



Commercial Cannabis Business Owner Information Form (Local Equity)

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

MUNICIPAL CODE REQUIREMENTS

The City of Oxnard’s City Code Section 11-468 states, changes in ownership of a permittee business structure or a substantial change in the ownership of a permittee business entity (i.e., changes that result in a cumulative change of more than 51% of the original ownership) must be approved by the city manager or his or her designee through the transfer process contained in subsection (A). Failure to comply with this provision is grounds for permit revocation.

The City of Oxnard’s City Code Section 11-454 states, Local Equity Applicant – Applicant with at least forty percent (40%) Local Ownership. To remain a Local Equity Applicant, a minimum of 40% Local Ownership must be maintained for the entire period of time in which a Local Equity Applicant has a Commercial Cannabis Business Permit.

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

OWNER(S) INFORMATION AND NON-OWNER(S) WITH A FINANCIAL INTEREST IN THE BUSINESS

Identification of all ownership percentage should total 100%. A "financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business but not qualified as an owner.

The permittee must submit the original wet signed document from all owners to the City of Oxnard. Electronic signatures will not be accepted.

For Local Equity Owners only (defined in accordance with Ord. 2994, Section 11-454, (NN)), proof of local residency will be required to be submitted with the Owner Information. Factors used to determine local residency shall include: "(As applicable) but are not be limited to the following: ownership or rental of dwelling unit within the city's corporate boundaries that is the primary residence; California driver's license with a residential address within the city's corporate boundaries that is the primary residence; voter registration at a residential address within the city's corporate boundaries that is the primary residence; residential address within the city's corporate boundaries used for filing state and federal income tax returns that is the primary residence; and the natural person does not have a homestead exemption in any jurisdiction other than within the city's corporate boundaries. Local Ownership is subject to ongoing verification under penalty of perjury".

Name: _____ Title: _____ Ownership % _____
Address: _____ City: _____ State: _____ Zip: _____
Do you reside in the City of Oxnard (within the City's corporate boundaries)? Yes No CEP Exp. Date: _____
I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

Name: _____ Title: _____ Ownership % _____
Address: _____ City: _____ State: _____ Zip: _____
Do you reside in the City of Oxnard (within the City's corporate boundaries)? Yes No CEP Exp. Date: _____
I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

Name: _____ Title: _____ Ownership % _____
Address: _____ City: _____ State: _____ Zip: _____
Do you reside in the City of Oxnard (within the City's corporate boundaries)? Yes No CEP Exp. Date: _____
I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

Name: _____ Title: _____ Ownership % _____
Address: _____ City: _____ State: _____ Zip: _____
Do you reside in the City of Oxnard (within the City's corporate boundaries)? Yes No CEP Exp. Date: _____
I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

Name: _____ Title: _____ Ownership % _____
Address: _____ City: _____ State: _____ Zip: _____
Do you reside in the City of Oxnard (within the City's corporate boundaries)? Yes No CEP Exp. Date: _____
I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Signature: _____ Date: _____

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