



# **Apply for a License**

# in the CalCannabis Licensing System

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Note: Cannabis is a Schedule I drug, according to the federal Controlled Substances Act. Cannabis-related activity is subject to federal prosecution, regardless of the protections provided by state law.





# **Overview of the License Application Process**

In this document, we'll explore how to apply for a cannabis cultivation license. After you create an account on the CalCannabis Licensing System and log in, you can start the application process, shown below, for a cultivation license.

Here are some of the decisions you will make and information you must provide:

- Choose Adult-Use, Medicinal, or Temporary for the Application Type.
- Choose the cultivation License Type, which is based on the scale of your site and your cultivation method.
- Select a business structure and report other financial interests.
- Provide contact information for people in the required roles:
  - Designated Responsible Party (DRP)
  - Agent for Service of Process
  - o Owner(s)
- Provide information about your premises, including water sources, power sources, and the local jurisdiction that you are authorized to cultivate cannabis with in your city or county.
- Identify and upload required documents.
- Electronically sign the application.
- Use your CalCannabis account to review and monitor the progress of your application.
- Each owner fills out and submits an **Owner Application**. If your business has more than one owner, all of the owners will receive an e-mail to log into their account, complete, and submit an **Owner Application**. If an owner doesn't already have a registered account, they'll also receive an e-mail with instructions to create an account and sign into the CalCannabis Licensing System.
- Your Designated Responsible Party must complete and sign the **Declarations and Final Affidavit** application.

- CAL CalCannabis Cultivation Licensing
- Pay the **application fee**; either online or in person in Sacramento (<u>an</u> appointment is required for in-person payments).
- Wait for the CalCannabis Licensing staff to review and approve your application.
- If approved, pay the **license fee** (an appointment is required for in-person payments).
- The CDFA CalCannabis Licensing Division issues your cultivation license.
- Access and print your cultivation license from your CalCannabis account.

## **Technical Notes:**

- While using the CalCannabis Licensing System website, disable any pop-up blockers on your browser. The system uses pop-up dialogs extensively.
- To avoid losing work, do not use the Backspace key, the Back button on your browser, or the Refresh function.

Use your keyboard's Tab key to move between fields on a page. However, Tab will jump to other objects on the screen, such as Help icons and calendar functions.

## **Begin Application**







## **General Terms**



## **Application Type**

Next, select the type of application: Adult-Use, Medicinal or Temporary.

Note: If you choose Temporary, the next question will be whether your Application Type will be Adult-Use or Medicinal. **Temporary** licenses are valid for 120 days, with possible 90day extensions if you have submitted your annual license application. They do not require a fee and have fewer initial documentation requirements, but you must already have authorization from your local jurisdiction, either City or County, to cultivate cannabis commercially.

#### Select an Application Type

Select the application type that you are applying for. You may only select one application type for a single premises per application.

#### Adult-Use:

Select this option if your business is applying for a state license for cannabis intended for use by adults 21 years of age and over and who do not possess a physician's recommendation.

#### Medicinal:

Select this option if your business is applying for a state license for commercial cannabis activity involving medicinal cannabis. Medicinal cannabis refers to cannabis intended to be sold for use pursuant to the Compassionate Use Act of 1996 (Proposition 215) by a medicinal cannabis patient in California who possesses a physician's recommendation.

#### Temporary:

Temporary Licenses will be issued until January 1, 2019. A temporary license shall be valid for a period of 120 days. They may be extended for additional 90-day periods, at the discretion of the licensing authority and if the applicant has submitted a complete application for licensure

O Adult-Use Cannabis Cultivation Application

O Medicinal Cannabis Cultivation Application

**O**Temporary Cannabis Cultivation Application

**Continue Application (Not Saved)** 

Click the **Continue Application (Not Saved)** button (there will be a chance to save your work soon).





**Note:** For the remainder of this document, we'll focus on the full annual license application, with all of its requirements for entering information, uploading documents, and paying fees.

## License Type

Make your selection from the **License Type** dropdown list. Each of these types has a different set of requirements and parameters.

dult-Use Cannab				
License Information	2 Business/People	3 Location	4 Local Authorization	5 Attachments
tep 1:License	Information>L	icense Type		
Specialty Outdoor, Small Outdoor, Small Outdoor, Small Outdoor, Small Outdoor, Small Indo	e: r, Specialty Cottage Indoor, Spec Ity Indoor, Specialty Mixed-Light bor, Small Mixed-Light Tier 1 and	ialty Cottage Mixed-Light Tier Tier 1 and 2 2	1 and 2	
Medium Outdoor, Medium     Nursery     Processor	ı Indoor, Medium Mixed-Light Tie	r 1 and 2		
				*indicates a required f
License Type				*indicates a required f
License Type		OSelect	•	*indicates a required f
LICENSE TYPE LICENSE TYPE LICENSE Type: 'Is this business entity a canna defined in Chapter 22 of the B	abis cooperative association as usiness and Professions Code?:	<ul> <li>→Select</li> <li>○ Yes ○ No</li> </ul>	•	*indicates a required f
LICENSE TYPE LICENSE TYPE *License Type: *Is this business entity a cann. defined in Chapter 22 of the B Temporary License ID Numbe	abis cooperative association as usiness and Professions Code?: r (if applicable):	<ul> <li>O Yes ○ No</li> </ul>	•	*indicates a required f

There are 18 types of license that you can apply for, which are listed below. These types combine the size of your site and the cultivation method.

Specialty Cottage	Specialty Cottage	Specialty Cottage Mixed-Light Tier 1
Outdoor	Indoor	Specialty Cottage Mixed-Light Tier 2
Specialty	Specialty	Specialty Mixed-Light Tier 1
Outdoor	Indoor	Specialty Mixed-Light Tier 2
Small	Small	Small Mixed-Light Tier 1
Outdoor	Indoor	Small Mixed-Light Tier 2
Medium Outdoor	Medium Indoor	Medium Mixed-Light Tier 1
		Medium Mixed-Light Tier 2
Nursery	Processor	



CAL CalCannabis Cultivation Licensing

Red text above the License Type field explains the requirements for the license type you selected. For example, a **Specialty Outdoor** site has less than or

License Type		
LICENSE TYPE Outdoor cultivation site with less than or equal to 5,000 square feet * License Type: * Is this business entity a cannabis cooperative association as defined in Chapter 22 of the Business and Professions Code?: Temporary License ID Number (if applicable):	of total canopy or up to 50 mature         Image: Specialty Outdoor         Image: Specialty Outdoor         Image: Outdoor<	e plants on noncontiguous plots.
Save and resume later		Continue Application (Not Saved)

equal to 5,000 square feet of total canopy or up to 50 mature plants on noncontiguous plots.

### Cooperative Member –

Check **Yes** or **No** to indicate whether your business is part of a cooperative. Use the

* Is this business entity a cannabis cooperative association as defined in Chapter 22 of the Business and Professions Code?:	? ● Yes ○ No
Name of Cannabis Cooperative: *	
Temporary License ID Number (if applicable):	

Help function ? to see the the legal definition of a cooperative, per Business and Professions Code Chapter 22. Checking **Yes** causes another required field to appears where you can enter the name of your cooperative.

**Temporary License ID Number** – If you have already submitted and been issued a temporary license number, you may enter it here. This will save time and effort in the application process.

