urban Designer  
Hours: Call for Appointment  
(323) 848-6475

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

---

---

---

---

---

---

---

---

---

---

## 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

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

---

---

---

---



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

**OWNER'S AFFIDAVIT/ACKNOWLEDGEMENT FORM**

The acknowledgement form must be filled out completely and notarized for the following business activities:

- Model Studio
- Escort Bureaus/Introductory Services
- Fortune Tellers
- Picture Arcade
- Adult Bookstore
- Parking and Valet Services
- Cannabis Businesses

I (We), \_\_\_\_\_, (Owner Name) hereby declare under the penalty of perjury that I (we) am (are) the owner(s)of the property located at

\_\_\_\_\_  
(Property Address), Assessor's Parcel Number \_\_\_\_\_, in the City of West Hollywood, California ("Property"). I (we) acknowledge that the application being filed concurrently herewith contemplates

\_\_\_\_\_ 's (Applicant's Name) intention to operate a \_\_\_\_\_ (Type of Business) under the business name of

\_\_\_\_\_ (Business Name) on the Property. I (we) hereby consent to the filing of the application and to the operation of a \_\_\_\_\_ (Type of Business) on the Property.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Capacity Claimed by Signer (Individual, Partner(s), Trustee(s), Corporate Officer(s), Attorney-In-Fact, Other):

\_\_\_\_\_

**For Notary Use Only**

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 \_\_\_\_\_

(This Page Intentionally Left Blank)



**ADDITIONAL INFORMATION REQUIRED**

**Medical Use Cannabis Businesses**

**(if additional room is needed, please provide it on a separate sheet of paper)**

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

Business Address: \_\_\_\_\_

**Age Verification:** Describe your process for screening, registration and validation for qualified medical cannabis patients and that purchasers of medical-use cannabis are eighteen years of age or older:

**Patient Records and Acquisition:** Provide a description of your qualified patient records acquisition and retention procedures:

**Cannabis Quantities/ Inventory Tracking:** Provide a description of the process for tracking cannabis quantities and inventory controls, including on-site cultivation (if any), processing and cannabis products received from outside sources:

**ADDITIONAL INFORMATION REQUIRED**  
**Medical Use Cannabis Businesses (Page 2)**

(if additional room is needed, please provide it on a separate sheet of paper)

**Cannabis Sourcing Procedures:** Provide a description of the procedure for documenting the source of the cannabis and cannabis products to be dispensed by the cannabis use:

**Cultivation/Manufacturing Zoning Compliance:** Is any of your cannabis cultivated or manufactured off-site?  Yes  No

\*\*If the cannabis is cultivated or manufactured off-site, attach documentation that the off-site location is compliant with the zoning regulations of the jurisdiction in which it is located.

**Energy Offset/ Minimization:** Will the cultivation, processing, or manufacturing of plants or cannabis products take place as an accessory use under Sections 5.70.043(k)(1), 5.70.043(r)(1), or 19.36.030?  Yes  No

If "yes", provide a description of measures taken to minimize or offset energy use from the cultivation, processing, or manufacturing of cannabis plants and products:

**Chemical Storage/ Effluent Discharge:** Provide a description of chemicals stored or used on-site and any effluent proposed to be discharged into the city's wastewater or storm water systems:



**ADDITIONAL INFORMATION REQUIRED**  
**Medical Use Cannabis Businesses (page 3)**

(if additional room is needed, please provide it on a separate sheet of paper)

Have you applied for a State cannabis license?

Yes

No

If so, what license types have you applied for?

Does your application deviate from the screening application?

Yes

No

If so, please explain all deviations and provide a justification for the deviation.

*NOTE: Applicants are required to operate in the manner proposed in the screening application on which it was scored. Only certain justified deviations will be allowed, as recommended by the City Manager or his/her designee. By way of example only, a deviation from the screening application may be justified if the applicant applied for five license types and was only awarded one. The business concept may need to be adjusted to account for the fact there will only be one licensed activity. We recommend contacting John Leonard (City Manager's Department) to discuss any deviations in advance.*

(This Page Intentionally Left Blank)



## **Live Scan Requirements for Cannabis Business License Applicants**

Pursuant to WHMC 5.70.030, the applicant (including all "owners" as defined by State law) and any proposed or prospective manager shall undergo a background investigation.

Applicants, owners, and managers shall not have been convicted of:

1. Any offense relating to possession, manufacture, sales, or distribution of a controlled substance, with the exception of cannabis related offenses;
2. Any offense involving the use of force or violence upon the person of another;
3. Any offense involving theft, fraud, dishonesty or deceit;
4. Sales of cannabis to a minor or use of a minor to distribute cannabis;
5. Any crime involving moral turpitude which is substantially related to the business activity for which the license is being sought (WHMC 5.08.080).

Cannabis business license applications will not be processed until a Request for Live Scan Service and a Live Scan Results Release Authorization form have been submitted for all owners and applicants identified in the application as well as any prospective managers.

All fees associated with the Live Scan process shall be paid to the Live Scan processor at the time of service.

(This Page Intentionally Left Blank)

This page is a placeholder for the Request for Live Scan Service Form (BCII 8016). The City is not yet able to provide a completed version of this form. Once it is ready to be released, the City will post it on [www.weho.org/cannabis](http://www.weho.org/cannabis).

Cannabis Business License Applications will be accepted by the City without the Live Scan having been completed. However, final licenses will not be issued until all applicants, owners, and prospective managers have successfully completed the criminal background check process.

If you have questions about the Live Scan process or when this form will be released, please contact Daniel Mick (Code Compliance Supervisor) at 323-848-6882 or [dmick@weho.org](mailto:dmick@weho.org).

(This Page Intentionally Left Blank)



# CITY OF WEST HOLLYWOOD

## Live Scan Results

### Release Authorization Form

The City of West Hollywood is authorized to request and access summary criminal history information from the California Department of Justice (DOJ) for licensing purposes. Such request is authorized under Section 11105(b)(10) and 13300(b)(10) of the California Penal Code and Chapter 5.08 of the West Hollywood Municipal Code.

The City of West Hollywood shall not consider licensing a person who has been convicted of a felony or misdemeanor involving moral turpitude which is substantially related to the business activity for which the license is being sought.

*I understand that a Criminal History Information check is required as part of the business licensing process of the City of West Hollywood. I hereby authorize the release of criminal history information by the Los Angeles County Sheriff's Department and the California State Department of Justice (DOJ) as authorized under sections 11105(b)(10) and 13300(b)(10) of the California Penal Code.*

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

*In addition, due to the nature of the license I am seeking, I hereby authorize the release of any arrest information for crimes which are referenced under Section 290(a) of the California Penal Code and Section 11590 of the California Health and Safety Code.*

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

State of California )	<b>For Notary Use Only</b>
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)

(This Page Intentionally Left Blank)