



# Commercial Cannabis Retailer with Delivery Service 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

## RETAILER WITH DELIVERY SERVICE VEHICLE REQUIREMENTS

Prior to commencing operations, a retailer that provides cannabis delivery shall provide the following information to the city.

(A) Proof of ownership of the vehicle or a valid lease for any and all vehicles that will be used to deliver Cannabis or Cannabis Products.

(B) The year, make, model, color, license plate number, and vehicle identification number (VIN) for any and all vehicles that will be used to deliver Cannabis or Cannabis Products.

(C) Proof of insurance as required in section 11-474(B) for any and all vehicles being used to deliver Cannabis or Cannabis Products.

(D) The licensee shall provide the city with the information required by this section in writing for any new vehicle that will be used to deliver Cannabis and/or Cannabis Products prior to using the vehicle to deliver Cannabis and/or Cannabis Products.

(E) The Commercial Cannabis Business shall provide the city with any changes to the information required by this section in writing within 30 calendar days.

## LIST ALL DELIVERY SERVICE VEHICLES

Vehicle #1  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ VIN \_\_\_\_\_  
Attach proof of ownership or valid lease and proof of insurance

Vehicle #2  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ VIN \_\_\_\_\_  
Attach proof of ownership or valid lease and proof of insurance

Vehicle #3  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ VIN \_\_\_\_\_  
Attach proof of ownership or valid lease and proof of insurance

Vehicle #4  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ VIN \_\_\_\_\_  
Attach proof of ownership or valid lease and proof of insurance

Add more pages as necessary to accommodate all Non-store front retailer vehicles

## STAFF USE ONLY

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_