Click on **Continue Application** to move to the next screen.

**Note:** At any time from this point on, you can click the **Save and resume later** button. When you return to your online account, the application will be waiting in your **My Licenses** list for you to resume.





## **Business Structure**

- Select your **Business Entity Structure** from the dropdown list. This choice affects documents you need to provide later in the application.
- Indicate whether your business is a **Foreign Corporation**. This will require documentation later if **Yes** is checked.
- Enter your Employer
   Identification Number
   (EIN). If you chose Sole
   Proprietorship as your
   Business Entity
   Structure, a field will
   display for you to enter
   your Social Security
   Number rather than an
   EIN.
- The Seller's Permit
   Number from the
   California Department
   of Tax and Fee

Adult-Use Cannab	is Cultivation App	lication		
1 License Information	2 Business/People	3 Location	4 Local Authorization	5 Attachr
Step 1: License ielect the business entity tructure filed with the Ca	Information > B structure associated with lifornia Secretary of State	this business. In some o	, cases, this will be the busines *indicates a	ss entity required field
Business Enti BUSINESS ENTITY STRU	<b>ty</b> JCTURE			
* Business Entity Structure:		O		
* Is the entity a Foreign Corpo	ration?:	Corporation     General Partnership     Joint Venture		
Employer Identification Numb	er (EIN): *	2 Limited Liability Compa Limited Liability Partne Limited Partnership	ny (LLC) rship(LLP)	
CDTFA Seller's Permit Number	:	Sole Proprietorship     Sovereign Entity     Trust		
Secretary of State Registration	Entity ID:	() Other		
Save and resume	later	Cont	inue Application (Nc	ot Saved)

Administration (CDTFA) and the **Secretary of State Registration Entity ID** are optional. If a Seller's Permit is not required, proof from CDTFA will need to be included as an attachment.

Click Continue with Application.





## **Business Information**

The **Business** section asks for contact and address information for the applicant. Click **Select from Account** to get this information from the contacts saved in your CalCannabis account or click **Add New** to enter this information.

Choose the **Business** address type (if you created one, it will be preselected). Then, click **Continue**.

A pop-up window opens next, prepopulated with your contact information and Business address. The **First** and **Last** names, **Legal Business Name**, **Phone**, and **E-mail** 

address are required fields.

If you supplied **Business** address information when you registered, the system will prefill it here, or you can click **Add Contact Address** to enter in an address type.

Click **Continue** to close the window and scroll to the next section.



ohn Do	e .			
lusiness ielect co lequirec ihowing	s ontact address fo d contact address g 1-3 of 3	r this contact to a s type(s):Business	attach to the record.	
	Address Type	Recipient	Address	
	Mailing		123 Main St., Yolo	
- H	Home		123 Main St., Yolo	
✓ E	Business		123 Main St., Yolo	
4				

The Legal Business	nse App Name w	For help click on the lications the commun vill be available to the	public on c	ethod will be email. our public search po	ortal.	
Legal First Name:	O	Legal Last Name:*	0	Business Title:	0	
John		Doe		CEO		
legal Business Name*				0		
J. Doe & Co.						
Phone:				(	3)	
123 123-1231		jdoe@mailinator.	com			
Contact: Email •						
Individual/Organization Individual Contact Addresses	on: ()					
application, click on the Required contact addres	Remove lir s type(s):Bi	ne Add Contact Address lini ik. Jsiness	k. To edit a co	ntact address, click the Ed	lit link. To remove o	one of your ad
Showing 0-0 of 0 Address Type	Addr	058			Action	Prima
	1000				Notices .	
No records found.						

For more information, please visit: <u>calcannabis.cdfa.ca.gov</u>





## **Cannabis Licenses**

Any financial interest in other state issued cannabis license(s) held by the business entity must be disclosed to CalCannabis. Click **Add a Row** if you have any to report.

Cann	abis Licenses				
CANN All state issu the associat and Agricult Showing 0-	ABIS FINANCIAL INT ded cannabis license(s) the business ent ed commercial cannabis business: Lega ture, DCA - Department of Consumer A	TEREST ity holds must be disclosed to t I Business Name, Type of Licen ffairs) and date interest in licens	he Department. For each state is se, License Number, Issued by (C se was obtained.	sued cannabis licen: DPH - Department	se, enter the following information identifying of Public Health, CDFA - Department of Food
	Legal Business Name	Type of License	License Number	Issued By	Date Interest Obtained
No record	Is found. Row   •	d Delete Selecte	d		
Save a	nd resume later			Continu	e Application (Not Saved)

For each state-issued cannabis license that the business entity holds, enter in the pop-up window the following information identifying the associated commercial cannabis business: Legal Business Name, Type of License, License Number, Date Interest Obtained, and the State agency that the license was Issued by.

- CDPH Department of Public Health
- CDFA Department of Food and Agriculture
- DCA Department of Consumer Affairs

Click **Submit** (if applicable). Then, **Continue Application** 

innabis license, enter the to ame, Type of License, Licen griculture, DCA - Departme	se Number, Issued by (CDPH - Dep. nt of Consumer Affairs) and date in:	associated com artment of Public terest in license v	mercial cannabis business: c Health, CDFA - Departmei was obtained.	nt of Food an
Legal Business Name: 🤇	*Type of License:	(?)	* License Number:	(?)
	Select	•		
Issued By:	? * Date Interest Obtai	ined: 🕐		
Select	MM/DD/YYYY			
Select	MM/DD/YYYY			





## **Designated Responsible Party**

Next, enter your business's **Designated Responsible Party.** This person must be an owner with a minimum 20% interest in the business, who will receive all communications about the cannabis cultivation



license from CDFA. As you did for the **Business Information** above, you can **Select from Account** or **Add New** to enter this contact information. The required address type for the Designated Responsible Party is **Mailing**.

## **Agent for Service of Process**

The Agent for Service of Process must be an individual who resides in California, or a corporation designated to accept service of process (i.e. receive court papers) on behalf of the licensee.

gent for Service of Process	
Jse the "Select from Account" option to copy your contact information fr	om your registration. If you would like to add a new contact click on "Add New."
IOTE: The agent for service of process is an individual who resides in C f the licensee.	california, or a corporation designated to accept service of process (court papers) on behalf
Select from Account Add New	
	Continue Application (Not Saved

If you plan to fulfill this role, you can **Select from Account** to enter your own information, or click **Add New** to enter this information. The required address type for the Agent for Service of Process is **Mailing**.

Click Continue Application to go to the next page.





