



**SAN JOSE POLICE DEPARTMENT
DIVISION OF CANNABIS REGULATION
CANNABIS BUSINESS REGISTRATION
PHASE 1 APPLICATION**

<p>OFFICE USE ONLY Date Received: _____</p>
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Legal Name of Cannabis Business (include DBA if applicable):

Check all that apply:

- NEW BUSINESS (Not currently registered)
 - Equity Applicant
 - Non-Equity Applicant
- CURRENTLY REGISTERED BUSINESS
 - Update Information (*Only fill in the changed information*)
 - Amendment Application (*Attach applicable supplementals*)
 - Annual Renewal

CANNABIS ACTIVITIES

Check the box for each cannabis activity for which Business is seeking Registration:

1. For a Testing Laboratory, check this box and skip to item #10.
2. For a Microbusiness, check this box and check at least three activities below:

	<u>Non-Medical</u>	<u>Medical</u>	<u>Cannabis Activity</u>
3.			Cultivating
4.			Processing
5.			Manufacturing
6.			Distributing
7.			Selling or transferring at a dispensary or retail storefront
8.			Delivering

A cannabis business may not begin operations at any premises or location until it receives a Notice of Completed Registration for each location and cannabis activity at that location as well as each applicable State license for that premises or location.

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GENERAL BUSINESS INFORMATION

Application Contact: Provide the following information (*this person will be contacted for questions related to this application*):

9.	Legal Name of Business (including DBA if applicable)	
10.	Name of Person Completing Application on Behalf of Business	
11.	Relationship with Business	
12.	Mailing Address	
13.	Email Address	
14.	Phone Number	

Provide the following information:

15.	Business Organizational Structure (Corporation, LLC, etc.)	
16.	State of Incorporation	
17.	California Business Registration Number	
18.	Is this a publicly traded company?	
19.	Date Business was Established	
20.	San Jose Business Tax Certificate Number	
21.	CDTFA Seller's Permit Number	
22.	CDTFA Cannabis Tax Permit Number (if applicable)	
23.	Worker's Compensation Insurance Carrier	
24.	Worker's Compensation Insurance Policy Number	

(25.) Is Business currently operating in any other jurisdiction? Yes No

If "Yes," provide the following (attach an additional sheet if necessary; example in italics):

State	City	Licensing Authority	License Type	License Number
<i>CA</i>	<i>Oakland</i>	<i>Department of Cannabis Control</i>	<i>Microbusiness</i>	<i>A0-00-0000000-TEMP</i>

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OWNER / OFFICER / BOARD MEMBER DESIGNATION

Attach additional copies of this page if necessary

Owners, officers, board members and similar persons are considered “managers” and must complete the criminal background investigation required pursuant to the San Jose Municipal Code.

When a business entity is an owner in a commercial cannabis business, all entities and individuals with a financial interest in the entity shall be disclosed. Use additional pages if necessary.

OWNERS

(26.) List all persons having more than a ten percent (10%) interest, legal or equitable, or otherwise, in Business:

Name	Equity (Y/N)	Percentage	Name	Equity (Y/N)	Percentage

BOARD MEMBERS

(27.) List all persons serving on the Board of Directors (or similar body, if applicable):

Name	Position	Name	Position

OFFICERS

(28.) List all Officers of Business:

Name	Position	Name	Position

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REPRESENTATION

Attach additional copies of this page to authorize additional people.

(29.) Primary Contact Person (this is the main person with whom the Division of Cannabis Regulation will correspond regarding day-to-day operations including compliance issues after Registration):

Name			
Address (P.O. Box will not satisfy this requirement)			
Email Address		Phone	

This individual is authorized to accept service of process on behalf of Business.

This individual agrees to accept service of process electronically by email on behalf of Business.

(30.) Individual authorized to sign on behalf of, and legally bind, Business:

Name			
Address (P.O. Box will not satisfy this requirement)			
Email Address		Phone	

This individual is authorized to accept service of process on behalf of Business.

This individual agrees to accept service of process electronically by email on behalf of Business.

(31.) Attorney authorized to represent Business:

Law Firm or Business:			
Attorney's Name			
Address (P.O. Box will not satisfy this requirement)			
Email Address		Phone	

This individual is authorized to accept service of process on behalf of Business.

This individual agrees to accept service of process electronically by email on behalf of Business.

