



Commercial Cannabis Business Permit Renewal Checklist

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

SUBMITTAL REQUIREMENTS

The City of Oxnard's City Code Section 11-461(A) states, an application for renewal of a Commercial Cannabis Business Permit shall be filed at least 60 calendar days prior to the expiration date of the current permit.

CHECKLIST

| Item # | Items Required | Submitted Date | Staff Initial |
|--------|---|----------------|--------------------------|
| 1 | Regulatory Compliance Fee | / / | <input type="checkbox"/> |
| 2 | Financial Audit Fee | / / | <input type="checkbox"/> |
| 3 | Copy of City of Oxnard Business Tax Certificate | / / | <input type="checkbox"/> |
| 4 | Copy of State License | / / | <input type="checkbox"/> |
| 5 | Owner Information Form | / / | <input type="checkbox"/> |
| 6 | Employee Information Form | / / | <input type="checkbox"/> |
| 7 | Copy of Insurance Certificates | / / | <input type="checkbox"/> |
| 8 | *Community Benefits Payment Statement | / / | <input type="checkbox"/> |
| 9 | *Cannabis Tax Payments Statement | / / | <input type="checkbox"/> |
| 10 | Additional Required Documents | / / | <input type="checkbox"/> |

* Payment verification required by third party auditing company for the previous 12 month period.

STAFF USE ONLY

State license issue date _____

Commercial Cannabis Business Permit (CCBP) issue date _____



Commercial Cannabis Business Permit Renewal Application

City of Oxnard

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APPLICANT INFORMATION

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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 11-461(A) states, an application for renewal of a Commercial Cannabis Business Permit shall be filed at least 60 calendar days prior to the expiration date of the current permit.

APPLICATION REQUIREMENTS

Please include the following documentation with your Commercial Cannabis Business Permit renewal application; Regulatory Compliance Fee, Financial Audit Fee, City of Oxnard Business Tax Certificate, State License, Owner Information Form, Employee Information Form, Insurance verification, Community Benefits Payment and any additional documentation required by the City.

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



Commercial Cannabis Regulatory Compliance Fee Form

City of Oxnard

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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

YEARLY PAYMENT REQUIREMENTS

The City of Oxnard's City Code Section 11-457 states, each person granted a Commercial Cannabis Business Permit shall be required to pay the permit fee established by resolution of the City Council, to cover the costs of administering the Commercial Cannabis Business Permit program created in this article.

The City of Oxnard's City Code Section 11-461 states, the applicant shall pay a fee in an amount to be set by the City Council to cover the costs of processing the renewal permit application, together with any costs incurred by the city to administer the program created under this article.

HOW SHOULD PAYMENT BE MADE?

The forms of payment that we accept:

- Certified Check
- Cashier's Check
- Money Order
- Cash - appointment must be made for cash deposits by calling (805)385-7824
- Personal/business checks
- Wire Transfers - NOT ACCEPTED

Payments made to: The City of Oxnard

STAFF USE ONLY

Payment method _____

Payment amount received _____

Description PZ# _____

Account # 101-4101-555-73XX

Staff Name _____

Date _____



Commercial Cannabis Financial Audit Fee Form

City of Oxnard

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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

YEARLY PAYMENT REQUIREMENTS

The City of Oxnard's City Code Section 11-457 states, on an annual basis, each owner and operator shall submit to the city a financial audit of the business's operations conducted by an independent certified public accountant.

Each permittee shall be subject to a regulatory compliance review and financial audit as determined by the city manager or his or her designee(s).

HOW SHOULD PAYMENT BE MADE?

The forms of payment that we accept (and preferred payment means, in this order):

- Certified Check
- Cashier's Check
- Money Order
- Cash - appointment must be made for cash deposits by calling (805)385-7824
- Personal/business checks, Wire Transfers - NOT ACCEPTED

Payments made to: The City of Oxnard

STAFF USE ONLY

Payment method _____

Payment amount received _____

Description _____

PZ# _____

Account # 101-4101-41450 _____

Staff Name _____

Date _____



Commercial Cannabis Business Owner Information Form (Non-Equity)

City of Oxnard

Planning Division
214 South "C" Street, Oxnard, CA 93030
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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.

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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



Commercial Cannabis Business Employee Information Form

City of Oxnard

Planning Division
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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.

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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



Commercial Cannabis Business Employee Information Form

City of Oxnard

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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



Commercial Cannabis Community Benefits Payment Form

City of Oxnard

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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

COMMUNITY BENEFITS PAYMENT REQUIREMENTS

As stated in the Commercial Cannabis Community Benefit Agreement, the operator shall make an annual community benefit payment to the City of one percent (1%) of gross revenues (each "Payment") for each year, or portion thereof, during the Term beginning on the date the certificate of occupancy is issued for the Facility. When Operator makes a Payment to the City, Operator shall include with the payment a financial statement showing the Dispensary's gross revenues for which the Payment is made.

HOW SHOULD PAYMENT BE MADE?

- The forms of payment that we accept:
- Certified Check
 - Cashier's Check
 - Money Order
 - Cash - appointment must be made for cash deposits by calling (805)385-7824
 - Personal/business checks
 - Wire Transfers - NOT ACCEPTED
- Payments made to: The City of Oxnard

STAFF USE ONLY

Payment method _____

Payment amount received _____

Description PZ# _____

Munis # _____ 1011001-47300/Project T0162

_____ 'Community Benefits Payment'

Staff Name _____

Date _____