## **Owner List**

In this section, create a list of owners of your cannabis business. An "Owner" is any of the following:

Step 2: Business/People>Owners

Information for the business entity must be pro "Owner" means any of the following:

- A person with an aggregate ownership interest of 20% or more in the cannabis cultivation business applying for a license or a licensee, unless the interest is solely a security, lien, or encumbrance.
- The chief executive officer of a nonprofit or other entity.

erson" is	defined as the following:			
1. Perso trust	on includes any individual, firm receiver, syndicate, or any oth	n, partnership, joint venture, associa her group or combination acting as	tion, corporation, limited liability compar a unit, and the plural as well as the singu	ny, estate, trust, busine lar.
busine comm	ss entities that have an aggreg ercial cannabis business, ente	gate ownership interest, other than r the owner's associated legal busin	a security interest, lien, or encumbrance e ess name and business' EIN.	of 20 percent or more
			*i	ndicates a required f
Juun	or Liet			
Dwn	er List			
Dwn	er List			
Owne	er List			
Own Owne Enter each disclosure	er List ers owner as defined above. Each owner th s and agree to declarations.	nat is listed will be required to complete a sepa	rate form to collect personal information, attach requir	ed documents, make
Owne Owne Enter each disclosure	er List owner as defined above. Each owner th s and agree to declarations.	nat is listed will be required to complete a sepa	ate form to collect personal information, attach requir	ed documents, make
Owne Owne Enter each disclosure Showing 1	er List cover as defined above. Each owner th and agree to declarations. -1 of 1 Legal First Name	nat is listed will be required to complete a sepa Legal Last Name	rate form to collect personal information, attach requir Email Address	ed documents, make
Owne Owne Enter each disclosure	er List Pro- covere as defined above. Each owner the sand agree to declarations. -1 of 1 Legal First Name John	hat is listed will be required to complete a separ Legal Last Name Doe	ate form to collect personal information, attach requir Email Address jdoe@mailinator.com	ed documents, make
Owne Owne Enter each disclosure Showing 1	er List 275 I comer a defined above. Each owner the sand agree to declarators. -1 of 1 Legal First Name John Row  - Edit Selector	nat is listed will be required to complete a separ Legal Last Name Doe ed Delete Selected	ate form to collect personal information, attach requir Email Address jdoe@mailinator.com	ed documents, make

1. A person with an aggregate ownership interest of 20 percent or more in the person applying for a license or a licensee, unless the interest

- A member of the board of directors of a nonprofit.
- An individual who will be participating in the direction, control, or management of the person applying for a license.

Your CalCannabis account automatically prefills the **Owner List** with your information.

If you have multiple owners, click **Add a Row**. You can create one or more entries for other owners in the business entity. A pop-up window appears for entering the legal first and last name and e-mail



address of each owner (these are all case sensitive for users who already have accounts). Click **Submit** to save the new Owner entry.





**Note:** When this application is submitted, each individual entered on the **Owner List** receives an e-mail asking them to activate their account (if they do not already have an account) with the CalCannabis Licensing System (temporary password provided) and then fill out their **Owner Application**.

Own	er List			
Owne Enter each disclosures Showing 1	errs owner as defined above. Each owner that is s and agree to declarations.	i listed will be required to complete a	separate form to collect personal information, attach requir	ed documents, make
	Legal First Name	Legal Last Name	Email Address	
	John	Doe	jdoe@mailinator.com	Actions 🗸
	Jane	Doe	janedoe@mailinator.com	Actions -
Add a	Row - Edit Selected	Delete Selected		
Save a	nd resume later		Continue Applica	ation (Not Saved)

The cultivation license application cannot be processed until all **Owner Applications** are submitted.

Click **Continue Application** when finished.

## **Premises Information**

Enter the address of your cultivation site, including the **City**, **Premises County**, and **Assessor Parcel Number (APN)**.

The **Premises Address**, **Zip**, and **Date of Initial Operation** are optional. However, if you enter a date into the **Date of Initial Operation** field, you will be required later to attest to its accuracy.

Note: Your premises address is not considered confidential and



"Premises" are defined as the designated structure(s) and land specified in the application that are in possession of and used by the business or licensee to conduct commercial cannabis activity. The premises shall be a contiguous area and may only be occupied by one licensee. The premises address refers to the location of the physical address that is assigned by the local municipality or county. Please note that your premises address is NOT considered to be confidential. Premises address information will be disclosed if/when requested pursuant to a California Public Records Act request.

Another identifier for the premises is the Assessor's Parcel Number (APN), which is assigned by the tax assessor of a particular jurisdiction. There may be multiple APNs associated with the premises. In this case, please add them to the Additional Premises table below.

PREMISES INFORMATION		
Premises Address:	0	
* City:	Anytown	
State:	CA	
Zip:		
* Premises County:	Yolo County	
*Assessor Parcel Number (APN):	0	
Date of Initial Operation:	MM/DD/YYYY	
*By checking this box, the business acknowledges all recor- identified by the licensing authorities shall be kept on the p of the location seeking licensure:	ds 🗹 remises	
* Select the type of legal possession from the dropdown list	: 🕐 Own	

may be disclosed pursuant to a California Public Records Act request.

\*indicates a required field





You must check the box acknowledging that all records will be kept on site at your premises.

Indicate how you hold possession of your premises by selecting whether you **Own**,

Date or initial Operation:	(U MM/DD/YYYY
* By checking this box, the business acknowledges all records identified by the licensing authorities shall be kept on the prem of the location seeking licensure:	ises Ø
* Select the type of legal possession from the dropdown list:	Other 🗸
Describe "Other" type of legal possession: *	
Property Owner's Mailing Address: *	0
Property Owner's Phone Number: *	0

**Rent/Lease**, or **Other**. If you choose **Rent/Lease**, additional fields open up for you to enter the **Property Owner's Mailing Address** and **Phone Number**. If you selected **Other**, a text field becomes available for you to write a description of your arrangement with the property owner.

## **Additional Premises Information**

If your contiguous cultivation site has multiple parcel numbers or more than one address, enter that information in the **Additional Premises Information** section, which

Additi	ional Premises	Informat	ion						
<b>PREM</b> If your prem	ISES ADDRESSES ises spans multiple parcels, identify	all parcel numbers an	d any address info	rmation associated	d with the premis	PS.			
Showing 0-	0 of 0								
	Assessor Parcel Number (APN)	Premises Address	Premises City	Premises State	Premises Zip	Premises County	Type of Possession	Owner Address	Owner Phone
No record	s found. Row   -	ted Delete	Selected						
Save ar	nd resume later						Continue A	pplication	(Not Saved)

has a table structure to allow for multiple entries.

**Note:** <u>This section is not for listing additional cultivation sites.</u> A different, noncontiguous cultivation site must have a separate license.





Click Add a Row to enter other premises parcel numbers or addresses in the pop-up window, as you did in the Premises Information section. Then, click Submit to save to the Additional Premises table.

PREMISES ADDRESSES		>
If your premises spans multiple parcels, id	entify all parcel numbers and any add	ress information associated with the premises.
*Assessor Parcel Number (APN):	Premises Address:	Premises City:
Premises State:	Premises Zip:	*Premises County:
Type of Possession:	Owner Address:	Owner Phone:
Submit		

Click **Continue Application** to go to the next page.

## Water Supply

A source of water supply is required for all license types. You can list multiple water sources of different types.

Click **Add a Row** to list one or more water sources. A pop-up window opens, prompting you to enter information on your water source. Selecting the

water source displays only the fields associated with the type of water source. Click **Submit** when finished.

The selected water sources and accompanying information you entered display in the **Water Supply** table in this section. Click **Continue Application** when finished.







## **Power Source**

If your application is for an indoor or mixed-light license type, specify one or

more types of power source for cultivation activities. Selecting **Other** opens an additional field for you to enter an explanation.

Click **Continue Application** when finished.

## **Local Authorization**

Your premises must be in good standing with your local authority. Select the local jurisdiction that provided your authorization. Choices in the **Local Authority Type** dropdown list are **City** or **County**.

