



Commercial Cannabis Business Employee Information Form

City of Oxnard

Planning Division
214 South "C" Street, Oxnard, CA 93030
Phone: 805.385.7858
oxnard.org/cannabis

APPLICANT INFORMATION

Applicant (Entity) Name: _____ DBA: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Primary Contact (Same as above? Yes No): _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SUP/DDR Number: _____ Local Equity Applicant: Yes No

Commercial Cannabis Business Permit Type: Retail Manufacturing Distribution Cultivation and Testing

EMPLOYEE VERIFICATION REQUIREMENTS

1. Verify all employees have an active Cannabis Employee Permit (CEP), 1 year expiration (per OCC SEC. 11-455).
2. Verify 75% of employees for retail and manufacturing operators are City of Oxnard residents (per Cannabis Community Benefit Agreement).
3. Verify 50% of cultivation operators are City of Oxnard residents (per Cannabis Community Benefit Agreement).

FORM CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this form that the statements and information furnished in this form is to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this form, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Oxnard permission to reproduce submitted materials for distribution to staff, Committees, Commission, and City Council Members to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this form, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Oxnard City Code and State law.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the form is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this form, denial of a permit or revocation of a permit issued.

Name

Signature

Title

Date



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EMPLOYEE INFORMATION

Identification of all employees. An "employee" (SEC. 11-413) means each and every person engaged in the operation or conduct of any business, whether as owner, member of the owner's family, partner, associate, agent, manager or solicitor, and each and every other person employed or working in such business for a wage, salary, commission, barter or any other form of compensation. The applicant must provide the following information for all employees of the business:

Use GIS Map Viewer to determine if address is within the City's corporate boundaries.
<https://maps.oxnard.org/general-new>

Employee Name: _____ CEP Expiration Date: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the employee resides in the City of Oxnard? Yes No

Employee Name: _____ CEP Expiration Date: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the employee resides in the City of Oxnard? Yes No

Employee Name: _____ CEP Expiration Date: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the employee resides in the City of Oxnard? Yes No

Employee Name: _____ CEP Expiration Date: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the employee resides in the City of Oxnard? Yes No

Employee Name: _____ CEP Expiration Date: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the employee resides in the City of Oxnard? Yes No

Add more pages as necessary to accommodate all Commercial Cannabis Business Employees