



County of Imperial  
Planning & Development Services  
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## COMMERCIAL CANNABIS ACTIVITY LICENSE APPLICATION

Official Use Only:

Application Number: \_\_\_\_\_

Please select "ONLY ONE" of the following Commercial Cannabis Activities. A separate application must be submitted for each commercial cannabis category desired to be operated.

**TYPE:**

**CATEGORY:**

- |                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Adult Use | <input type="checkbox"/> CULTIVATION        | <input type="checkbox"/> MANUFACTURING  | <input type="checkbox"/> DISTRIBUTION (WHOLE) |
| <input type="checkbox"/> Medical   | <input type="checkbox"/> TESTING LABORATORY | <input type="checkbox"/> VIRTUAL RETAIL | <input type="checkbox"/> PHYSICAL MEDICINAL   |

**California State License Classification:** (as defined by State Regulations)

Has a State License been obtained?  Yes  No License Number: \_\_\_\_\_

If no, has a State License been applied for?  Yes  No

Type: \_\_\_\_\_ Subtype : \_\_\_\_\_ Explanation: \_\_\_\_\_

Applicable California State Department: \_\_\_\_\_

### APPLICANT'S INFORMATION:

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

Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\* Attach additional pages if necessary.

### PROPOSED PROJECT LOCATION:

Assessor's Parcel Number (APN): \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_ --- 001 Zoning: \_\_\_\_\_

Address: \_\_\_\_\_ Location: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

### PROPERTY OWNER(S) INFORMATION (if different than applicant):

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\* Attach additional pages if necessary.

**CHECK TYPE OF BUSINESS OWNERHIP:**

- SOLE PROPRIETORSHIP
- LIMITED PARTNERSHIP
- GENERAL PARTNERSHIP

- CORPORATION
- OTHER: \_\_\_\_\_  
\_\_\_\_\_

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**COMPLETE THE SECTION BELOW THAT IS APPLICABLE TO THE FORM OF OWNERSHIP**

**SOLE PROPRIETORSHIP**

Legal Name: \_\_\_\_\_ Alias, If Any: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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**TYPE OF PARTNERSHIP**  
(i.e. Limited, General)

Name of Partnership: \_\_\_\_\_

List each Partners:

Legal Name: \_\_\_\_\_ Alias, If Any: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Alias, If Any: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Alias, If Any: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Alias, If Any: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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**CORPORATION**

Name of Corporation: \_\_\_\_\_

List each Corporate Office and/or Director:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name of Corporate Agent for Service of Process: \_\_\_\_\_

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**BACKGROUND INFORMATION:**

Has any owner or business manager ever been convicted of a felony?  Yes  No

If "Yes", please explain: \_\_\_\_\_

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Has the Cannabis Business License applicant previously operated in this County or any other County, City or State under a similar license or permit?  Yes  No

If "Yes", please explain: \_\_\_\_\_

If "Yes", please attach a copy of the license/permit issued by the other County, City or State.

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Has any owner, business manager, member, or employee ever been denied a cannabis business license in the County of Imperial and/or by the State or had a license suspended or revoked?  Yes  No

If "Yes" what was the license account number? \_\_\_\_\_ Name: \_\_\_\_\_

If "Yes" what was the date the license was suspended and/or revoked? \_\_\_\_\_

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**BUSINESS OPERATION INFORMATION:**

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

Trade Name (DBA): \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contract Person: \_\_\_\_\_ 24-hour Phone No. \_\_\_\_\_

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Number of Employees:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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**BUILDING AND FACILITY INFORMATION:**

Licensees must have legal possession of the premises for the duration of the license issuance.

Do you own the property where the business is or will be located?  Yes  No

If you ARE NOT the property owner, the applicant must provide a true and complete copy of the executed lease, and proof that the property owner has authorized the use of a cannabis business operation on their property.

If you ARE the property owner, a copy of a recorded Grant Deed must be attached to the application.

Square footage of Building: \_\_\_\_\_ Cannabis Square Footage of Floor Area to be Used: \_\_\_\_\_

Testing Square Footage: \_\_\_\_\_ Distribution  Yes  No Transportation  Yes  No

Please explain/describe business activities: \_\_\_\_\_

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**SECURITY INFORMATION:**

Will security guards be provided?  Yes  No

If "YES" how many security guards:

DAYS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End time							

**REQUIRED SUPPLEMENT INFORMATION:**

This information is required for this application to be considered complete. Attach the following reports to the application.

- Vicinity Map**
- Photos** of the site and building(s)
- Site Plan (drawn to scale)** that illustrates the proposed development, particularly the location and size of the proposed and existing structures, driveways, public utility lines, septic system, etc., and their distances from property lines. Indicate any other information pertinent to the project.
- Floor plan (drawn to scale)** designating all interior dimensions of the licensed premises and the layout of the cannabis business, including all limited access areas, areas of ingress and egress. Floor plan shall also show the principal uses of the floor area depicted therein. For cultivation sites, the floor plan shall distinguish all dimensions of areas in which cannabis plants are located.
- Indemnification Form** holding County of Imperial harmless.
- Statement of Agency** (if applicable). This form must be completed if the property owner(s) will be appointing an agent to act on their behalf.
- Legal Disclaimer**
- Property Owner Acknowledgement Form** must be completed by each property owner.
- Proof of Site Control.** Provide all necessary documents need to show proof that the applicant has right of use of the subject property. This is typically either in the form of a grant deed or lease agreement that identifies property owner and the applicant's right of site control.
- Copy of State/Federal License** showing tax identification number (if applicable).
- Certificate of Labor Peace Agreement** (if applicable).

**SUPPLEMENTAL PLANS:**

These plans are required prior to issuance of a Commercial Cannabis Activity License.

- Business and Operation Plan** including air quality/odor control plan, production handling and storage plan, parking and landscaping plan, signage plan, list and number of employees, proof of workers' compensation and liability and copy of fictitious business name.
- Safety and Security Plan** demonstrating compliance with the interior and exterior security requirements of lighting and recorded surveillance.

**NOTE: All plans submitted shall include legible reductions no larger than 11" x 17" to provide for photocopying on standard office equipment.**

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**DECLARATION OF APPLICANT**

The undersigned declares under penalty of perjury, under the law of the State of California, that the foregoing information set forth in this application and in its attachments, is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be ground for denial for the issuance of the license, renewal of the license and subsequent revocation of the Conditional Use Permit (if applicable). **NOTE: All signatures must be original wet signed signatures.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**DETERMINATION OF APPLICATION** (County Staff Use Only)

Commercial Cannabis License Application Number: \_\_\_\_\_

Date / Time Rec'd \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Planning Commission Approval Date (if applicable): \_\_\_\_\_

Conditional Use Permit Number (if applicable): \_\_\_\_\_

Action Taken:       Approved       Denied

Grounds for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved/Denied Date: \_\_\_\_\_ Approved/Denied By: \_\_\_\_\_