Depending on your choice, the **City** or **County** field will automatically populate form the premises Information you entered

tep 3:Location > Power So ase check at least one power source option if you have selec	UTCE ted an indoor or mixed light lice	ense type.
		*indicates a required field.
Power Sources		
Power Source Type		
Grid - Refers to electric utility companies:		
Solar - Refers to solar photovoltaic systems:		
Generator - Rated 50 HP and greater:	<b>Q</b> D	
Generator - Rated under 50 HP:		
Other - Refers to other renewable energy systems:	Q	
Save and resume later		Continue Application (Not Saved)

#### Step 4:Local Authorization>Local Authorization

Your premises must be in good standing with your local authority. Select the "Local Authority Type" (City, County or City and County) from the drop down menu. Once the type is selected, enter the details. CalCannabis staff will confirm with the local authority that your premises is in compliance.

		indicates a required field.
Local Authorizatio	n	
LOCAL AUTHORIZATION		
Local Authority Type:	County -	
Local Authority Name:	0	
Local Authorization Number:	0	
Expiration Date:	0	
Address:	0	
City:		
State:	CA	
Zip Code:		
County: *	Yolo County 💌	
Phone Number:	<b>0</b> ###-####	
Save and resume later		Continue Application (Not Saved)

previously. The other fields shown are optional.

Click Continue Application.





## **Required Documents**

At this point in the application process, the information you have provided requires specific documents to be filed with the CalCannabis Licensing Division. The screen displays a list of these documents and their descriptions.

You must assemble and

upload these documents to the CalCannabis Licensing System to support your application. Gather these documents on your computer, so you can easily add them. If you have only paper copies of some documents, you can click **Save and resume later** and resume your application once you've scanned them into a PDF or similar file format.

California Department of California California California	
🗰 My Dashboard 🖼 My Licenses 🌡 My Account 🔍 Look Up Licenses 🦉 e	Learning
Announcements Logged in as:John Doe 🛛 🗮 Cart (0) Account Management Log	out
System Message. The following documents are required based on the information you have provided:	
<ol> <li>Business - CA Secretary of State Documents: All documents filed with the California Secretary of State which may include but are not limited to articles of incorporation, certificate of stock, articles of organization, certificate of limited partnership, and statement of partnership authority.</li> <li>Business - Evidence Surety Bond: Evidence of having obtained a surety bond in the amount of</li> </ol>	,
not less than \$5,000, payable to the state.	
<ol> <li>Business - List of Financial Interest Holders: Provide a complete list of financial interest holder This does not include a bank or financial institution whose interest constitutes a loan or persons</li> </ol>	s.
whose only financial interest in the commercial cannabis business is through an interest in a	
diversified mutual rund, blind trust, or similar instrument. It also does not include persons whose only financial interest is a security, lien, or encumbrance on property that will be used by the	•



In the **Required Documents** section, click the **Add** button to open a Windows Explorer dialog. Find the file associated with each item in the list.

Double-click on the file or select it and then select **Open**. If you upload the wrong file, click the red **X** to delete it, or just click **Add** again and select the correct file.

Once you're done uploading documents, click Continue Application.





## **Review**

The next screen displays a long list of all the information you've provided so far in the application. You can use the blue **Edit** button next to each section to go back and revise your entries as needed.

At the bottom of the page is an attestation statement, click the checkbox to certify your application, which automatically enters the date.

Click Continue Application.

## **Associated Forms**

The Associated Forms screen displays next. You've submitted your main license application, but now the Owner Applications are listed under Added Items. Each owner must separately fill out and submit their own Owner Application.

1 2 3 4 5 Attachments	6 Review	7 Associated Forms	8 Pay Fees	9 Record Issuance
Step 7:Associated For	rms			
Application Forms	5			
isted below are additional application forms that wi	ill need to be completed before your a	application can be submitted.		
				and Analization will be a state of a second
ach Owner Application listed below will need to be	completed by that owner. A message	e containing the owner login and details	on now to complete their Ov	vner Application will sent via email.
ach Owner Application listed below will need to be Once all of the Owner Applications have been subm ubmitted for review.	completed by that owner. A messag	e containing the owner login and details leted by the Designated Responsible Pa	on now to complete their Ov arty. After the application fee:	when Application will sent via email. s are paid in full, then the application wil
Each Owner Application listed below will need to be Once all of the Owner Applications have been subm submitted for review.	completed by that owner. A messag	e containing the owner login and details leted by the Designated Responsible Pa	on now to complete their Ov	wher Application will sent via email.

You can return to your account by clicking **Save and resume later**. Then, find your **Owner Application** under **My Licenses**.





## **Owner Application – Additional Owner**

The Licensing system emails all the other owners on the application, instructing them to log into their account on the CalCannabis website and complete the **Owner Application**. A separate e-mail provides a temporary password for logging in if they don't already have a CalCannabis account.

CalCannabis Cultivation License Owner Application 18TMP-000069

Dear Jane Doe:

You have been designated as an owner on a CalCannabis Cultivation License application 18TMP-000059. Please log into the <u>CalCannabis Civic Portal</u> to complete your owner details.

To access this record on the CalCannabis Licensing Portal:

- Log in to your account
- From the menu bar select My Licenses
- Locate License Number # 18TMP-000069
- In the Action column for this record click on "Resume Application"

Questions regarding this notice can be directed to CalCannabis Licensing staff via telephone at (833)-CAL-GROW (225-4769) or via email at <u>CalCannabislicensing@cdfa.ca.gov</u>. Please do not send confidential information to this email account.

Sincerely,

CalCannabis Cultivation Licensing Staff

must be submitted before

All **Owner Applications** 

the application fee can be paid. We'll walk through the **Owner Application** next.

Note: The system will not allow you to complete the Owner Application form for

another owner. However, when logged into your own account, you can find your **Owner Application** in the **My Licenses** section. Then, click the blue **Resume Application** link to start filling it out.

<table-of-contents> My Da</table-of-contents>	shboard 🛛 斗 My	Licenses 🔒	My Account	Q Look Up Licer	ises				eLearning
	Annou	ncements	Logged in a	as:Jane Doe	📜 Cart (0	) Acco	ount Man	agement	Logout
- Lice	nses								
Showing 1-2 of 3	2   Download resu	ilts     Add to c	cart						
Licer Num #	ber License Type	Legal Business Name	Type of Lice	ense	Date	Expires On	Status	Action	
18TM	IP- Owner 169 Applicati	on	Jane Doe (janedoe@n	nailinator.com)	01/10/2018			Resume	Application

After logging in and creating a new password, the owner finds their **Owner Application** listed under **My Licenses** and clicks **Resume Application**.





## Enter the **Percentage**

**Ownership (%)** in this business entity (the percentages for all owners should add up to no more than 100).

Enter the Date Owner Acquired Interest. Provide either a California State Issued ID Number (such as a driver's license) or some Other Government Issued ID

canon.			
			*indicates a required
Ownership Information	on		
OWNERSHIP INFORMATION			
Percent Ownership (%):	3 50		
Date Owner Acquired Interest:	(1) 01/01/2018		
A State Issued ID #:	CDL A99999999		
other Government Issued ID #:			
iveScan Applicant Transaction ID: *	1234567890		
	2204007000	-	

Number. Although not marked with a red asterisk, one or the other is required.

