



# Apply for a License

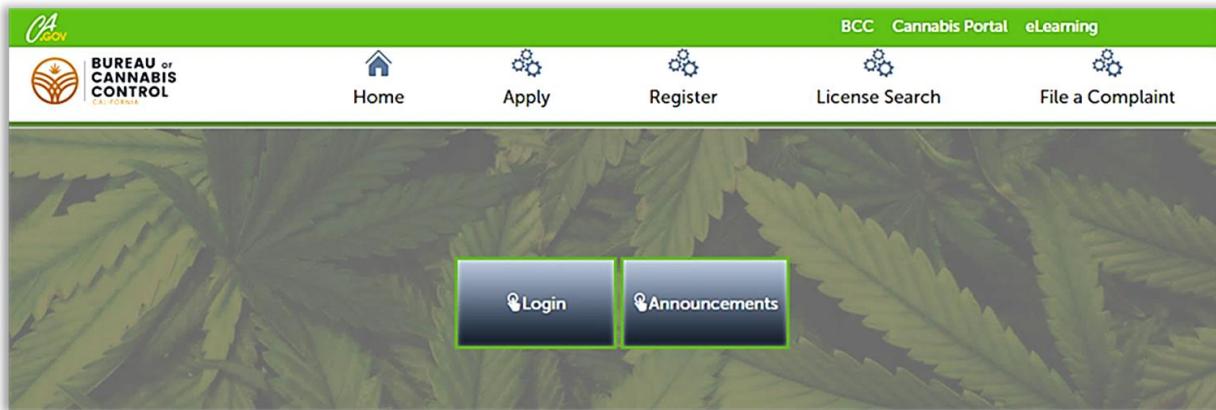
## with the Bureau of Cannabis Control Online Licensing System

---

<b>Log into Your Account .....</b>	<b>1</b>
<b>Temporary License Application.....</b>	<b>3</b>
Business Activities.....	4
Business .....	4
Primary Contact .....	6
Save and Resume Later.....	7
Owner List.....	8
Required Documents .....	10
Review .....	11
<b>Transition from Temporary to Annual Application .....</b>	<b>12</b>
Attestation Amendment .....	12
Business Activities.....	13
Declarations.....	13
Owner List.....	14
Non-Owners with Financial Interest .....	15
Fictitious Business Names.....	17
Required Documents .....	17
Fee Determination.....	18
Review .....	19
Paying Fees .....	20
Owner Submittals .....	21
<b>Annual License Application.....</b>	<b>26</b>
Business Activities.....	26
Business .....	27
Primary Contact .....	29
Save and Resume Later.....	30
Declarations.....	31
Owner List.....	32
Non-Owners with Financial Interest .....	34
Fictitious Business Names.....	35
Required Documents .....	36
Review .....	37
Paying Fees .....	38
Owner Submittals .....	39

## Log into Your Account

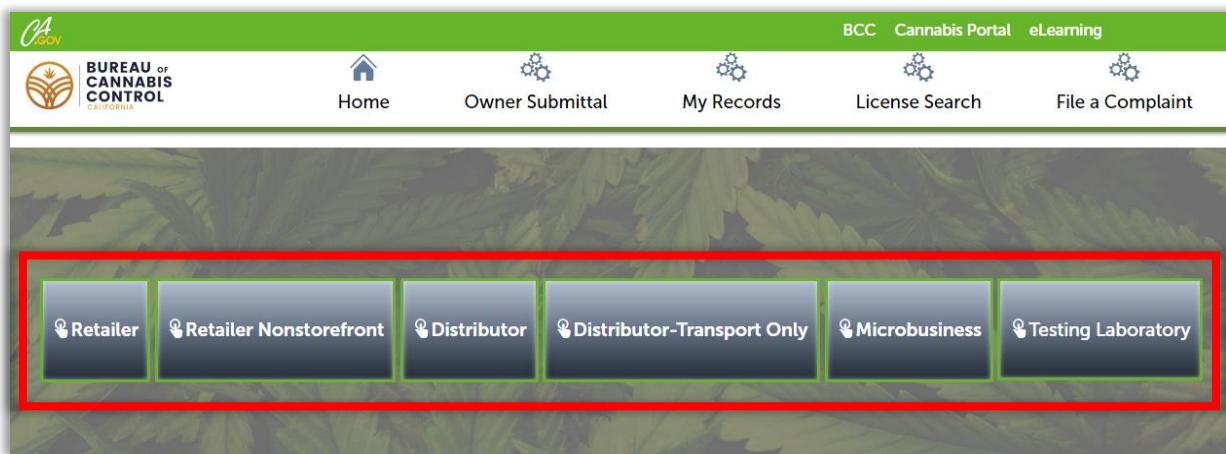
On the home page, click the **Login** button.



Fill in your user name and password, and click **Login**.



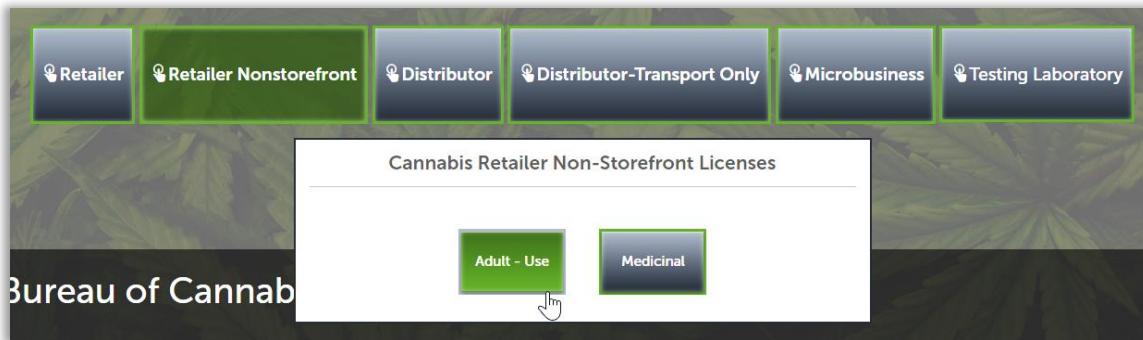
Choose the type of license you wish to apply for.



To read more about these license types and their characteristics, see the Bureau of Cannabis Control's website:

<http://bcc.ca.gov/licensees/index.html>.

On selecting a license type, you are asked to choose between Adult-Use and Medicinal license type designations (except for Testing Labs).



To proceed with the application process, you must read and agree to the General Terms and conditions for use of the Bureau's website. Check the box and click Continue.

Announcements Logged in as: [REDACTED] Cart (0) Account Management Logout

Search...

**Online License Application**

Welcome to Bureau of Cannabis Control's online licensing system. Using this system you can submit and update information, pay fees, and track the status of your application all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

**General Disclaimer**  
While the Bureau of Cannabis Control (Bureau) attempts to keep its web information accurate and timely, the information and documents available on this website are provided on an "as is" and "as available" basis without warranties or conditions of any kind, either express or implied. The Bureau neither warrants nor makes representations as to the functionality or condition of this website, its suitability for use, or non-infringement of proprietary rights.

The Bureau is neither responsible nor liable for any viruses or other contamination of a user's system nor for any delays, inaccuracies, errors or omissions arising out of a user's use of the site or with respect to the material contained on the site, including without limitation, any material posted on the site.

The Bureau is not responsible for any special, indirect, incidental or consequential damages that may arise from the use of or the inability to use, this website and/or the materials contained on this website whether the materials are provided by the Bureau or a third party. Online activities carry the inherent risk of exposure to viruses or other malware.

I have read and accepted the above terms.

**Continue »**

## Temporary License Application

The next choice you will need to make is whether to apply for a 120-day temporary license or a full, annually renewed cannabis business license.

The temporary license is generally a quicker process with fewer requirements and no application fee. The purpose of the temporary license is to enable a cannabis business operating under a valid local permit, license, or other authorization, to continue doing business while the Bureau processes its annual license application.

Only businesses that are already authorized by their city or county may take advantage of the temporary license. Check the box for **Yes**, then click **Continue**.

Adult-Use - Retailer Nonstorefront Application

1 Business Information	2 Ownership and Contacts	3 Documentation Required	4 Licensing Fee	5 Review	6	7
------------------------	--------------------------	--------------------------	-----------------	----------	---	---

\* indicates a required field.

**Temporary License**

You may apply for a temporary license if you have a valid license, permit or other authorization, issued by a local jurisdiction, that enables you to conduct commercial cannabis activities. The temporary license is valid for 120 days. For additional information please visit the [BCC E-Learning Site](#)

Section 26050.1 of the Business and Professions Code authorizes the Bureau to request a copy of a valid license, permit, or other authorization issued by a local jurisdiction. The Bureau shall not issue a commercial cannabis license contrary to a valid local regulation or ordinance; if the local government prohibits commercial cannabis activities, the Bureau must deny a license application.

There are no fees for a temporary license.

\* Are you requesting a temporary license?:  Yes  No

[Save and resume later](#) [Continue »](#)

**Note:** Fields or statements with a red asterisk (\*) next to them are required. You cannot proceed with the application unless you respond to all required elements.

## Business Activities

The **Business Activities** section may display different information for different license types. The example below is a confirmation that the Retailer-Non-Storefront license type provides delivery service. Other business types may ask you to select various services your operation will provide.

**Business Activities**

A Retailer-Non-Storefront license sells and delivers cannabis goods to customers, but must have a licensed premise, that is not open to the public. If you wish to sell cannabis goods to customers at your premises and by delivery, please go back to the apply for a license page and select Type 10 -Retailer.

Delivery:

## Business

The section labeled **Business** is where you will establish the organization structure of your entity and provide other details about how you do business. All information in the following form is required.

**Business**

\*Click the "add new" button below to enter the business information for your cannabis license.

Mandatory Submission  
Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

State Tax Obligation  
Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

Premises Location  
Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application.

**Add New**

Click **Add New**; a pop-up window displays to let you enter your business's name, how it is structured, contact information, and Social Security Number or Individual Tax Identification Number.

Note that different business structures will have different supporting document requirements.

Click **Add Address** next.

A new pop-up window displays fields for entering your business's address. The Premises address (where your business is physically housed) is required. Mailing address is required if different from the premises address.

1. Select the **Address Type**
2. Enter the address for that type
3. Click **Save and Add Another**
4. Choose the other address type
5. Enter that address
6. Then click **Save and Close**.

**Note:** The Premises address type has more fields than the Mailing type. Choose the street type carefully – you can key in the first letter to jump to the desired street abbreviation.

