



CANNABIS BUSINESS LICENSE APPLICATION

In accordance with Chapter 6.90 of the San Luis Obispo County Code

Business Start Date _____	CANNABIS BUSINESS TYPE <input type="checkbox"/> Cannabis Cultivation # _____ <input type="checkbox"/> Cannabis Transport # _____ <input type="checkbox"/> Cannabis Non-Storefront (Delivery) # _____ <input type="checkbox"/> Cannabis Distribution # _____ <input type="checkbox"/> Cannabis Manufacturing # _____ <input type="checkbox"/> Cannabis Nursery # _____ <input type="checkbox"/> Cannabis Testing # _____ <input type="checkbox"/> Cannabis Caregiver* # _____
Business Name _____	
DBA _____	
Business Address _____ _____	
City _____ State _____ Zip _____	
Mailing Address _____ _____	
City _____ State _____ Zip _____	
Phone Number _____	
Email Address _____	

OWNERS
 Per County Code 6.90.030 and California Business and Professions Code 26001, an owner is defined as any of the following:
 (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 is solely a security, lien, or encumbrance.
 (2) The chief executive officer of a nonprofit or other entity.
 (3) A member of the board of directors of a nonprofit.
 (4) An individual who will be participating in the direction, control, or management of the person applying for a license.

ALL OWNERS MUST BE IDENTIFIED ON THIS APPLICATION AND BACKGROUND CHECKS PERFORMED BY SHERIFF PURSUANT TO COUNTY CODE 6.90.030 AND 6.90.040. FAILURE TO IDENTIFY ALL OWNERS MAY BE GROUNDS FOR LICENSE DENIAL OR REVOCATION. ATTACH ADDITIONAL PAGES IF NEEDED.

***PLEASE LIST THE ADDRESSES AND PHONE NUMBERS OF ALL LISTED OWNERS ON THE REVERSE SIDE OR ADDITIONAL PAGES IF NEEDED. ***

Owner _____	Owner _____
Owner _____	Owner _____
Owner _____	Owner _____

I declare under penalty of perjury that the information contained in this application is complete, true and correct and that I am signing as an owner or as his/her authorized agent. I understand that making false statements or omitting information on this application is cause for license denial or revocation.

Signature: _____ Date: _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____