. . .

You must also enter your **Live Scan Applicant Transaction ID**, which you will receive from a Live Scan facility while being fingerprinted.

If this owner is a business entity (not an individual), that reports taxes using an **Employer Identification Number (EIN)**, click the **Yes** button. Additional fields will appear for your EIN, business name, and title.

In the **Cannabis Financial Interests** section, enter any financial interests this owner may have in other

cannabis-related businesses. Click **Add a Row** to create one or more entries naming those interests. A pop-up window opens; enter the **Type of License, License Number**, and the agency that the license for the business entity was **Issued By**. Click **Submit** when finished.





- CDPH Department of Public Health
- CDFA Department of Food and Agriculture
- DCA Department of Consumer Affairs

Click **Continue Application** when done with the page.

Acknowledge Owner Disclosures

The disclosures release information about the owner. Indicate "Yes" or "No" on each disclosure. Indicating "Yes" to any of these disclosures may result in a denial of your Cannabis Cultivation

Yes No

O Yes 
No

🔘 Yes 🖲 No

For each substantially related conviction, complete the table below. Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Convictions dismissed under Section 1203.4 of the Penal Code or the equivalent non-California law shall be disclosed. Juvenile adjudications and traffic infractions do not need to be included.

Conviction Date Offense Incarceration Date Parole Date Probation Date Rehabilitation Statement

Continue Application (Not Saved)

Application or may require more information to be provided by the owner.

\*Have you ever been convicted of or entered a plea of quilty or (?) Yes () No

nolo contendere to any misdemeanor or felony in the United States or a foreign county?:

\* Have you had a license sanctioned, suspended, or revoked in the

past three years by a licensing authority, a city, county, or city and county for unauthorized commercial cannabis activities?:

 Have you been subject to fines, penalties, or otherwise been sanctioned for cultivation or production of a controlled substance on public or private lands pursuant to Section 26057 of the Business

\* Have you ever had a commercial cannabis license or other professional license suspended, revoked, or denied, or otherwise subject to discipline or fine by this state or elsewhere (i.e., other U.S.

state, U.S. territory, agency of the federal government, or other

**List History of Convictions** 

Add a Row 🛛 👻 Edit Selected 🚺 Delete Selected

CONVICTIONS

Showing 0-0 of 0

OWNER DISCLOSURES

and Professions Code?:

country)?:

In the Acknowledge Owner Disclosures section, enter responses to the questions displayed.

**Note**: Answering **Yes** to any of these disclosures may result in denial of your application, or may require you to submit additional information.

If the owner has any history of criminal convictions, they must be reported on the **Owner Application**. Click on **Add a Row** to open a pop-up window and add information about each conviction.

Enter the Offense, Conviction,

Incarceration, Probation, or Parole Dates. A **Rehabilitation Statement** may be entered as well. Click **Submit** when finished.

Click **Continue Application** when done with the page.

# CONVICTIONS For each substantially related conviction, complete the table below. Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Convictions dismissed under Section 1203.4 of the Penal Code or the equivalent non-California law shall be disclosed. Juvenile adjudications and traffic infractions do not need to be included. \*Conviction Date: Parole Date: Probation Date: Rehabilitation Statement: Cancel

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<u>calcannabis.cdfa.ca.gov</u>

Back to Associated Forms



The **Owner** information screen may display a system message that required fields have not been completed.

This is normal as the registration process doesn't require a birthdate or Social Security Number, but this information is required for all listed business owners.

Click the **Edit** link to display a pop-up window to enter these fields, and any others that may be blank.

If required, click the **Add Contact Address** button to add a Contact address (the **Mailing** address type is required).

**Continue** when finished. Then, click **Continue Application** on the main page.

wner					
o edit your contact inf	ormation, click on the E	dit link.			
lote that you can upda	ate your contact informa	ation (phone numbe	er, address) using the Account Managemen	t link at the top of the page.	
Some of Please e	f the required fi dit the contact	elds have no and comple	t been completed. te the required information.		
ane Doe					
ane Doe nedoe@mallinator.com					
ane Doe anedoe@mallinator.com dit Contact Addresses					
ane Doe anedoogemallInator.com Edit Contact Addresses Add Contact A	Address				
ane Doe Inedoee mailinator.com idit Contact Addresses Add Contact Addresses Required contact address yp	Address s, click the Add Contact Address ets):Home	5 link. To edit a contact ad	dress, click the Edit link. To remove one of your addresse	s from this application, click on the Rem	iove link.
Ane Doe Inecode mallinator.com dit Contact Addresses Add Contact Addresses Required contact address typ Showing 1-2 of 2	Address x click the Add Contact Address dist Active	s link. To edit a contact ad Address	Idress, click the Edit link. To remove one of your addresse	s from this application, click on the Rem	iove link.
Ane Doe Inedcee mailinator.com Contact Addresses Add Contact Addresses To add a new contact addres Required contact addres typ Showing 1-2 of 2	Address , click the Add Contact Address elsi Home	s link. To edit a contact ad Address Type	idress, click the Edit link. To remove one of your addresse Address	s from this application, click on the Rem Action	ove link. Primary
And Doe andcoe mailinator.com dit Contact Addresses Add Contact Addresses Add Contact addres Required contact address typ Showing 1-2 of 2	Address L, click the Add Contact Address els3Home	Address Type Home	idress, click the Edit link. To remove one of your addresse Address 123 main street, yolo	s from this appacation, click on the Rem Action Actions –	ove link. Primary No

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indicates	a required field.	. For help click on the "?"	
-or Tempo The Legal I	rary License Apj Business Name v	plications the communication method will be email. will be available to the public on our public search portal.	
Individual/	Organization: (?)		
Individual	•		
• Legal First M	Name: (?)	*Legal Last Name: () *Business Title: ()	
Jane		Doe CEO	
Birth Date: 01/01/1980	3	SSN/ITIN ⑦ NIN ⑦ 999-99-99999 ##-#######	
Phone:		() •F-mail:	
123 123-12	31	janedoe@mailinator.com	
Country:			
Country: United State	es	<b>*</b>	
Country: United State Contact / Add Co application, Required cor Showing 1-2	Addresses ontact Address click on the Remove ntact address type(s): 2 of 2 Address Type	Address Address Address Address Action	f your a
Country: United State Contact / Add Cc application, ( Required cor Showing 1-2	Addresses Contact Addresses Contact Address Click on the Remove intact address type(s): 2 of 2 Address Type Home	Address Address tink. To edit a contact address, click the Edit link. To remove one of link. Home Address Address Action 123 main street, yolo Actions	f your a Pri
Country: United State Contact / Add Cc Base And application, n Required cor Showing 1-2	Addresses Addresses Contact Address Contact Address Contact address Contact address type(s): 2 of 2 Address Type Home Business	•       •         •	f your a Pri No No





In the **List of Require Documents** section, upload digital copies of the owner's government identification and application for fingerprint processing. Click **Add** to open a pop-up window and select your files.

After adding the two required files, click the **Continue** button to close the pop-up and return to the main page.