Back on the Contact Information pop-up window, all the information previously entered is displayed, including the two addresses. Click **Continue** to return to the application.

*Under the **Contact added successfully** message, note the **Edit** and **Remove** links – use these functions if you need to make changes to your contact information.*

The screenshot shows a 'Contact' form with fields for E-mail, Primary Phone, Secondary Phone, Business Website, and FEIN. Below these is a section titled 'Addresses' with a green 'Add Address' button. A message indicates an address was added successfully. A table lists two address entries:

Address Type	Address	Recipient	Action
Mailing	123 MAIN STREET		Actions ▾
Premise	123 MAIN ST		Actions ▾

At the bottom are 'Continue', 'Clear', and 'Discard Changes' buttons. The 'Continue' button is highlighted with a red box.

## Primary Contact

Next, set up the Primary Contact person for your business. This is the point person in your business for all communication with the Bureau, who is also designated as the initial track and trace account manager. Be sure to read about all the responsibilities of the Primary Contact, both on [bcc.ca.gov](http://bcc.ca.gov), and on [www.metrc.com/california](http://www.metrc.com/california).

### Primary Contact Person

\*The "Select from Account" button will add you as the primary contact person for this application. If you would like to designate someone else as the primary contact person, please click the "add new" button.

#### California Track and Trace (CCTT) System Access:

If you are applying for the annual application, please be advised that the primary contact person for this license application will be designated as the licensee's initial track-and-trace account manager, and is required to register for training for using the California Cannabis Track and Trace (CCTT) system within 10 business days of submitting your annual application. If the primary contact person anticipates delegating the primary responsibility for updating and maintaining the licensee's cannabis distribution chain information in the CCTT system (post-licensure) to another licensee employee or owner, that individual should also be registered to attend the required training. To register for CCTT system training, please access the following URL:  
<https://www.metrc.com/California>

**Select from Account**

**Add New**

If you are the Primary Contact, click **Select from Account** to use the contact information you entered when setting up your account.

Or, select **Add New** if the Primary Contact is a different individual.

**Primary Contact Person**

\*The "Select from Account" button will add you as the primary contact person for this application. If you would like to designate someone else as the primary contact person, please click the "add new" button.

California Track and Trace (CCTT) System Access:

If you are applying for the annual application, please be advised that the primary contact person for this license application will be designated as the licensee's initial track-and-trace account manager, and is required to register for training for using the California Cannabis Track and Trace (CCTT) system within 10 business days of submitting your annual application. If the primary contact person anticipates delegating the primary responsibility for updating and maintaining the licensee's cannabis distribution chain information in the CCTT system (post-licensure) to another licensee employee or owner, that individual should also be registered to attend the required training. To register for CCTT system training, please access the following URL: <https://www.merc.com/California>

Contact added successfully.

John Doe  
jdoe@mailinator.com  
Primary phone:(555) 555-5555  
Secondary Phone:  
[Edit](#) [Remove](#)

▼ Addresses

**Add Address**

Please add the required address information. The required address types are listed below. The Primary Contact Person is not required to provide an address.

Showing 1-1 of 1

Address Type	Address	Recipient	Action
Mailing	123 Main Street, Yolo		<a href="#">Actions ▾</a>

[Save and resume later](#) [Continue »](#)

When finished, your Primary Contact displays your information. Mailing address is not required for the Primary Contact. Click **Continue**, or you can click **Save and resume later**.

## Save and Resume Later

If you click **Save and resume later**, you are returned to your account's **My Records** page. A green banner message provides your application number, and confirms your application is saved. It is listed in the **My Licenses** section, with a green **Resume Application** link next to it.

Your partial application (17TMP-003535) has been successfully saved.  
To resume the application(s), go to the My Records section and click the Resume Application link.

**My Records**

Showing 1-2 of 2 | [Download results](#) | [Add to cart](#)

<input type="checkbox"/>	Record Number	Record Type	Legal Business Name	Expires On	Status	Status Date	Action
<input type="checkbox"/>	17TMP-003530	Adult-Use - Retailer Application				11/28/2017	<a href="#">Resume Application</a>
<input type="checkbox"/>	17TMP-003535	Adult-Use - Retailer Nonstorefront Application				11/28/2017	<a href="#">Resume Application</a>

When you select **Resume Application**, you can pick up where you left off. Or, if you need to revisit or modify anything, you may start at the beginning and page through your application.

#### Resume Application: Select Application Page Flow Step

- Start from the beginning
- Pick up where I left off

**OK**   **Cancel**

## Owner List

Each owner of your business must be entered on the **List of Owners**.

**List of Owners**

You must list all the additional owners, if applicable, by clicking the "Add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

Title	First Name	Last Name	Ownership Percentage	Phone Number	Email Address	Address Line 1	Address Line 2	City	State	Zip Code	Action
<input type="checkbox"/>	<input checked="" type="checkbox"/>	John	Doe	5555555555	jdoe@mailinator.com	123 MAIN STREET		ANYTOWN	CA	95959	<a href="#">Actions</a>

**Add a Row** | **Edit Selected** **Delete Selected**

If you are a Sole Proprietor, only your Owner Submittal is required, as there are no other owners.

The **List of Owners** section is prefilled with your own name, but a warning message displays here, advising that you need to edit your information to add some missing details. Click the checkbox next to your owner listing, and click **Edit Selected** (the **Actions** dropdown list has the same function).

A pop-up window displays. The only missing information to be filled in is your business **Title**, and **Ownership Percentage**. Notice that both fields are required. All the other values are already filled in from information you previously provided. Click **Submit** to return to the application page.

In the **List of Owners** section, click on the **Add a Row** button to add another owner. You can add multiple rows in one pop-up window, for example, if you need to add 5 owners, select **Add 5 Rows** from the dropdown list. For this example, we'll just add one.

A pop-up window displays with the same fields as shown above. You must list all additional owners – learn more about determining who is an owner by going to the [Bureau's website page on laws and regulations](#).

**LIST OF OWNERS**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

* Title:	* First Name:	* Last Name:
Controlling Manager	John	Doe
* Ownership Percentage:	* Phone Number:	Email Address:
70	5555555555	jdoe@mailinator.com
Address Line 1: 123 MAIN STREET		
* State:	* Zip Code:	
CA	95959	

**Submit**      **Cancel**

**LIST OF OWNERS**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

* Title:	* First Name:	* Last Name:
Officer	Jane	Doe
* Ownership Percentage:	* Phone Number:	Email Address:
30	1231231231	jandedoe@mailinator.com
Address Line 1: MAIN		
* State:	* Zip Code:	* City:
CA	95959	ANYTOWN

**Submit**      **Cancel**

Click **Submit** to close the window and add this owner.

The **List of Owners** now displays a second record.

When this application is submitted, the

**List of Owners**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

Showing 1-2 of 2

<input type="checkbox"/>	Title	First Name	Last Name	Ownership Percentage	Phone Number	Email Address	Address Line 1	Address Line 2	City	State	Zip Code	
<input checked="" type="checkbox"/>	Controlling Manager	John	Doe	70	5555555555	jdoe@mailinator.com	123 MAIN STREET		ANYTOWN	CA	95959	<b>Actions</b> ▾
<input checked="" type="checkbox"/>	Officer	Jane	Doe	30	1231231231	jandedoe@mailinator.com	MAIN		ANYTOWN	CA	95959	<b>Actions</b> ▾

**Add a Row** | **Edit Selected** | **Delete Selected**

**Save and resume later**      **Continue >**

Licensing system sends emails to all individuals on the Owners list, inviting them to the website to set up an account and create their Owner Submittal form. Owner Submittals will be required from all owners when applying for an annual license.

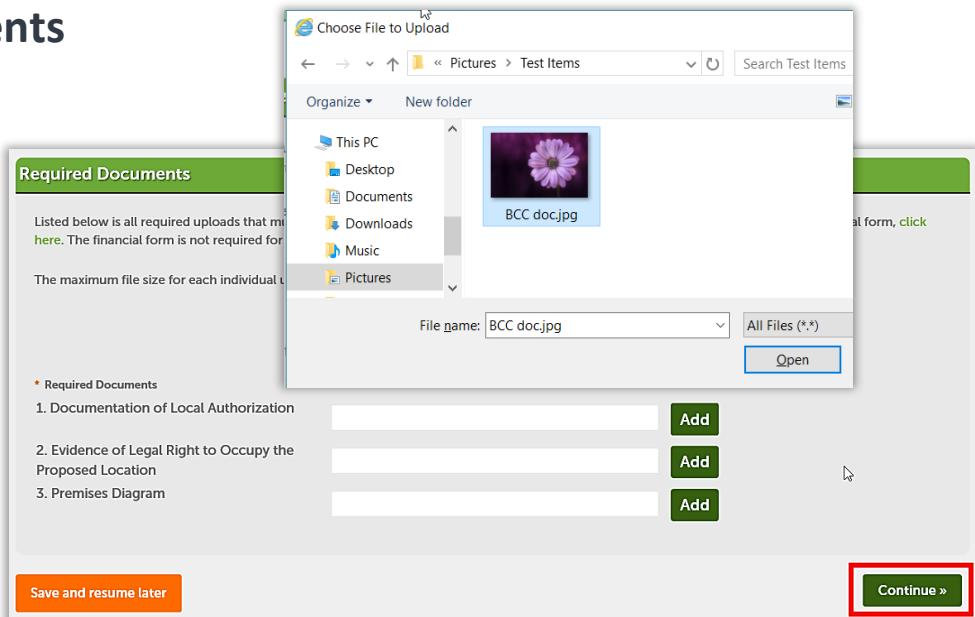
Click **Continue**.

## Required Documents

This section asks you to upload a set of documents to support your temporary application. You will need digital files of each document in the

list, so if your only copy of a supporting document is on paper, you will need to scan it to upload it with your application.

Click on the **Add** button for each document in the list, select the appropriate file and click **Open** – a confirmation message displays. Repeat this for each required document. Click **Continue** when done.



## Review

In the next section, you will have the opportunity to review and in some cases, modify the information you entered in the earlier sections of your application.

