



Commercial Cannabis Business Owner Information Form (Non-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.

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____

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