TACHME	VTS			
wing 1-2 of 2				
Document Type	Document Description	File Upload		×
	A copy of the owner's gov	Types of files that are not allowed: html;h	tm;mht;mhtml;exe;zip;.	
Government Issued ID	a document issued by a fe limited to, a driver license picture of the person.	CA Drivers Lic.jpg	100%	
Electronic Fingerprint	Copy of completed applic of Justice.	Live Scan Application.pdf	100%	
ocumen	ts			
pcumen upload attachi ice provided.	<b>ts</b> ments, click the "Add" button t	Continue Add	Remove All	Cancel
upload attacht ice provided. imum file size allov es of files that are n	ts ments, click the "Add" button t ved: 16 MB. ot allowed: html.htmr.mht.mhtml.texe.zip	Continue Add	Remove All	Cancel
DCUMEN upload attacht ice provided. imum file size allow es of files that are n ame	ts ments, click the "Add" button t red. 15 MB. of allowed: html:htm.mhr;mhtmltexe:zip Type	Continue Add	Remove All	Cancel
DCUMEN upload attacht inum file size allov is of files that are n ame o records found.	ts ments, click the "Add" button t red: 15 MB. of allowed: html:htm.mht:mhtml.exe:zip Type	Continue Add Size Latest Update Ac	Remove All	Cancel
DCUMEN upload attacht ice provided. imum file size allow es of files that are n ame o records found.	ts ments, click the "Add" button t red: 15 MB. of allowed: html:html:mhtmltere:zip Type	Continue Add Size Latest Update Ac	Remove All	Cancel

Note: If there are other

documents that you wish to upload, possible related to convictions or other special situations, add them through this window and identify them in the next step.

After selecting and uploading your files, you must now identify each file using the required **Type** dropdown list. Use the optional **Description** field if you need to provide more information.

The list of types includes:

- Certificate of Rehabilitation
- Electronic Fingerprint Application
- Evidence of Dismissal
- Government Issued ID
- History of Convictions
- Reference Letters

*Type:		Remove
Electronic Fingerprint Application 🔻		
Live Scan Application.pdf		
100%		
Description:		
	<b>A</b>	
	<b>•</b>	
Save Add Remove A	3	

Be sure to click **Save** at the bottom to finish uploading your files.



The Documents section now displays your uploaded files and their identifying information.

Click **Continue Application** when you are finished uploading files.

Next is the **Review** screen, where you can see all the entries you made in the **Owner Application**. You can use the blue **Edit** buttons to revise any section of your application.

#### Documents

Types of files that are not allowed	3. I: html;htm;mht;mhtml;exe;zi	ip;.			
Name	Туре	Size	Latest Update	Action	
Live Scan Application.pdf	Electronic Fingerprint Application	7 bytes	11/18/2017	Actions 🔻	
CA Drivers Lic.jpg	Government Issued ID	7 bytes	11/18/2017	Actions 🗸	
Add					
Save and resume later			Continu	e Application (Not Saved)	Back to Associated Fo
wner Application					
Information 2	Owner	3 Doc	uments	4 Review	5 Associated Form
ep 4:Review	er	Contin	ue Applicati	on (Not Saved) «Ba	ck to Associated Fo
ave and resume late se review all of the information below mment at the bottom of the review page Application Type	. Click the "Edit" buttons to make ge. If you agree with the statemen	changes to : nt, check the	sections or "Continue A box to continue.	pplication" to move forward in the app	lication. Please read the certifica
ave and resume late se review all of the information below ment at the bottom of the review pay Application Type	: Click the "Edit" buttons to make ge. If you agree with the statement a	wner	sections or "Continue A box to continue.	pplication" to move forward in the app	lication. Please read the certific.

CDL N12345678

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Click the checkbox at the bottom of the screen to certify your application. Then, click **Continue Application**.

CA State Issued ID #:

<ol> <li>I am responsible for knowing and complying with all C. Medicinal and Aduit Use Cannabis Regulation and Safe compliance with subsequent updates to cannabis culti 2. I hereby declare that the information contained within cause for rejection of this application, denial of the lice</li> </ol>	alifornia state laws and regulations applicable to commercial cannabis cultivation, including but not limited to ty Act and Title 3. Division 8, Chapter 1 of the California Code of Regulations. I understand I am responsible for vation laws and regulations. and attached to this application is complete, true, and accurate. I understand that a misrepresentation of fact is inse, or revocation of a license issued.	•
By checking this box, I agree to the above certification.	Date: 02/02/2018	
Save and resume later	Continue Application (Not Saved) Back to Associated Form	าร

For more information, please visit calcannabis.cdfa.ca.gov





## **Owner Application – Initial Applicant**

We just walked through creating and submitting the Owner Application from the viewpoint of an additional owner. As the initial applicant, you must also complete and submit your **Owner Application**, using the same steps we just covered. Once you submit that form, you are returned to the **Associated Forms** page.

## **Declarations and Final Affidavit**

After all Owner Applications are submitted, an application called the	Step 7: Associated Forms Application Forms Listed below are additional application forms that will need to be completed before your application can be submitted. Each Owner Application listed below will need to be completed by that owner. A message containing the owner login and details of	on how to complete their Owner Application will sent via email.
Declarations and Final	Once all of the Owner Applications have been submitted, the Final Affidavit can be completed by the Designated Responsible Part will be submitted for review. Added Items:	ty. After the application fees are paid in full, then the application
Affidavit displays on the	Declarations and Final Affidavit for John Doe (idoe@mailinator.com) Owner Application for Jane Doe (janedoe@mailinator.com) Owner Application for John Doe (idoe@mailinator.com)	
Associated Forms page.	Save and resume later	Continue to Payment

This application can only be submitted by the **Designated Responsible Party (DRP)**. The **DRP** is sent an e-mail notification that this form is waiting to be signed and submitted. This message also appears under the **Announcements** once the DRP logs into the Licensing System.

18TMP-000075 is ready for Final Declaration	×
Dear John Doe: 18TMP-000075 is ready for your final declaration. Please log in to your account to complete this record. CalCannabis Civic Portal To access this record on the CalCannabis Licensing Portal: Log in to your account From the menu bar select My Licenses Locate License Number# 18TMP-000075 In the Action column for this record click on "Resume Application" Questions regarding this notice can be directed to CalCannabis Licensing staff via telephone at (833)-CAL-GROW Questions regarding this notice can be directed to CalCannabis Licensing staff via telephone at (833)-CAL-GROW Questions regarding this notice can be directed to CalCannabis Licensing staff via telephone at (833)-CAL-GROW and the context of the calCannabis Licensing staff via telephone at (833)-CAL-GROW Cab-room to the semilal accannabis/	
Sincerely,	
CalCannabis Licensing Staff	

The **DRP** will need to go to the **My Licenses** list to view the Declarations and Final Affidavit form and click **Resume Application**.

Showir	License	es ownload results	Add to ca	rt				
	License Number #	License Type	Legal Business Name	Type of License	Date	Expires On	Status	Action
	18TMP- 000075	Declarations and Final Affidavit		John Doe (jdoe@mailinator.com)	01/11/2018			Resume Applicatior



The first screen asks you to confirm the **Designated Responsible Party's** contact information, which is prefilled from the license application. Click **Continue Application** if this information is correct.

#### Acknowledge

**Disclosures** is next. Read this section carefully and answer the questions. Answering **Yes** to any of these questions will require further documentation and may result in denial of your license.