List of Owners											
Title	First Name	Last Name	Ownership Percentage	Phone Number	Email Address	Address Line 1	Address Line 2	City	State	Zip Code	
Controlling Manager	John	Doe	70	55555555555	jdoe@mailinator.com	123 MAIN STREET		ANYTOWN	CA	95959	
Officer	Jane	Doe	30	1231231231	janedoe@mailinator.com	MAIN		ANYTOWN	CA	95959	

Required Documents					Edit
Name	Type	Size	Latest Update	Action	
County Cannabis Permit.pdf	Documentation of Local Authorization	7 bytes	12/06/2017	<a href="#">Actions ▾</a>	
Title and Deed.pdf	Evidence of Legal Right to Occupy the Proposed Location	5 bytes	12/06/2017	<a href="#">Actions ▾</a>	
Floorplan of Premises.pdf	Premises Diagram	8 bytes	12/06/2017	<a href="#">Actions ▾</a>	

I certify that I have read and understood the instructions that accompany this application. By checking the box below, I understand that I am providing my electronic signature to this application for filing. With this electronic signature, I attest under penalty of perjury I hereby declare that the information contained within and submitted with the 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.

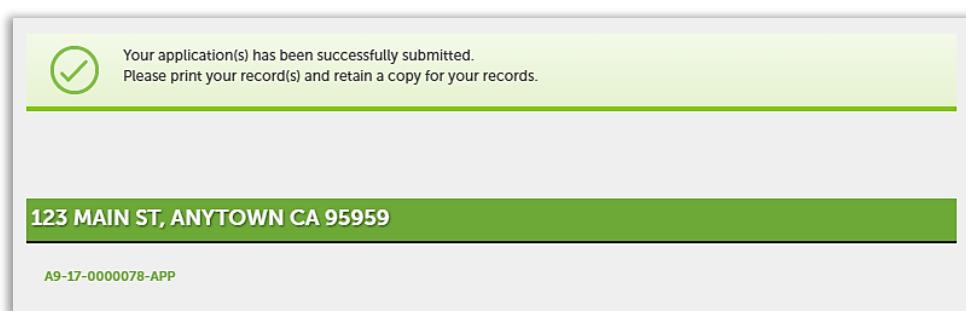
By checking this box, I agree to the above certification.

Date: 12/06/2017

[Save and resume later](#)
[Continue ▾](#)

Scroll to the bottom of the **Review** screen and check the box to electronically sign, indicating that you certify your application is complete, true, and accurate. Click **Continue**.

Once submitted successfully, a message displays to confirm your application was submitted successfully.



## Transition from Temporary to Annual Application

Once a temporary application has been Approved or Denied you have the option of starting an **Amendment Record** to submit the additional information needed for an annual license.

### Attestation Amendment

In your **My Records** list, find the application you created for your temporary license. Click **Amendment** link in the **Action** column.

<b>Applicants and Licensees</b>							
Showing 1-2 of 2   Download results   Add to collection   Add to cart							
<input type="checkbox"/>	Record Number	Record Type	Legal Business Name	Expires On	Status	Status Date	Action
<input type="checkbox"/>	A9-17-0000006-TEMP	Adult-Use - Retailer Temporary Nonstorefront License	Cannabis Store	05/01/2018	Active	01/01/2018	
<input type="checkbox"/>	A9-17-0000077-APP	Adult-Use - Retailer Nonstorefront Application	Cannabis Store		Additional Info Needed	12/05/2017	<b>Amendment</b>

Three amendment types are displayed on the screen.

Select the third choice, **Submit <License Type> Attestation.**

Click **Continue.**

**Select an Amendment Type**

Choose one of the following available amendment types. Fo

Submit Application Document

Submit Contact Information

Submit Retailer Nonstorefront Attestation

**Continue >**

## Business Activities

The **Business Activities** section may display different information for different license types. The example below displays a prefilled checkbox confirming that the Retailer-Non-Storefront license type provides delivery service. Other business types may ask you to select various services your operation will provide.

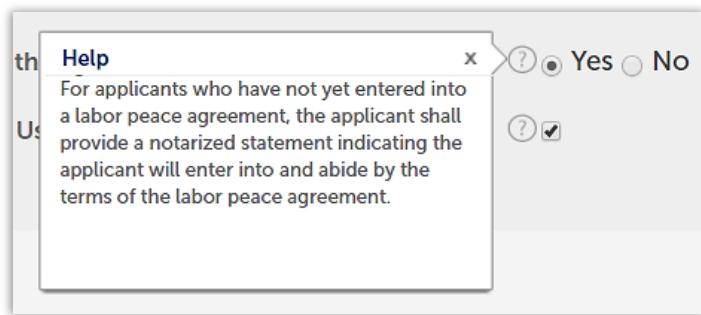
A screenshot of a software interface titled "Business Activities". Below the title, there is a descriptive text: "A Retailer-Non-Storefront license sells and delivers cannabis goods to customers, but must have a licensed premise, that is not open to the public. If you wish to sell cannabis goods to customers at your premises and by delivery, please go back to the apply for a license page and select Type 10 -Retailer." Underneath this text is a form field labeled "Delivery:" followed by a checked checkbox.

## Declarations

This section asks a series of questions about your business. Some questions will vary depending on the type of license you're applying for. Some answers will require uploading documentation later. Some Yes answers trigger additional fields – for example, if you say you have a seller's permit from CA Department of Tax and Fee Administration, you will need to enter the number. If you don't have a seller's permit, you'll need to check a box asserting that you're in the process of acquiring one. If you have 20 or more employees, you need to attest that you have a labor peace agreement and provide supporting documentation, or can provide a notarized statement indicating you will enter into and abide by the terms of a labor peace agreement.

At the bottom of the page, you electronically sign this declaration by typing in your full legal name. Click **Continue**.

Notice the help icons next to these statements – the circled question mark.  You can click on any of these to display more information about a field. At right is the help message for the attestation about a Labor Peace Agreement.



## Owner List

Each owner added on the temporary application will be populated in the **List of Owners**.

Every owner of your business must fill out an Owner Submittal, as well as providing a copy of a government identification and going to a Live Scan facility to initiate a background check. If you are a Sole Proprietor, only you are required to provide an Owner Submittal.

**List of Owners**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

Title	First Name	Last Name	Ownership Percentage	Phone Number	Email Address	Address Line 1	Address Line 2	City	State	Zip Code
Controlling Manager	John	Doe	70	5555555555	jdoe@mailinator.com	123 MAIN STREET		ANYTOWN	CA	95959

**Add a Row** | **Edit Selected** | **Delete Selected**

**Save and resume later** | **Continue >**

If you are not a **Sole Proprietor**, you will need to enter information about all additional owners in the **List of Owners** section. Click the **Add a Row** button to add owners. To add two or more owners, use the dropdown list and choose how many rows you want to add. For this example, we'll just add one more.

A blank pop-up window displays with the required fields for entering Owner information.

Note the text at the top of the window – find out more about determining who is an owner by going to the [Bureau's website page on laws and regulations](#).

**LIST OF OWNERS**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

* Title: <input type="text" value="Officer"/>	* First Name: <input type="text" value="Jane"/>	* Last Name: <input type="text" value="Doe"/>
* Ownership Percentage: <input type="text" value="30"/>	* Phone Number: <input type="text" value="1231231231"/>	Email Address: * <input type="text" value="janedoe@mailinator.com"/>
* Address Line 1: <input type="text" value="MAIN"/>	Address Line 2: <input type="text"/>	* City: <input type="text" value="ANYTOWN"/>
* State: <input type="text" value="CA"/>	* Zip Code: <input type="text" value="95559"/>	
<input style="background-color: #0070C0; color: white; font-weight: bold; padding: 5px; margin-right: 10px;" type="button" value="Submit"/> <input style="font-weight: bold; padding: 5px;" type="button" value="Cancel"/>		

Click **Submit** to close the window and add this owner.

The List of Owners now displays a second record.

When this application is submitted, the Licensing system

sends emails to all those on the Owners list, inviting them to log in to the website, set up an account, and create their Owner Submittal form. Click **Continue**.

List of Owners												
You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please <a href="#">click here</a> . All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.												
Showing 1-2 of 2												
	Title	First Name	Last Name	Ownership Percentage	Phone Number	Email Address	Address Line 1	Address Line 2	City	State	Zip Code	
<input type="checkbox"/>	Controlling Manager	John	Doe	70	5555555555	jdoe@mailinator.com	123 MAIN STREET		ANYTOWN	CA	95559	<a href="#">Actions</a> ▾
<input type="checkbox"/>	Officer	Jane	Doe	30	1231231231	janedoe@mailinator.com	MAIN		ANYTOWN	CA	95559	<a href="#">Actions</a> ▾

[Add a Row](#) | [Edit Selected](#) | [Delete Selected](#)

[Save and resume later](#) [Continue »](#)

## Non-Owners with Financial Interest

The purpose of this section is to declare the financial interests of individuals other than those listed as Owners. Use the **Add a Row** button to bring up a pop-up window and list all such persons and their non-controlling interests in your business (loans, investments, or other

equity). You don't need to include persons whose only interest in the business to be licensed is an interest in a diversified mutual fund, blind trust, or similar instrument.

**Financial Interest Non-Owners**

Please list all individuals that have a financial interest in the commercial cannabis business. A financial interest means an investment into a commercial cannabis business, a loan provided to a commercial cannabis business, or any other equity interest in a commercial cannabis business.

Financial Information  
To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument.

Showing 0-0 of 0

First Name	Last Name	Date of Birth	Government-issued Identification Type	Government-issued Identification Number
No records found.				

**Add a Row**  **Edit Selected** **Delete Selected**

Use the dropdown next to the **Add a Row** button to add several rows, if needed.  
In the **Non-Controlling Interest** pop-up window, enter the individual's name, date of birth, and government issued identification information. You will need to upload an image of this identification later in the application.

**NON CONTROLLING INTEREST**

Please list all individuals that have a financial interest in the commercial cannabis business. A financial interest means an investment into a commercial cannabis business, a loan provided to a commercial cannabis business, or any other equity interest in a commercial cannabis business.

Financial Information  
To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument.

*First Name: <input type="text"/>	*Last Name: <input type="text"/>	Date of Birth: <input type="text"/> 
Government-issued Identification Type: <input type="text"/>	Government-Issued Identification Number: <input type="text"/>	
<b>Submit</b> <b>Cancel</b>		

## Fictitious Business Names

If you have one or more Fictitious Business Names (FBNs), add them in this section.

Use the **Add a Row** button again, and enter details in business name and physical address in the pop-up window. Click **Continue** when done.

**Fictitious Business Names**

Please list every fictitious business name (FBN) the applicant is operating under.

Showing 0-0 of 0

Business Name	Physical Address
No records found.	

**Add a Row** | **Edit Selected** | **Delete Selected**

**Save and resume later** **Continue »**

## Required Documents

This section asks you to upload the remaining set of documents to support your annual application. The list of required documents may vary depending on how you've filled out the application.