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(32.) Attach the following operations plans for Business (*additional plan details may be required in Phase 3 or for a State license*):

A. General Business Plan, including:

1. Overview of planned Business activities;
2. Statement of which State licenses Business will be seeking;
3. Estimated number of employees;
4. How Business will comply with Labor Peace Agreement requirements;

B. Security Plan, including:

1. Whether or not Business directly employ required security personnel;
2. Whether or not Business will contract security personnel from a licensed security company (*Business may do both*);
3. Whether or not Business will employ armed security personnel;
4. How Business will meet UL Alarm requirements, including Mercantile Burglary certificate (as applicable);
5. How Business will meet video surveillance requirements;

C. Retail Sales Plan (if applicable), including:

1. Identifying intended inventory and sales tracking software/practices;
2. How Business will meet age verification requirements;
3. How Business will meet secured storage requirements;

D. Delivery Plan (if applicable), including:

1. Estimated number of delivery vehicles;
2. How Business will meet secure container and delivery vehicle surveillance requirements;
3. How Business will accept orders, and identifying any internet order service providers;
4. How Business will meet mobile age verification requirements;

E. Manufacturing Plan (if applicable), including:

1. What products will be manufactured (including whether for adult or medical use, or both);
2. Generally, what equipment will be used (e.g.: commercial grade CO2 extraction machine, commercial stove, refrigerator, or beverage filling machine, etc.);
3. Generally, what chemicals and processes will be used (specific quantities, handling and emergency procedures will be asked in Phase 3);

F. Distribution Plan (if applicable), including:

1. Generally, how will Business fulfill the responsibilities of the distributor;
2. Generally, how will Business transport cannabis between licensees;

G. Testing Plan (if applicable), including:

1. Generally, what equipment will be used (specific make/model information will be asked in Phase 3);
2. Generally, what chemicals and processes will used (specific quantities, handling and emergency procedures will be asked in Phase 3);
3. What laboratory or other certifications are possessed by, or will be obtained by, Business.

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H. Hazardous Materials Plan, (if applicable) including:

1. Generally, what chemicals will be stored and used by Business, if not identified previously on this application (specific quantities, handling and emergency procedures will be asked in Phase 3);
2. Generally, what safeguards will be employed to mitigate hazards associated with such chemicals (specific quantities, handling and emergency procedures will be asked in Phase 3).

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BUSINESS QUESTIONNAIRE

To be completed by Individual Authorized to Sign on Behalf of and Legally Bind Business.

Legal Name of Cannabis Business (include DBA if applicable):

Type “Yes” or “No” in each box. **For each “Yes” answer, attach additional pages with a full explanation.** Include all information necessary for the City to confirm the information you provide, including, but not limited to: the jurisdiction where the activity occurred (including in any other state), the name(s) associated with the activity, the time period, and any associated license or permit number. *A “Yes” answer does not automatically disqualify Business from Registration.*

Failure to provide complete and truthful information could lead to denial or revocation of Registration.

Has Business, or any owner, officer or board member, within the last 10 years:	Yes/No
33. Had any non-cannabis license, permit, registration or similar approval, suspended, revoked or nullified? <i>(Examples: medicine, law, real estate)</i>	
34. Applied for and been denied a cannabis license, permit, registration or other approval?	
35. Controlled, owned, operated or managed a medical marijuana collective or cooperative in any jurisdiction <i>other</i> than the City of San Jose?	
36. Controlled, owned, operated or managed a medical marijuana collective or cooperative in San Jose and did not apply for or seek registration with the City of San Jose?	
37. Controlled, owned, operated or managed a medical marijuana collective or cooperative in San Jose <i>and</i> applied for and been denied or disqualified from the City of San Jose’s cannabis business registration process?	
38. Been the subject of a Compliance Order or Administrative Citation issued by the City of San Jose?	
39. Had, or have any current, administrative, civil, or criminal action(s) pending by any court, licensing authority or regulatory agency?	

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BUSINESS'S AUTHORIZATION FOR RELEASE OF INFORMATION

To be completed by Individual Authorized to Sign on Behalf of and Legally Bind Business.

Legal Name of Cannabis Business (include DBA if applicable):

Check each box indicating understanding of, and agreement with, each condition.

I, the undersigned, declare that I am the applicant described and identified in this Application, or an agent of the applicant seeking Registration with the City of San Jose.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department any files, records, or information of any type regarding:

The information is being requested by the San Jose Police Department to properly evaluate the applicant's qualifications for Registration by the City of San Jose. A copy of this Authorization shall be as valid as, and provide the same authorization as, the original.

Print Name of Individual Authorized to sign on behalf of Business:	
Relationship with Business	
Date:	
Signature:	

**CANNABIS BUSINESS REGISTRATION
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CONDITIONS OF REGISTRATION

To be completed by Individual Authorized to Sign on Behalf of and Legally Bind Business.

Legal Name of Cannabis Business (include DBA if applicable):

Check each box indicating understanding of, and agreement with, each condition.