CalCannabis Cultivation Licensing

### For more information, please visit calcannabis.cdfa.ca.gov





The Acknowledge Declarations section requires you to declare under oath that these statements are true. Indicate your declarations with a check mark next to each statement.

Click Continue Application.

Next is the review of this form. Use the **Edit** button to revisit any sections as needed. Then, certify your form at the bottom of the page before clicking **Continue Application**.



Declarations are formal written statements in which the designated responsible party declares under oath that the contents are true. In this section, the designated responsible party will need to read the declarations and check the box if they agree that the business entity will comply and abide with the terms and conditions as defined in the statements.

This indicates your agreement with these statements:

• I understand I am responsible for knowing and complying with all state laws and regulations governing medicinal and adult-use cannabis cultivation pursuant to MAUCRSA and all other applicable laws and regulations, upon issuance of my license. I understand I am responsible for compliance with subsequent updates to cannabis cultivation laws and regulations.

Acknowledge Declarations

\*1. I certify the date operations began is complete, true, and

 4. The business is an "agricultural employer," pursuant 2605L5 of the Business and Professions Code:
 5. The business shall not sell alcoholic beverages or to products on or at any licensed premises:

\*3. The cultivation premises location is located beyond at least a 600-foot radius from a prohibited location (including but not limited to schoods, day care centers, and youth centers) or another radius specified by, as required by section 26054 of the Business and Professions Code:

•6. If the business has 20 or more employees on payroll at any one time, the business is required to enter into, or demonstrate that the business has already entered into, and will abide by the terms of a labor peace agreement:

\*7./I the business has not yet received a soller's permit, the business is currently applying for a soller's permit:
\* 8. If the cultivation license type is Indoor, the local fire department has been notified of the cultivation site:
\* I declare that have read and agree with all the declarations above:

se type being requested is only valid for the premises 🛛 🗷

DECLARATION

\* 2. The lice

• I hereby declare that the information contained within and attached to this application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the license, or revocation of a license issued.





## **Pay Fees**

Once the **Owner** Applications and the Declarations and Final Affidavit application are completed, you are returned to the Associated Forms page.

Step 7:Associated Forms
Application Forms
Listed below are additional application forms that will need to be completed before your application can be submitted.
Each Owner Application listed below will need to be completed by that owner. A message containing the owner login and details on how to complete their Owner Application will sent via email.
Once all of the Owner Applications have been submitted, the Final Affidavit can be completed by the Designated Responsible Party. After the application fees are paid in full, then the application will be submitted for review.
Added Items: Declarations and Final Affidavit for John Doe (jdoe@mailinator.com) Owner Application for Jane Doe (jdoe@mailinator.com)
Save and resume later Continue to Payment

The **Continue to Payment** button is now active. Click it to begin the payment process for your application fee.

**Note:** The **application fee** is the first of two fees. Once your application fee is received, the CalCannabis Licensing Program staff will review your application, and if approved, you will be asked to pay your **license fee** before your license can be issued.

On the **Pay Fees** page, your application fee is listed. You can choose to pay online, using either a credit card or bank transfer.

## If you choose Cash

Adult-Use Cannabis Cultivation Application 7 Associated Forms 8 Pay Fees 1 2 3 4 5 Attachments 9 Record Issuance Step 8: Pay Fees eck Out" to pay fees via credit/debit card or e-Check ct "Cash Payment" to submit application and pay fees through an in-pe Application/Renewal Fees Fees Amount Adult-Use Cannabis Cultivation Application \$535.00 \$535.00 Small Outdoor - Application Fee TOTAL FEES: \$535.00 Note: This does not include additional fees which may be assessed later 2 Check Out Cash Payment

**Payment,** the CalCannabis Program will provide you instructions and an invoice that you must bring to pay cash in-person. <u>You must make an appointment with</u> <u>the Bureau of Cannabis Control to pay in-person at their office in Sacramento</u>.

To pay your application fee online, click the **Check Out** button.





The **Cart** screen displays the records associated with this application and the fee due. You can revisit your application by clicking **Edit Cart** or just continue by clicking **Checkout**.

Cart		
1 Select item to pay	2 Payment information	3 Receipt/Record issuance
Step 1:Select item to pay		
To pay with Credit Card or E-Check click Checkout bell To remove a fee from the shopping cart to pay later clic Click Continue Shopping to start a new application, see	ow. ck Edit Cart below. rrch you applications or view your license	list.
Your application will not be processed until the fees an	e paid in full.	
If you later decide to pay with Credit Card or E-Check y	ou can click the Pay Fees Due link next to	your record in the My Licenses list.
Click on the arrow in front of a row to see the fee detai	ls.	
PAY NOW		
4 Application(s)   \$535.00		
<ul> <li>Adult-Use Cannabis Cultivation Application 18TMP-000059</li> </ul>	Total due: \$535.00	
Owner Application	Total due: \$0.00	
18TMP-000068 Owner Application	Total due: \$0.00	
181MP-000069 Declarations and Final Affidavit 18TMP-000075	Total due: \$0.00	
Total amount to be paid: \$535.00		
Note: A 2.99% processing fee will be applied if pay	ying by credit card.	
Checkout Edit Cart Continue S	Shopping	

*Note:* Fees amounts shown are for illustration purposes only.

## **Credit Card Payment**

On the **Payment Options** screen, choose whether to pay by credit card or bank account. Click **Submit Payment**.

Payme	ent Optio	าร	
Amount to be ch	arged: \$535.00		
Pay with	Credit Card		
Dav with	Bank Account		



This is the payment portal screen for credit card payment. Your payee information will not be complete, as some personal information does not transfer from your application. Fill out any contact information that is missing.

Your fee is listed. **Note**: Paying by credit card requires a convenience fee

for the payment processor of 2.99% of the application fee. Click on the **CREDIT/DEBIT** link to display fields for entering your card information.

Enter your payment information and click **Submit**. You are returned to your application page, where you can print a receipt and continue.

## **Bank Account Payment**

Selecting **Pay with Bank Account** takes you to a different payment screen. Click **Submit Payment** to continue.



Payee Information First Name John Last Name Doe 1231231231 jdoe@mailinator.com Phone Email ID 465600 RefNumbe Billing Address 123 Main Street Street City Anytown ~ CA - California 95989 Zip (Postal) Code **Payment Information** 535.00 CREDIT/DEBIT Accepted Cards: VISA 00000 Transaction Summary int Du \$535.00 \$16.00 ience Fee Total Amount Due \$551.00 nce fee of 2.99 % will be charge by a third party

# Card Number Card: Tansaction Summary Curv Curv Curv Convenience Fee Strong Stro









On the (Automated Clearing House) **ACH payments** screen, choose the type of bank account – either **Personal** or **Business**. Click **Next**.

Choose method of payment	
Pay by electronic check     * Account Type: Personal      Jiact Next Exit.	

On the next page, enter any missing contact information and scroll to the bottom of the screen.