You will need digital files of each document in the list, so if your only copy of a document is on paper, you will need to scan it to upload it with your application.

**Required Documents**

Please upload the documents listed below.  
The maximum file size for each individual upload is 16 MB.

 **The attachment(s) has/have been successfully uploaded.**  
It may take a few minutes before changes are reflected.

Required Documents		
1. Business Formation Documents	BCC doc.jpg	<b>Add</b>
2. Financial Information	Test.docx	<b>Add</b>
3. Inventory Procedures		<b>Add</b>
4. Non-Laboratory Quality Control Procedures		<b>Add</b>
5. Proof of Surety Bond		<b>Add</b>
6. Security Procedures		<b>Add</b>
7. Transportation Procedures		<b>Add</b>

**Save and resume later** **Continue »**

Click the **Add** button for each document in the list, select the appropriate file and click **Open**, a confirmation message displays above the document list. Repeat these steps for each required document. Click **Continue** when done.

## Fee Determination

In the next section, you're asked about the maximum dollar value of your planned operation. Your response to this question is used to determine the amount of your license fee, in compliance with the regulations that the Bureau upholds and enforces.

Licensing Fee Determination

The applicant will use the maximum dollar value of its planned operation to determine the appropriate licensing fee.

**Based on your selection, your license fee will be: \$12,000.00**

What is the maximum dollar value of your planned annual retail operation in terms of the value of product expected to be sold as determined in assessing the 15% excise tax pursuant to Revenue and Taxation Code section 34011? \*

Greater than 0.5 million to \$  
--Select--  
Up to 0.5 million  
**Greater than 0.5 million to 1.5 million**  
Greater than 1.5 million to 4.5 million  
Greater than 4.5 million

**Save and resume later**

Make your selection to view the license fee you will need to pay to receive your license, if approved. The license fee payment must be received by the Bureau before your license will be issued.

Click **Continue** when ready.

## Review

In the next section, you can review and in some cases, modify the information you entered in the earlier sections of your application.

Scroll to the bottom of the Review screen and check the box to electronically sign, indicating that you certify your application is complete, true, and accurate. Click Continue.

**Financial Interest Non-Owners**

**Fictitious Business Names**

**Required Documents** Edit

Name	Type	Size	Latest Update	Action
SOS Registration.pdf	Business Formation Documents	7 bytes	12/05/2017	<a href="#">Actions</a> ▾
Land Title and Deed.pdf	Evidence of Legal Right to Occupy the Proposed Location	5 bytes	12/05/2017	<a href="#">Actions</a> ▾
Financials 2017.pdf	Financial Information	7 bytes	12/05/2017	<a href="#">Actions</a> ▾
Inventory Process.pdf	Inventory Procedures	6 bytes	12/05/2017	<a href="#">Actions</a> ▾
Floorplan of Premises.pdf	Premises Diagram	8 bytes	12/05/2017	<a href="#">Actions</a> ▾

[< Prev](#) 1 2 [Next >](#)

**Licensing Fee Determination**

What is the maximum dollar value of your planned annual distribution operation in terms of the value of Greater than 2 million to 8 million product expected to be distributed as determined in assessing the 15% excise tax pursuant to Revenue and Taxation Code section 34011?

I certify that I have read and understood the instructions that accompany this application. By checking the box below, I understand that I am providing my electronic signature to this application for filing. With this electronic signature, I attest under penalty of perjury I hereby declare that the information contained within and submitted with the 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.

By checking this box, I agree to the above certification. Date:

[Save and resume later](#) **Continue »**

## Paying Fees

The next step is to pay the application fee for the annual license. On the eLearning page, you can find the Pay Fees eLearning Course and Quick Reference, for instructions on paying fees.

Adult-Use - Retailer Nonstorefront Application

1 2 3 Documentation Required 4 Licensing Fee 5 Review 6 Pay Fees 7 Record Submitted

Listed below are the fees based upon the information you've entered. This does not include a convenience fee for online credit or debit card payment. The convenience fee will be calculated separately and included in the transaction total.

**Application/Renewal Fees**

Fees	Qty.	Amount
Application Fee	1	\$1,000.00

**TOTAL FEES: \$1,000.00**  
Please select the "Checkout" button to pay by credit or debit card.

**Check Out »** **Cash/Check Option »**

The annual cannabis business license requires payment of both an application fee and an annual license fee. The application fee is paid when the attestation amendment is submitted.

After submitting your **Attestation Amendment**, your **Owner Submittal(s)**, and the application fee, the Bureau reviews your annual application. If your application is approved, an email will instruct you how to pay the annual license fee. Once the annual license fee is paid, your license can be issued. You will receive email notification when your license is issued, or you can login to check the status. A PDF of your cannabis business license will be available through the attachments section of your license record.

## Owner Submittals

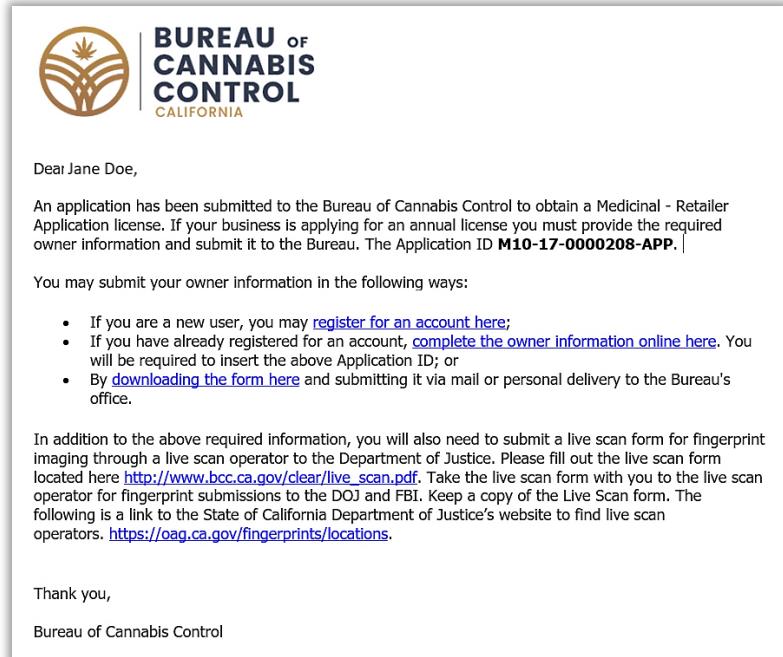
All individuals on the application's **List of Owners** will receive an email like the one shown here.

Each owner should follow instructions from this email to go to the Bureau's website, login, and fill out an Owner Submittal form. Each owner must also upload an image of their government-issued photo ID.

After logging in, click the **Owner Submittal** link.

Next, check the box indicating acceptance of the site's General Disclaimer.

On the next page, the owner must provide the number of the application on which the owner is listed. The system checks whether the application number is valid and exists in the system.



**BUREAU OF CANNABIS CONTROL CALIFORNIA**

Dear Jane Doe,

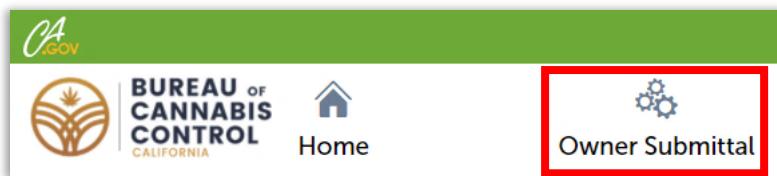
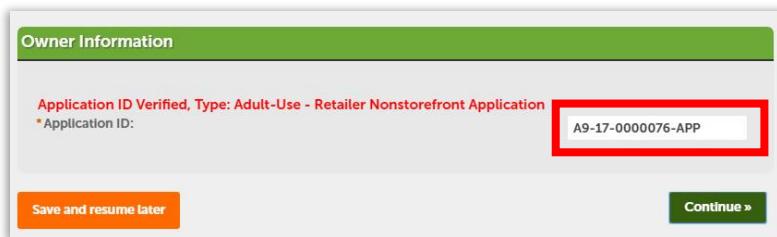
An application has been submitted to the Bureau of Cannabis Control to obtain a Medicinal - Retailer Application license. If your business is applying for an annual license you must provide the required owner information and submit it to the Bureau. The Application ID **M10-17-0000208-APP**.

You may submit your owner information in the following ways:

- If you are a new user, you may [register for an account here](#);
- If you have already registered for an account, [complete the owner information online here](#). You will be required to insert the above Application ID; or
- By [downloading the form here](#) and submitting it via mail or personal delivery to the Bureau's office.

In addition to the above required information, you will also need to submit a live scan form for fingerprint imaging through a live scan operator to the Department of Justice. Please fill out the live scan form located here [http://www.bcc.ca.gov/clear/live\\_scan.pdf](http://www.bcc.ca.gov/clear/live_scan.pdf). Take the live scan form with you to the live scan operator for fingerprint submissions to the DOJ and FBI. Keep a copy of the Live Scan form. The following is a link to the State of California Department of Justice's website to find live scan operators. <https://oag.ca.gov/fingerprints/locations>.

Thank you,  
Bureau of Cannabis Control

Owner Information

Application ID Verified, Type: Adult-Use - Retailer Nonstorefront Application  
 \*Application ID:

Enter the owner's place of birth in the **Owner Attestations** page. Next is a series of questions to which you must answer **Yes** or **No**. The page notes that active duty or honorably discharged military personnel will receive expedited processing. You will need to upload supporting documentation later in the application.

**Owner Attestations**

Military Service: Disclosure of military service is voluntary. An applicant that has served as an active duty member of the Armed Forces of the United States, was honorably discharged, and who can provide evidence of such honorable discharge shall have his or her application expedited pursuant to Business and Professions Code section 115.4.

City of Birth:	<input type="text" value="SACRAMENTO"/>
State of Birth:	<input type="text" value="CA"/>
* Country of Birth:	<input type="text" value="United States"/>
* 1. Have you been sanctioned by a licensing authority or local agency for unauthorized commercial cannabis activities and/or had a license suspended or revoked in the three years immediately preceding the date of this application? : <input checked="" type="radio"/> Yes <input type="radio"/> No	
* 2. Have you been denied a license by the Bureau or any other state cannabis licensing authority?: <input type="radio"/> Yes <input checked="" type="radio"/> No	
* 3. Do you have ownership in a licensed cannabis business? : <input type="radio"/> Yes <input checked="" type="radio"/> No	
* 4. Have you ever been convicted of a crime? : <input checked="" type="radio"/> Yes <input type="radio"/> No	
5. Have you served as an active duty member of the Armed Forces of the United States and were honorably discharged?: <input type="radio"/> Yes <input checked="" type="radio"/> No	

**Acknowledgment**

\* Declarations Acknowledged By (Please enter your full legal name):

[Save and resume later](#)
[Continue »](#)

At the bottom of the screen, enter your full legal name to electronically sign the application. Click **Continue**.