Any Business submitting a registration application should have no expectation that the City will issue the Business a Registration, or that once a Registration is issued, it will continue to be valid.

A Cannabis Equity Owner or a Cannabis Equity Business may not transfer ownership or shares of ownership to non-equity owners or partners such that the aggregate total of equity ownership falls below fifty-one percent (51%) for a period of five (5) years following the original date of receipt of a Notice of Completed Registration.

Business shall pay all associated taxes and fees in accordance with the SJMC.

A Registration issued by the City is an acknowledgment of the Business's compliance with the requirements of SJMC Chapter 6.88 at the time the Registration was issued.

The Registration shall expire one (1) year after its issuance. Business shall thereafter be responsible for renewing its Registration on an annual basis.

The ability of the Business to assert an affirmative defense to civil and criminal enforcement of the SJMC is based solely upon conduct which is in strict compliance with the provisions of SJMC Title 20 relating to cannabis, SJMC Chapter 6.88, and the City Manager Regulations for Medical and Non-Medical Cannabis.

In addition to Registration, prior to beginning operations at any premises or location, the Business must obtain and maintain all applicable State licenses.

All information provided in this application and any subsequent application, update or amendment may be shared with other State agencies including, but not limited to, the California Department of Consumer Affairs Bureau of Cannabis Control, the California Department of Food and Agriculture CalCannabis Cultivation Licensing Division, and the California Department of Public Health Manufactured Cannabis Safety Branch.

Print Name of Individual Authorized to sign on behalf of Business:	
Relationship with Business	
Date:	
Signature:	

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RELEASE OF LIABILITY / INDEMNIFICATION / HOLD HARMLESS

To be completed by Individual Authorized to Sign on Behalf of and Legally Bind Business.

Legal Name of Cannabis Business (include DBA if applicable):

Check each box indicating understanding of, and agreement with, each condition.

Business and its employees (hereafter, collectively referred to as “Business”) hereby release the City of San Jose and its agents, officers, elected officials, and employees (hereafter, collectively referred to as “City”) from any injuries, damages, or liabilities of any kind that result from any arrest or prosecution of the Business for violation of federal or state laws and from any and all legal liability related to or arising from the registration of the Business with the City of San Jose or related to or arising from the enforcement of the provisions of SJMC Chapter 6.88.

Business hereby indemnifies and holds harmless the City for any claims, damages, or liabilities arising from claims filed by third parties due to the operations by the Business at the Location or Premises or arising from claims filed by the Business's employees or customers arising out of the possession, cultivation, transportation or dispensing of cannabis and/or on- or off-site use of cannabis provided at the Business’s location or premises.

Business will defend, indemnify, and hold harmless the City from any claims or actions brought against the City by third parties to challenge, attack, set aside, void, or annul any approvals and/or denials issued by the City to the Business in connection with its operations as a cannabis business registered with the City of San Jose.

City has and retains the right to approve the counsel to so defend the City; all significant decisions concerning the manner in which the defense is conducted; and, any and all settlements, which approval shall not be unreasonably withheld.

City also retains the right to not participate in the defense of the City, except that City agrees to reasonably cooperate with Business in the defense. If City chooses to have counsel of its own defend the City and Business has already retained counsel to defend City, the fees and expenses of the additional counsel selected by City shall be paid by City, except when the City’s Attorney’s Office participates in the defense, in which case all the fees and costs of the City’s Attorney’s Office shall be paid by Business.

Business’s defense and indemnification of City set forth herein shall remain in full force and effect throughout all stages of any claims or actions brought including any and all appeals of any lower court judgments rendered.

Print Name of Individual Authorized to sign on behalf of Business:	
Relationship with Business	
Date:	
Signature:	

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BUSINESS AFFIDAVIT

To be completed by Individual Authorized to Sign on Behalf of and Legally Bind Business.

Legal Name of Cannabis Business (include DBA if applicable):

Check each box indicating understanding of, and agreement with, each condition.

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this Application, and its supporting documentation, discloses all material facts regarding the applicant and associated individuals necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

I, as the person signing below do hereby represent and warrant that the Business is authorized to do business in California and that I have full right, power and authority to sign on behalf of the Business and carry out all actions contemplated by this Application, and that any Registration issued to the Business constitutes valid, binding and enforceable obligations of the Business. Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information subsequently submitted to the City in conjunction with this Application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or otherwise restricted by law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation and I hereby agree to provide that information within ten (10) calendar days of the date of the request for information.

I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.

Print Name of Individual Authorized to sign on behalf of Business:	
Relationship with Business	
Date:	
Signature:	