Billing Address	indicates required new
Use Business Name Use Business Name "First Name: D Street Line 1: Street Line 2: City: A State: C Zip: 9 Phone: 1 *E-Mail: 0	bhn ce 23 Main Street nytown callfycia 5969 231231231 doe@mailinator.com
Payment Details	
*Payment Amount: 53 Your account will be debited in 1 t banking day your payment will be	35.00 USD o 3 days from the date identified. If your payment date fails on a non- executed on the next available banking day. Current date payments

Under **Payment Method**, enter the name of the bank account owner, the bank account number, re-enter the bank account number, and finally enter the bank routing number. Indicate whether this is a checking or savings account and click **Next.** 

Payment Details
*Payment Amount: 535.00 USD Your account will be debited in 1 to 3 days from the date identified. If your payment date fails on a non- banking day your payment will be executed on the next available banking day. Current date payments received after 1:00 After it will be executed on the next valid banking day.
Payment Method
*Name On Account: John Doe
*Account Number: 12345678 What's This?
*Re-Type Account Number: 12345678
*Routing Number: 121088228 × What's This?
*Account Type:
Back Next Exit

For more information, please visit: <u>calcannabis.cdfa.ca.gov</u>





On the **Payment Review** page, your transaction is displayed for you to review before clicking **Pay Now**.



Once the transaction has been reviewed, click **Pay Now**. You are now returned to your application, where you can print your receipt.

	annabis ② https://aca.test.accela.com/CALCANNABIS/Report/ShowReport.aspx?Module=&r ー ロ	×	eLearn	ing
	Receipt Date: 01/11/2018	^ ((	i) Account Management	Logout
Step 3: Peceir	RECEIPT			
Receipt Vour Click	RECORD & PAYER INFORMATION         Record ID:       LCA16-000012         Record Type:       Adit-Use Cannabis Cultivation Application         Payer:       Business:       J. Doe & Co.         123 Man 81       Applore, CA 95059			
LCA17-0000242	PAYMENT DETAIL			
LCA17-0000242- 0010 LCA17-0000242- 0020	Date Payment Method Check # / CC Auth # Comments Amount 01/11/2018 Visa \$535.00			\$
DEC	FEE DETAIL			
Print/View Receip	Fee Description         Invoice #         Quantity         Fee Amount         Current Paid           Small Outdoor - Application Fee         405         1.00         \$5355.00         \$5355.00           55355.00         55355.00         \$5355.00         \$5355.00         \$5355.00			
c	one	×		

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## **Application Approval**

In your account, go to the **My Licenses** tab. Your Owner Applications will show as **Submitted** (until reviewed by CalCannabis Licensing staff). Your **Small Outdoor** cultivation license application also shows a **Status** of **Submitted** and you can click on the application number to see more about the progress of the staff review.

~ L	~ Licenses									
Showin	Showing 1-3 of 3   Download results     Add to cart									
	License Number	License Type	Legal Business Name	Type of License	Date	Expires On	Status	Action		
	LCA18- 0000057- DEC	Declarations and Final Affidavit		Joe Doe (jtdoe@mailinator.com)	02/02/2018					
	LCA18- 0000057- 0010	Owner Application		John Doe (jtdoe@mailinator.com)	02/01/2018		Submitted			
	LCA18- 0000057	Adult-Use Cannabis Cultivation Application	J. Doe & Co.	Small Outdoor	01/31/2018		Submitted			

At any time, you can view your application's **Processing Status** through the **Record Info** dropdown selection, to see the progress of your application through the back-office of the CalCannabis Licensing System. An hourglass icon displays next to those steps that are in progress, and green checkmarks or a gold asterisk displays next to those that are complete.







If your application is approved, the **DRP** will receive an e-mail notification that the **License Fee** is due. The DRP can log into the CalCannabis website and the **My Licenses** list will show the application as **Pending Payment** with an action of **Pay Fees Due**. Click on **Pay Fees Due** to return to the payment-processing step to submit your license fee.

۰l	- Licenses									
Showing 1-6 of 6   Download results     Add to cart										
	License Number #	License Type	Legal Business Name	Type of License	Date	Expires On	Status	Action		
	LCA18- 0000012- DEC	Declarations and Final Affidavit		John Doe (jdoe@mailinator.com)	01/11/2018					
	LCA18- 0000012	Adult-Use Cannabis Cultivation Application	J. Doe & Co.	Small Outdoor	01/10/2018		Pending Payment	Pay Fees Due		
	LCA18- 0000012- 0010	Owner Application		John Doe (jdoe@mailinator.com)	01/10/2018		Review Complete			

Once your license fee is paid, you'll receive an e-mail or postal letter notification that your license is issued. Return to the **My Licenses** list and click on your **Active** cannabis cultivation license.

~	- Licenses										
Showin	Showing 1-4 of 4   Download results     Add to cart										
	License Number #	License Type	Legal Business Name	Type of License	Date	Expires On	Status	Action	Short Notes		
	LCA18- 0000106- DEC	Declarations and Final Affidavit		Sheldon Cooper (cdfa.test06@oits.cdfa.ca.gov)	02/16/2018				Sheldon Coope (cdfa.test06@o		
	LCA18- 0000106- 0010	Owner Application		Sheldon Cooper (cdfa.test06@oits.cdfa.ca.gov)	02/16/2018		Review Complete		Sheldon Coop( (cdfa.test06@o		
	LCA18- 0000106	Adult-Use Cannabis Cultivation Application	Big Bang Cannabis	Specialty Indoor	02/16/2018		License Issued		Sacramento Co		
	CAL18- 0000106	Adult-Use Cannabis Cultivation License	Big Bang Cannabis	Specialty Indoor	02/16/2018	02/16/2019	Active		Sacramento Co		

**Note:** Do not click on your cannabis cultivation application. The license certificate is only available in your cannabis cultivation license.





Use the **Record Info** dropdown list to navigate to **Attachments**, where you will find

License CAL18-0000106: Adult-Use Cannabis Cultivation License Record Status: Active Expiration Date: 02/16/2019	License CAL18-0000106: Adult-Use Cannabis Cultivation Licens Record Status: Active Expiration Date: 02/16/2019			
Record Info 🔻 Payments 👻	Record Info  Payments  License Details			
License Details	Processing stails			
License Type: Specialty Indoor Sacramento County Big Bang Cannabis More Details	Related Records Attachments > More Details			

Click on the **Name** of the license certificate document and select **Open** from the pop-up dialog box.

License CAL18-0000106:	ion License				Add to cart			
Record Status: Active Expiration Date: 02/16/2019								
Record Info 🝷 Payments 🔻								
Attachments Upload file Information Maximum file size allowed: 16 MB. Types of files that are not allowed: html;htm;mht;mhtml;exe;zip;.								
Name	Туре	Size	Document Status	Latest Update	Action			
OfficialLicenseCertificate_20180216_115422.pdf	License	106.47 KB	Uploaded	02/16/2018	Actions -			
CompletedApplication_20180216_115011.pdf	Other	50.94 KB	Uploaded	02/16/2018	Actions -			
CDFA_AppFeesDue_20180216_115018.pdf	Correspondence	93.38 KB	Uploaded	02/16/2018	Actions -			
Your cultivator preliestion has been as a set of ficial license Certificate_20180216_115422.pdf from acapre6.accela.com?								

**Note**: You will need to have an Adobe PDF reader installed on your device in order for the license certificate document to open.





## Your license certificate will open for you to view and print.



## **eLearning Resources**

Find more information and guides to using the CalCannabis Licensing System on our eLearning page, at:

https://www.cdfa.ca.gov/calcannabis/training/