In the **Employment History** section, click **Add a Row** to show a pop-up window for entering your current **Job Title**, **Company Name**, and **City**.

**Employment History**

You must provide your current employer(s). Please click the "add a row" button to provide your current employer(s). If you are not employed, please indicate "Unemployed".

Showing 1-1 of 1

	Job Title	Company Name and City	Actions ▾
<input type="checkbox"/>	Manager	J.Doe & Co., Sacramento	<a href="#">Actions ▾</a>

[Add a Row](#) | 
 [Edit Selected](#)
[Delete Selected](#)

In the **Criminal Convictions** section, use the **Add a Row** button to bring up a pop-up window for entering any prior criminal convictions.

In the pop-up window, enter dates, violation code, and type of conviction. Click **Submit** to save. Leave empty if you have no convictions.

The **Other Cannabis Licenses** section is where the owner lists any other cannabis-related licenses held. List the agency that issued the license (California Department of Public Health, California Department of Food and Agriculture, or Department of Consumer Affairs), the license number, type of license, and date issued. Leave empty if no other licenses are held.

**Criminal Convictions**

Please click the "add a row" button to provide information about each individual conviction. If you do not have any convictions you may leave this section empty. Detailed Description of the Owner's Convictions Section 26051.5 of the Business and Professions Code authorizes the Bureau to collect detailed information of an owner's convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Owners should include convictions dismissed under Penal Code section 1203.4 or equivalent non-California law in their disclosures. Convictions dismissed under Health and Safety Code section 11361.8 or equivalent non-California law must also be disclosed. Juvenile adjudications and traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances do not need to be included.

Showing 0-0 of 0

Date of Conviction	Code Section Violated	Type of Conviction	Date of Incarceration	Date of Probation	Date of Parole
No records found.					

**Add a Row** | **Edit Selected** | **Delete Selected**

**CRIMINAL CONVICTIONS**

Please click the "add a row" button to provide information about each individual conviction. If you do not have any convictions you may leave this section empty. Detailed Description of the Owner's Convictions Section 26051.5 of the Business and Professions Code authorizes the Bureau to collect detailed information of an owner's convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Owners should include convictions dismissed under Penal Code section 1203.4 or equivalent non-California law in their disclosures. Convictions dismissed under Health and Safety Code section 11361.8 or equivalent non-California law must also be disclosed. Juvenile adjudications and traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances do not need to be included.

* Date of Conviction:	Code Section Violated:	Type of Conviction:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Incarceration:	Date of Probation:	Date of Parole:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Submit** | **Cancel**

**Other Cannabis Licenses**

Please click the "add a row" button to list all of the license types and the license numbers issued from the Bureau and all other state cannabis licensing authorities that the applicant holds. If you do not have any Other Cannabis Licenses you may leave this section empty.

Showing 0-0 of 0

Agency	License Number	License Type	Date
No records found.			

**Add a Row** | **Edit Selected** | **Delete Selected**

**Cannabis Licenses Denied**

Please click the "add a row" button to provide all cannabis licenses that were denied by the Bureau or any other state cannabis licensing authority. If you have not been denied a license you may leave this section empty.

Showing 0-0 of 0

License Type Denied	License Authority	Denial Date
No records found.		

**Add a Row** | **Edit Selected** | **Delete Selected**

**Save and resume later** | **Continue »**

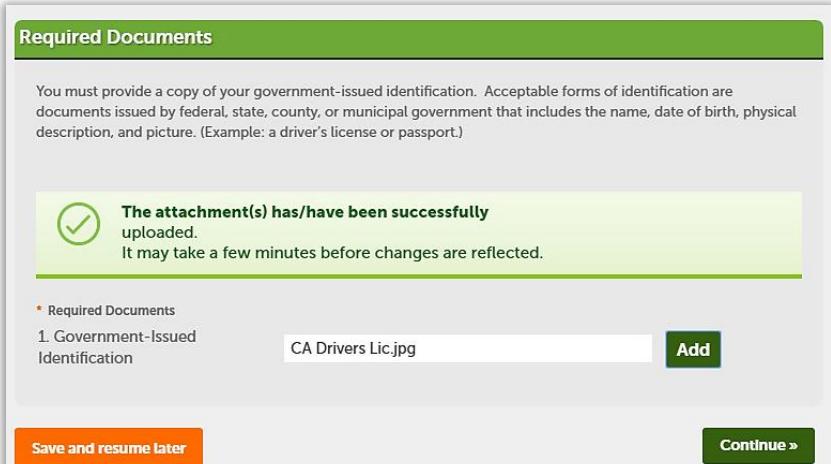
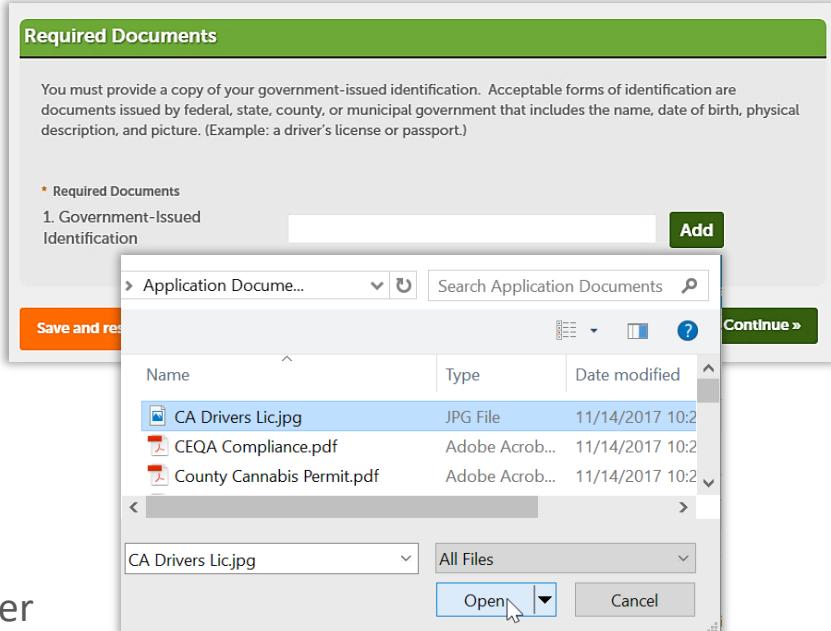
Finally, in the **Cannabis Licenses Denied** section, list licenses for which the owner was denied licensure, if any. Click **Continue**.

In the **Required Documents** section, upload an image of the owner's government photo ID. Click **Add** to open the File Explorer dialog box, find the correct file, and click **Open** to upload it to the application.

You may need to upload other documents as well, based on your responses earlier in the application. For example, answering Yes to the question on active or former military will require uploading documents proving your statement.

The uploaded file is now listed in the **Required Documents** section, and a message confirms the successful upload.

Click **Continue**.



In the **Review** section, you may revisit earlier sections of the application, if needed. When the application is complete, you must attest to the statement at the bottom of the screen by clicking the checkbox. Click **Continue**.

**Other Cannabis Licenses**

**Cannabis Licenses Denied**

**Required Documents** Edit

Name	Type	Size	Latest Update	Action
CA Drivers Lic.jpg	Government-Issued Identification	7 bytes	11/30/2017	<a href="#">Actions ▾</a>

I certify that I have read and understood the instructions that accompany this application. By checking the box below, I understand that I am providing my electronic signature to this application for filing. With this electronic signature, I attest under penalty of perjury that all information provided as part of this application is complete, true, and accurate, and that no material information has been omitted.

By checking this box, I agree to the above certification. Date: 11/30/2017

[Save and resume later](#) [Continue »](#)

A success message displays on your account page. Once all required Owner Submittals are received and the application fee is paid, the Bureau will review your application.

If approved, you will receive instructions on how to pay your annual license fee, so your cannabis business license can be issued.

Navigate to the **eLearning** page, and open the eLearning course and quick reference document titled **Pay Fees** for specific instructions.

## Annual License Application

To apply for an annual, renewable license, check the **No** box when asked if you are requesting a temporary license. Then click **Continue**.

Adult-Use - Retailer Nonstorefront Application

1 Business Information      2 Ownership and Contacts      3 Documentation Required      4 Licensing Fee      5 Review      6      7

\* indicates a required field.

### Temporary License

You may apply for a temporary license if you have a valid license, permit or other authorization, issued by a local jurisdiction, that enables you to conduct commercial cannabis activities. The temporary license is valid for 120 days. For additional information please visit the [BCC E-Learning Site](#)

Section 26050.1 of the Business and Professions Code authorizes the Bureau to request a copy of a valid license, permit, or other authorization issued by a local jurisdiction. The Bureau shall not issue a commercial cannabis license contrary to a valid local regulation or ordinance; if the local government prohibits commercial cannabis activities, the Bureau must deny a license application.

There are no fees for a temporary license.

\* Are you requesting a temporary license?:  Yes  No

[Save and resume later](#) [Continue »](#)

**Note:** Fields or statements with a red asterisk (\*) next to them are required. You cannot proceed with the application unless you respond to all required elements.

## Business Activities

The **Business Activities** section may display different information for different license types. The example below shows a confirmation that the Retailer-Non-Storefront license type provides delivery service. Other business types may ask you to select various services your operation will provide.

### Business Activities

A Retailer-Non-Storefront license sells and delivers cannabis goods to customers, but must have a licensed premise, that is not open to the public. If you wish to sell cannabis goods to customers at your premises and by delivery, please go back to the apply for a license page and select Type 10 -Retailer.

Delivery:

## Business

The section labeled **Business** is where you will establish the organization structure of your entity and provide other details about how you do business. All information you are asked for in the following form is required.

**Business**

\*Click the "add new" button below to enter the business information for your cannabis license.

**Mandatory Submission**  
Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

**State Tax Obligation**  
Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

**Premises Location**  
Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application.

**Add New**

Click **Add New**; a pop-up window displays to let you enter your business's name, how it is structured, contact information, and Social Security Number or Individual Tax Identification Number.

Note that different business structures will

**Contact/Business Information**

\* What is your business's organizational structure? :  
--Select--

Name of Business: \*  
J.Doe&Co.

Doing Business As

E-mail: jdoe@mailinator.com Primary Phone: (123) 123-1231

Business Website  
www.jdoeoc.com

FEIN: \* 12-12312312

**Addreses**

**Add Address**

Please add the required address information. The required address types are listed below.  
Required contact address type(s):Premise

Showing 0-0 of 0

Address Type	Address	Recipient	Action
No records found.			

have different supporting document requirements. Click **Add Address** next.

A new pop-up window displays fields for entering your business's address. Two different types of address are required – a Premises address (where your business is physically housed), and a mailing address (if different).

The screenshot shows the 'Address Information' pop-up window. It has two tabs: 'Premise' (selected) and 'Mailing'. The 'Premise' tab is highlighted with a red box around its buttons. The 'Mailing' tab is also highlighted with a red box around its 'Premise' option in the dropdown menu. Other fields include Street #, Prefix, Street Type, Unit #, Unit Type, City, State, Zip Code, and buttons for Save and Close, Save and Add Another, Clear, and Discard Changes.

1. Select the **Address Type**
2. Enter the address for that type
3. Click **Save and Add Another**
4. Choose the other address type
5. Enter that address
6. Then click **Save and Close**.

**Note:** The **Premises** address type has more fields than the **Mailing** type. Choose the street type carefully – you can key in the first letter to jump to the desired street abbreviation.

Back on the Contact Information pop-up window, all the information just entered is displayed, including the two addresses. Click **Continue** to return to the application.

*Under the **Contact added successfully** message, note*

The screenshot shows the 'Contact Information' pop-up window. It includes fields for E-mail, Primary Phone, Secondary Phone, Business Website, and FEIN. Below these is a section for 'Addresses' with a table showing two entries: 'Mailing' and 'Premise', both with the address '123 MAIN STREET'. A green checkmark indicates 'Address added successfully'. Buttons at the bottom include 'Continue' (highlighted with a red box), 'Clear', and 'Discard Changes'.

Address Type	Address	Recipient	Action
Mailing	123 MAIN STREET		Actions ▾
Premise	123 MAIN ST		Actions ▾

*the **Edit** and **Remove** links – use these functions if you ever need to make changes to your contact information.*

## Primary Contact

Next, set up the Primary Contact person for your business. This is the point person in your business for all communication with the Bureau, who is also designated as the initial track and trace account manager. Be sure to read about all the responsibilities of the Primary Contact, both on [bcc.ca.gov](http://bcc.ca.gov), and on [www.metrc.com/california](http://www.metrc.com/california).

### Primary Contact Person

\*The "Select from Account" button will add you as the primary contact person for this application. If you would like to designate someone else as the primary contact person, please click the "add new" button.

California Track and Trace (CCTT) System Access:

If you are applying for the annual application, please be advised that the primary contact person for this license application will be designated as the licensee's initial track-and-trace account manager, and is required to register for training for using the California Cannabis Track and Trace (CCTT) system within 10 business days of submitting your annual application. If the primary contact person anticipates delegating the primary responsibility for updating and maintaining the licensee's cannabis distribution chain information in the CCTT system (post-licensure) to another licensee employee or owner, that individual should also be registered to attend the required training. To register for CCTT system training, please access the following URL:  
<https://www.metrc.com/California>

Select from Account

Add New

If you are the Primary Contact, click **Select from Account** to use the contact information you entered when setting up your account.

Or, select **Add New** if the Primary Contact is a different individual.

When finished, your Primary Contact displays your information. Mailing address is not required for the Primary Contact. Click **Continue**, or you can click **Save and resume later**.

**Primary Contact Person**

\*The "Select from Account" button will add you as the primary contact person for this application. If you would like to designate someone else as the primary contact person, please click the "add new" button.

California Track and Trace (CCTT) System Access:

If you are applying for the annual application, please be advised that the primary contact person for this license application will be designated as the licensee's initial track-and-trace account manager, and is required to register for training for using the California Cannabis Track and Trace (CCTT) system within 10 business days of submitting your annual application. If the primary contact person anticipates delegating the primary responsibility for updating and maintaining the licensee's cannabis distribution chain information in the CCTT system (post-licensure) to another licensee employee or owner, that individual should also be registered to attend the required training. To register for CCTT system training, please access the following URL: <https://www.meter.com/California>

Contact added successfully.

**John Doe**  
jdoe@mailinator.com  
Primary phone:(555) 555-5555  
Secondary Phone:  
[Edit](#) [Remove](#)

▼ Addresses

**Add Address**

Please add the required address information. The required address types are listed below. The Primary Contact Person is not required to provide an address.

Showing 1-1 of 1

Address Type	Address	Recipient	Action
Mailing	123 Main Street, Yolo		<a href="#">Actions ▾</a>

[Save and resume later](#) [Continue »](#)

## Save and Resume Later

If you click **Save and resume later**, you are returned to your account's **My Records** page. A green banner message provides your application number, and confirms your application is saved. It is listed in the **My Licenses** section, with a green **Resume Application** link next to it.

Your partial application (17TMP-003535) has been successfully saved.  
To resume the application(s), go to the My Records section and click the Resume Application link.

**My Records**

Showing 1-2 of 2 | [Download results](#) | [Add to cart](#)

<input type="checkbox"/>	Record Number	Record Type	Legal Business Name	Expires On	Status	Status Date	Action
<input type="checkbox"/>	17TMP-003530	Adult-Use - Retailer Application				11/28/2017	<a href="#">Resume Application</a>
<input type="checkbox"/>	17TMP-003535	Adult-Use - Retailer Nonstorefront Application				11/28/2017	<a href="#">Resume Application</a>

When you select **Resume Application**, you can pick up where you left off. Or, if you need to revisit or modify anything, you may start at the beginning and page through your application.

#### Resume Application: Select Application Page Flow Step

- Start from the beginning
- Pick up where I left off

**OK**    **Cancel**

## Declarations

This section asks a series of questions about your business.

Some questions will vary depending on the type of license you're applying for.

Some answers

will require uploading documentation later. Some Yes answers trigger additional fields – for example, if you say you have a seller's permit from CA Department of Tax and Fee Administration, you will need to enter the number. If you don't have a seller's permit, you'll need to check a box asserting that you're in the process of acquiring one. If you have 20 or more employees, you need to attest that you have a labor peace agreement and provide supporting documentation, or can provide a notarized statement indicating you will enter into and abide by the terms of a labor peace agreement.

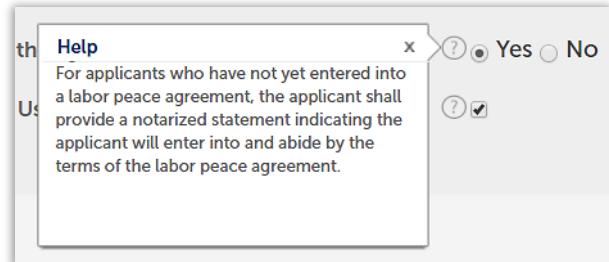
The screenshot shows two stacked sections of a web-based application form:

- Declarations:** A green header bar labeled "Declarations". Below it is a list of six questions with radio button options:
  - 1. Is the proposed premises located within a 600 foot radius of a school providing instruction in kindergarten, grades 1 through 12, day care center, or youth center? \*  Yes  No
  - 2. Are you a federally recognized tribe or other sovereign entity? \*  Yes  No
  - 3. Do you have evidence of California Environmental Quality Act (CEQA) compliance or exemption? \*  Yes  No
  - 4. Do you have a valid seller's permit issued by the California Department of Tax and Fee Administration? \*  Yes  No
  - Seller Permit Number: \*
  - 5. Does your company have 20 or more employees? \*  Yes  No
 There is also a statement: "I attest that I have entered into a labor peace agreement and will abide by the terms of the agreement." followed by a checkbox.
- Acknowledgment:** A green header bar labeled "Acknowledgment". It contains a field for "Declarations Acknowledged By (Please enter your full legal name): \*

At the bottom of the first section, there are two buttons: "Save and resume later" (orange) and "Continue >" (green). The "Continue >" button is highlighted with a red box.

At the bottom of the page, you electronically sign this declaration by typing in your full legal name. Click **Continue**.

Notice the help icons next to these statements – the circled question mark. ⓘ You can click on any of these to display more information about a field. At right is the help message for the attestation about a Labor Peace Agreement.



## Owner List

Each owner of your business must fill out an Owner Submittal, as well as provide a copy of a government identification and going to a Live Scan facility to initiate a background check. If you are a Sole Proprietor, only your Owner Submittal is required, as there are no other owners.

A screenshot of the 'List of Owners' section in the application form. The header says 'Adult-Use - Retailer Nonstorefront Application'. The tabs include Business Information (selected), Ownership and Contacts, Documentation Required, Licensing Fee, Review, and a footer note: '\* indicates a required field.' Below the tabs is a green header 'List of Owners'. A red box highlights a warning message: 'Required forms have not been completed in the section below. For each of the indicated rows, please click Edit from the Actions drop-down menu to complete the form.' Below this is a table showing one row of owner information: John Doe, with checkboxes for Title, First Name, Last Name, Ownership Percentage, Phone Number, Email Address, Address Line 1, Address Line 2, City, State, and Zip Code. The 'Actions' dropdown menu is open, and the 'Edit Selected' button is highlighted with a red box and a cursor icon.

The **List of Owners** section is prefilled with your own name, but a warning message displays here, advising that you need to edit your information to add some missing details. Click the checkbox next to your owner listing, and click **Edit Selected** (the **Actions** dropdown list has the same function).

A pop-up window displays. The only missing information to be filled in is your business **Title**, and **Ownership Percentage**.

Notice that both fields are required. All the other values are already filled in from information

you provided previously. Click **Submit** to return to the application page.

In the **List of Owners** section, click on the **Add a Row** button to add another owner. If you need to add 5 owners, you can use the dropdown list to select **Add 5 Rows**. For this example, we'll just add one more.

A pop-up window displays with the same fields as shown above. You must list all additional owners – find out more about determining who is an owner by going to the [Bureau's website page on laws and regulations](#).

**LIST OF OWNERS**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

* Title: Controlling Manager	* First Name: John	* Last Name: Doe
* Ownership Percentage: 70	* Phone Number: 5555555555	Email Address: <a href="mailto:jdoe@mailinator.com">jdoe@mailinator.com</a>
* Address Line 1: (123 MAIN STREET)	Address Line 2: (optional)	* City: ANYTOWN
* State: CA	* Zip Code: 95959	

**Submit**   **Cancel**

Showing 1-1 of 1

	Title	First Name	Last Name
	Controlling Manager	John	Doe

**Add 2 Rows**   **Add 3 Rows**   **Add 4 Rows**   **Add 5 Rows** (highlighted)   **Add 6 Rows**

**LIST OF OWNERS**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

* Title: Officer	* First Name: Jane	* Last Name: Doe
* Ownership Percentage: 30	* Phone Number: 1231231231	Email Address: *
* Address Line 1: (MAIN)	Address Line 2: (optional)	* City: ANYTOWN
* State: CA	* Zip Code: 95959	

**Submit**   **Cancel**

Click **Submit** to close the window and add this owner.

The List of Owners now displays a second record.

When this application is submitted, the Licensing system sends emails to all those on the Owners list, inviting them to log in to the website, set up an account, and create their Owner Submittal form. Click **Continue**.

**List of Owners**

You must list all the additional owners, if applicable, by clicking the "add a row" button. To determine who will be an owner pursuant to Business and Professions Code section 26001(a), please [click here](#). All owners must complete an owner submittal as part of the application process. Each owner will receive an email with instructions on how to complete the owner submittal form.

Showing 1-2 of 2

<input type="checkbox"/>	Title	First Name	Last Name	Ownership Percentage	Phone Number	Email Address	Address Line 1	Address Line 2	City	State	Zip Code
<input checked="" type="checkbox"/>	Controlling Manager	John	Doe	70	5555555555	jdoe@mailinator.com	123 MAIN STREET		ANYTOWN CA	95959	<a href="#">Actions</a>
<input checked="" type="checkbox"/>	Officer	Jane	Doe	30	1231231231	janedoe@mailinator.com	MAIN		ANYTOWN CA	95959	<a href="#">Actions</a>

[Add a Row](#) | [Edit Selected](#) | [Delete Selected](#)

[Save and resume later](#) [Continue »](#)

## Non-Owners with Financial Interest

This section is for declaring the financial interests of individuals other than those listed as Owners. Use the **Add a Row** button to bring up a pop-up window and list all such persons and their non-controlling interests in your business (loans, investments, or other equity). You don't need to include persons whose only interest in the business to be licensed is an interest in a diversified mutual fund, blind trust, or similar instrument.

**Financial Interest Non-Owners**

Please list all individuals that have a financial interest in the commercial cannabis business. A financial interest means an investment into a commercial cannabis business, a loan provided to a commercial cannabis business, or any other equity interest in a commercial cannabis business.

**Financial Information**  
 To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument.

Showing 0-0 of 0

First Name	Last Name	Date of Birth	Government-issued Identification Type	Government-Issued Identification Number
------------	-----------	---------------	---------------------------------------	---

No records found.

[Add a Row](#) | [Edit Selected](#) | [Delete Selected](#)

Use the dropdown next to the **Add a Row** button for adding several rows if needed.

In the **Non-Controlling Interest** pop-up window, enter the individual's name, date of birth, and government identification information. You will need to upload an image of this ID later in the application.

**NON CONTROLLING INTEREST**

Please list all individuals that have a financial interest in the commercial cannabis business. A financial interest means an investment into a commercial cannabis business, a loan provided to a commercial cannabis business, or any other equity interest in a commercial cannabis business.

Financial Information  
To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument.

* First Name:	* Last Name:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/> 
Government-issued Identification Type:	Government-Issued Identification Number:	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

## Fictitious Business Names

If you have one or more Fictitious Business Names (FBNs), add them in this section. Use the **Add a Row** button again, and enter details in business name and physical address in the pop-up window. Click **Continue** when done.

**Fictitious Business Names**

Please list every fictitious business name (FBN) the applicant is operating under.

Showing 0-0 of 0

Business Name	Physical Address
No records found.	

## Required Documents

This section asks you to upload a set of documents to support your application. The list of required documents may vary depending on how you've filled out the application. You will need digital files of each document in the list, so if your only copy of a document is on paper, you will need to scan it to upload it with your application.

The screenshot shows a 'Required Documents' section with a list of 10 items. Each item has a file name, a 'Save as' dropdown, and a green 'Add' button. A file selection dialog is open at the top, showing three PDF files: 'SOS Registration.pdf', 'Surety Bond.pdf', and 'Transport.pdf'. The 'SOS Registration.pdf' file is selected. A red box highlights the 'Continue >' button at the bottom right of the dialog.

Document Type	File Name	Action
Business Formation Documents	SOS Registration.pdf	Add
Diagram of Premises	Floorplan of Premises.pdf	Add
Evidence of Legal Right to Occupy	Land Title and Deed.pdf	Add
Financial Information	Financials 2017.pdf	Add
Inventory Procedures	Inventory Process.pdf	Add
Labor Peace Agreement	LP Agmt.pdf	Add
Proof of Surety Bond	Surety Bond.pdf	Add
Quality Control Procedures	QA Processes.pdf	Add
Security Protocols	Security plan.pdf	Add
Transportation Process	Transport.pdf	Add

Click on the **Add** button for each document in the list, select the appropriate file in the File and click **Open**, and repeat these steps for each of the required documents. Click **Continue** when done.

In the next section, you're asked about the maximum dollar value of your planned operation. Your response to this question is used to determine the amount of your license fee, in compliance with the regulations that the Bureau upholds and enforces.

The screenshot shows a 'Licensing Fee Determination' section. It displays a message about determining the appropriate licensing fee based on the maximum dollar value of the planned operation. Below is a dropdown menu for selecting the value range. The 'Greater than 0.5 million to \$1 million' option is highlighted with a blue background and a cursor icon. A red box highlights the 'Continue >' button at the bottom right.

Based on your selection, your license fee will be: \$12,000.00

What is the maximum dollar value of your planned annual retail operation in terms of the value of product expected to be sold as determined in assessing the 15% excise tax pursuant to Revenue and Taxation Code section 34011? \*

- Greater than 0.5 million to \$1 million
- Select--
- Up to 0.5 million
- Greater than 0.5 million to 1.5 million
- Greater than 1.5 million to 4.5 million
- Greater than 4.5 million

Make your selection to view the license fee you will need to pay to receive your license, if approved. The license fee payment must be received by the Bureau before your license will be issued.

## Review

In the next section, you can review and in some cases, modify the information you entered in the earlier sections of your application.

Scroll to the bottom of the **Review** screen and check the box to electronically sign, indicating that you certify your application is complete, true, and accurate. Click **Continue**.

Financial Interest Non-Owners				
Fictitious Business Names				
Required Documents <span style="float: right;">Edit</span>				
Name	Type	Size	Latest Update	Action
SOS Registration.pdf	Business Formation Documents	7 bytes	12/05/2017	<a href="#">Actions ▾</a>
Land Title and Deed.pdf	Evidence of Legal Right to Occupy the Proposed Location	5 bytes	12/05/2017	<a href="#">Actions ▾</a>
Financials 2017.pdf	Financial Information	7 bytes	12/05/2017	<a href="#">Actions ▾</a>
Inventory Process.pdf	Inventory Procedures	6 bytes	12/05/2017	<a href="#">Actions ▾</a>
Floorplan of Premises.pdf	Premises Diagram	8 bytes	12/05/2017	<a href="#">Actions ▾</a>

[< Prev](#) 1 2 [Next >](#)

Licensing Fee Determination	
What is the maximum dollar value of your planned annual distribution operation in terms of the value of Greater than 2 million to 8 million product expected to be distributed as determined in assessing the 15% excise tax pursuant to Revenue and Taxation Code section 34011?	
<p>I certify that I have read and understood the instructions that accompany this application. By checking the box below, I understand that I am providing my electronic signature to this application for filing. With this electronic signature, I attest under penalty of perjury I hereby declare that the information contained within and submitted with the 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.</p>	
<input type="checkbox"/> By checking this box, I agree to the above certification.	Date:
<a href="#">Save and resume later</a>	<a href="#">Continue »</a>

## Paying Fees

The next step is to pay the application fee for the annual license. On the **eLearning** page, you can find the **Pay Fees** eLearning Course and Quick Reference, for instructions on paying fees.

Adult-Use - Retailer Nonstorefront Application

1 2 3 Documentation Required 4 Licensing Fee 5 Review 6 Pay Fees 7 Record Submitted

Listed below are the fees based upon the information you've entered. This does not include a convenience fee for online credit or debit card payment. The convenience fee will be calculated separately and included in the transaction total.

**Application/Renewal Fees**

Fees	Qty.	Amount
Application Fee	1	\$1,000.00

**TOTAL FEES: \$1,000.00**  
Please select the "checkout" button to pay by credit or debit card.

**Check Out »** **Cash/Check Option »**

The annual cannabis business license requires payment of both an application fee and an annual license fee. The application fee is paid when the application is submitted.

After submitting your application, your **Owner Submittal(s)** and the application fee, the Bureau reviews your application. If approved, you will receive instructions on how to pay your annual license fee, so your cannabis business license can be issued.

Navigate to the **eLearning** page, and open the eLearning course and quick reference document titled **Pay Fees** for specific instructions.

Once the license fee is paid, your license can be issued. You will receive email notification when your license is issued, or you can login to check the status. A PDF of your cannabis business license will be available through the attachments section of your license record.

## Owner Submittals

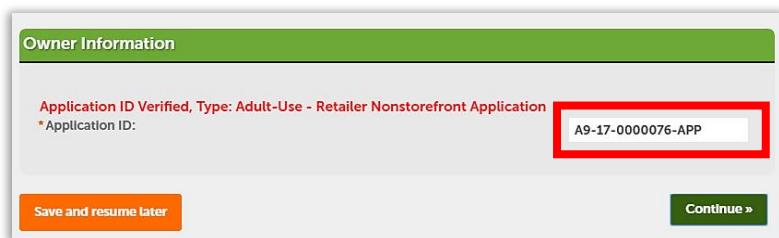
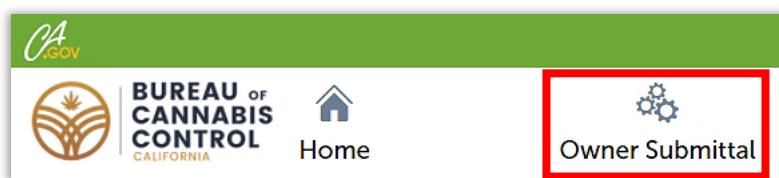
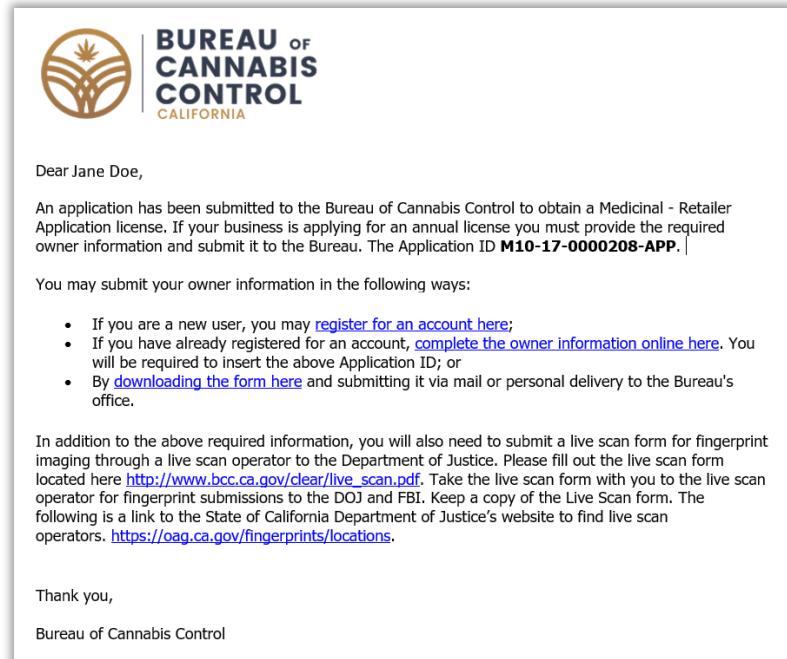
All individuals on the application's **List of Owners** will receive an email like the one shown here.

Each owner should follow instructions from this email, and another they'll receive with a temporary password, to log into the Bureau's website and fill out an Owner Submittal form. Each owner must also upload an image of their government-issued photo ID.

After logging in, click the **Owner Submittal** link.

Next, check the box indicating acceptance of the site's General Disclaimer.

Then on the next page, provide the number of the application on which the owner is listed. The system verifies the application number is valid and exists in the system.



Enter the owner's place of birth in the **Owner Attestations** page. Next is a series of questions to which you must answer **Yes** or **No**. The page notes that active duty or honorably discharged military personnel will receive expedited processing. You will need to upload supporting documentation later in the application.

**Owner Attestations**

Military Service: Disclosure of military service is voluntary. An applicant that has served as an active duty member of the Armed Forces of the United States, was honorably discharged, and who can provide evidence of such honorable discharge shall have his or her application expedited pursuant to Business and Professions Code section 115.4.

City of Birth:	SACRAMENTO
State of Birth:	CA
* Country of Birth:	United States
* 1. Have you been sanctioned by a licensing authority or local agency for unauthorized commercial cannabis activities and/or had a license suspended or revoked in the three years immediately preceding the date of this application? : <input type="radio"/> Yes <input checked="" type="radio"/> No	
* 2. Have you been denied a license by the Bureau or any other state cannabis licensing authority?: <input type="radio"/> Yes <input checked="" type="radio"/> No	
* 3. Do you have ownership in a licensed cannabis business? : <input type="radio"/> Yes <input checked="" type="radio"/> No	
* 4. Have you ever been convicted of a crime? : <input type="radio"/> Yes <input checked="" type="radio"/> No	
5. Have you served as an active duty member of the Armed Forces of the United States and were honorably discharged?: <input type="radio"/> Yes <input checked="" type="radio"/> No	

**Acknowledgment**

\* Declarations Acknowledged By (Please enter your full legal name):

[Save and resume later](#)
[Continue »](#)

At the bottom of the screen, enter your full legal name to electronically sign the application. Click **Continue**.

In the **Employment History** section, click **Add a Row** to display a pop-up window for entering your current **Job Title**, **Company Name and City**.

**Employment History**

You must provide your current employer(s). Please click the "add a row" button to provide your current employer(s). If you are not employed, please indicate "Unemployed".

Showing 1-1 of 1

	Job Title	Company Name and City	Actions
<input type="checkbox"/>	Manager	J.Doe&Co., Anytown, CA	<a href="#">Actions</a>

[Add a Row](#) | [Edit Selected](#) | [Delete Selected](#)

In the **Criminal Convictions** section, use the **Add a Row** button to bring up a pop-up window for entering any prior criminal convictions.

In the pop-up window, enter dates, violation code, and type of conviction. Click **Submit** to save. Leave empty if you have no convictions.

The **Other Cannabis Licenses** section is where the owner lists any other cannabis-related licenses held. List the agency that issued the license (California Department of Public Health, California Department of Food and Agriculture, or Department of Consumer Affairs), the license number, type of license, and date issued. Leave empty if no other licenses are held.

**Criminal Convictions**

Please click the "add a row" button to provide information about each individual conviction. If you do not have any convictions you may leave this section empty. Detailed Description of the Owner's Convictions Section 26051.5 of the Business and Professions Code authorizes the Bureau to collect detailed information of an owner's convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Owners should include convictions dismissed under Penal Code section 1203.4 or equivalent non-California law in their disclosures. Convictions dismissed under Health and Safety Code section 11361.8 or equivalent non-California law must also be disclosed. Juvenile adjudications and traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances do not need to be included.

Showing 0-0 of 0

Date of Conviction	Code Section Violated	Type of Conviction	Date of Incarceration	Date of Probation	Date of Parole
No records found.					

**Add a Row** | **Edit Selected** | **Delete Selected**

**CRIMINAL CONVICTIONS**

Please click the "add a row" button to provide information about each individual conviction. If you do not have any convictions you may leave this section empty. Detailed Description of the Owner's Convictions Section 26051.5 of the Business and Professions Code authorizes the Bureau to collect detailed information of an owner's convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Owners should include convictions dismissed under Penal Code section 1203.4 or equivalent non-California law in their disclosures. Convictions dismissed under Health and Safety Code section 11361.8 or equivalent non-California law must also be disclosed. Juvenile adjudications and traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances do not need to be included.

* Date of Conviction:	Code Section Violated:	Type of Conviction:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Incarceration:	Date of Probation:	Date of Parole:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Submit** | **Cancel**

**Other Cannabis Licenses**

Please click the "add a row" button to list all of the license types and the license numbers issued from the Bureau and all other state cannabis licensing authorities that the applicant holds. If you do not have any other Cannabis Licenses you may leave this section empty.

Showing 0-0 of 0

Agency	License Number	License Type	Date
No records found.			

**Add a Row** | **Edit Selected** | **Delete Selected**

**Cannabis Licenses Denied**

Please click the "add a row" button to provide all cannabis licenses that were denied by the Bureau or any other state cannabis licensing authority. If you have not been denied a license you may leave this section empty.

Showing 0-0 of 0

License Type Denied	License Authority	Denial Date
No records found.		

**Add a Row** | **Edit Selected** | **Delete Selected**

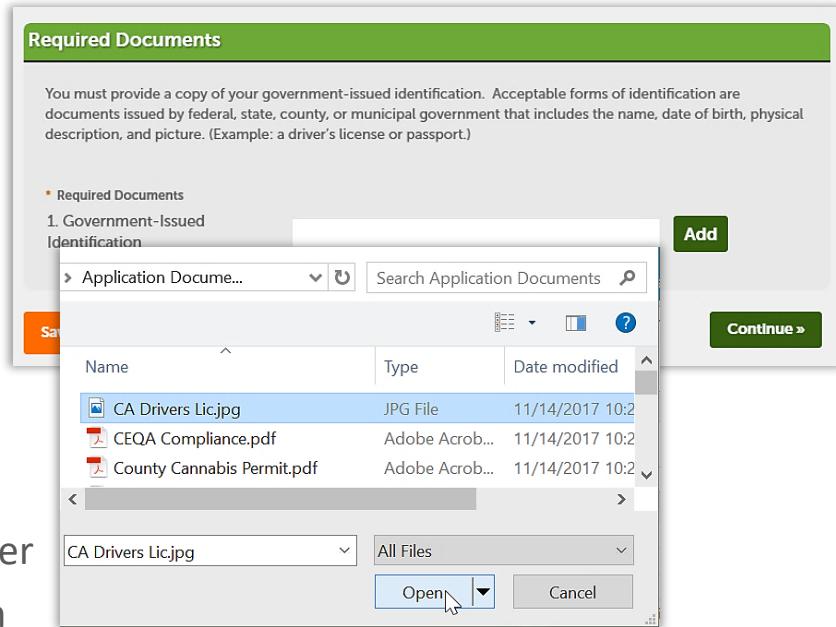
**Save and resume later** | **Continue »**

Finally, in the **Cannabis Licenses Denied** section, list licenses for which the owner was issued a denial, revocation, or sanction for unlicensed activity, if any. Click **Continue**.

In the **Required Documents** section, upload the owner's government photo ID. Click **Add** to open the File Explorer dialog box, find the correct file, and click **Open** to upload it to the application.

You may need to upload other documents as well, based on your responses earlier in the application. For example, answering Yes to the question on active or former military will require uploading documents proving your statement.

The uploaded file is now listed in the **Required Documents** section. Click **Continue**.



**Required Documents**

You must provide a copy of your government-issued identification. Acceptable forms of identification are documents issued by federal, state, county, or municipal government that includes the name, date of birth, physical description, and picture. (Example: a driver's license or passport.)

**The attachment(s) has/have been successfully uploaded.**  
It may take a few minutes before changes are reflected.

\* Required Documents  
1. Government-Issued Identification  **Add**

**Save and resume later** **Continue »**

In the **Review** section, you may revisit earlier sections of the application, if needed. Then attest to the statement at the bottom of the screen by clicking the checkbox, then selecting **Continue**.

**Other Cannabis Licenses**

**Cannabis Licenses Denied**

**Required Documents** Edit

Name	Type	Size	Latest Update	Action
CA Drivers Lic.jpg	Government-Issued Identification	7 bytes	11/30/2017	<a href="#">Actions ▾</a>

I certify that I have read and understood the instructions that accompany this application. By checking the box below, I understand that I am providing my electronic signature to this application for filing. With this electronic signature, I attest under penalty of perjury that all information provided as part of this application is complete, true, and accurate, and that no material information has been omitted.

By checking this box, I agree to the above certification. Date: 11/30/2017

[Save and resume later](#) [Continue »](#)

A success message displays on your account page. Once all required Owner Submittals are received and the application fee is paid, the Bureau will review your application.

If approved, you will receive instructions on how to pay your annual license fee, so your cannabis business license can be issued.

Navigate to the **eLearning** page, and open the eLearning course and quick reference document titled **Pay Fees** for specific instructions.