CANNABIS DISTRIBUTOR LICENSE APPLICATION

APPLICATION FEE \$1000 (NON-REFUNDABLE)

To pay the application fee by cash, contact the Bureau to schedule an appointment.							
SECTION A - APPLICANT/BUSINESS INFORMATION Please provide the below business information for your cannabis license.							
License Type Designation (Please check ALL that apply): Adult-Use (A-license)							
License Type (Please check ONE): Distributor (Type 11) Distributor - Transport Only (Type 13) Transports, arranges for testing, and conducts quality assurance review of cannabis goods. A Distributor - Transport Only may not transport cannabis goods to a licensed retailer and may not engage in any other distributor activities.							
3. Business Organizational Structure (Please check ONE) Sole Proprietorship Limited Liability Company General Partnership Corporation (or foreign corporation) Limited Partnership Limited Liability Partnership 4. Name (sole proprietor first and last, all other business types legal business name) Doing Business As (DBA)							
5. Business Premises Address		City			State	Zip Code	<u>—</u>
Mailing Address (if different from premises ad	dress)	City			State	Zip Code	
6. Business Website Busine	ss Email Address	Busines			s Phone N	lumber	
7. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); or Business's Federal Employer Identification Number (FEIN) SECTION B - PRIMARY CONTACT PERSON This will be the contact for any questions regarding this application and the Bureau							
8. Name	Title	Phone N		Email Add	ress		
SECTION C - DECLARATIONS							
9. Is the proposed premises located within a 600	-foot radius of a schoo	l (K-12), day c	are center, or youth center	?	Ye	s 🔲	No
10. Are you a federally recognized tribe or other s	overeign entity?				Ye	s 🔲	No
11. Do you have evidence of California Environmental Quality Act (CEQA) compliance or exemption? Yes						s	No
12. Applicant's California Department of Tax and Seller's Permit Number, if applicable.	If no Seller's Permit, do you attest that you (applicant) are currently applying for one? Yes No						
13. Number of employees? (not counting owners)	If more than 1 employee, provide State Employment Identification Number (SEIN).						
14. If your company has 20 or more employees (not including supervisors) for the cannabis business, you must attest to one of the following: I have entered into and will abide by a labor peace agreement and have attached a notarized statement and a copy Of the signature page of the agreement. I have not yet entered into a labor peace agreement but have attached a notarized statement that I will enter into and abide by one as soon as reasonably practicable. Yes							
If your company has less than 20 employees (not including supervisors), you must attach a notarized statement indicating that you will enter into and abide by a labor peace agreement within 60 days of hiring your 20th non-supervisory employee.							
15. If your company has one or more employees (not including supervisors) do you attest that you have or will have within one year of licensing, one supervisor and one employee that have completed a Cal-Osha 30-hr general industry course offered and provided by an OSHA Training Institute Education Center?							
16. Will you be transporting only cannabis goods of the following CDFA/CDPH L	•	d or manufactu	red? License type		Ye	s 🔲	No

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member	DN D - LIST OF OWNERS Ar of the board of directors of a non nust be listed, including yourself.	profit, or an individual pa	articipating	in the dire	ction, control,	or managem	ent of the app	plicant. /	All business
17. Nam	ne		Em	nail		C)wnership %	Title	
Maili	ing Address		Cit	у				State	Zip Code
Soci	al Security Number		Da	te of Birth					
Nam	ne		Em	nail		C)wnership %	Title	
Maili	ing Address		Cit	у				State	Zip Code
Socia	ial Security Number D			Date of Birth					
cannabi Attach a	ON E - ENTITY OWNERSHIP is business pursuant to Busin additional pages if needed. ne of Entity		Code sect	ion 2600		I need to co		followir	
SECTIO	ON F - NON-OWNERS WITH	A FINANCIAL INTER	DEST IN T	UE DIIQ	INESS (attac	h additional	I pages if no	odod)	
19. Nam		A FINANCIAL INTER	VEST IN I	Date of E	· · · · · · · · · · · · · · · · · · ·	ii additiona	i pages ii rie	eeueu)	
Gove	ernment ID Type			Governm	nent ID Numbe	er			
Name	e			Date of E	Birth				
Gove	ernment ID Type			Governm	nent ID Numbe	er			
_	ON G - FICTITIOUS BUSINES	SS NAMES							
20. Busi	ness Name								
Addre	ess		City				State	e Z	ip Code
Busir	ness Name								
Addre	ess		City				State	e Z	ip Code
	ON H - LICENSING FEE DET								
	ify the appropriate tier category ir au Regulations section 5014 liste		ross revenu	e for the 1	12-month licen	se period bel	longs as prov	vided in	
Dis	tributor Type 11 & Distributor-	Fransport Only Type 13	3						
	Less than or equal to \$1 million	(\$1,500)		More	than \$1 millior	n and less or	equal to \$2.5	million	(\$6,000)
	More than \$2.5 million and less or equal to \$5 million (\$11,250)			More than \$5 million and less or equal to \$10 million (\$22,500)					
	More than \$10 million and less or equal to \$20 million (\$45,000)			More than \$20 million and less or equal to \$30 million (\$75,000)					
	More than \$30 million and less or equal to \$50 million (\$120,000) More than \$50 million and less or equal to				r equal to \$70	0 million	(\$180,000)		
	More than \$70 million (\$240,00	00)							
Dis	tributor-Transport Only Self-Di	stribution Type 13 (If ar	nswered "Y	es" to que	stion 16)				
	Less than or equal to \$1,000 (\$	\$200)		More	than \$1,000 a	nd less or eq	ual to \$3,000	(\$500)	
一	More than \$3,000 (\$1,000)								

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SECTIO	ON I - REQUIRED ATTACHMENTS/DOCUMENTS						
	Evidence of legal right to occupy and use the prop	posed premises location.					
	Premises Diagram Form						
	Business formation documents, including all documents filed with the CA Secretary of State (SOS). Foreign corporations must include a copy of the Certificate of Qualification from the SOS. Evidence of premises compliance with local jurisdiction, if answered "Yes" to question 9.						
	Limited sovereign immunity waiver, if answered "Yes" to question 10.						
	Evidence of exemption from, or compliance with, the California Environmental Quality Act.						
	Labor peace agreement documentation, related to question 14.						
	Financial Information Form						
	Proof of surety bond in the amount of \$5,000, payable to the State of California.						
	Transportation Procedures Form						
	Inventory Procedures Form						
	Non-laboratory quality control Procedures Form						
	Security Procedures Form						
	Proof of commercial general liability insurance in the aggregate of no less than \$2 million and no less than \$1 million for each loss.						
AFFIRM	IATION AND CONSENT						
true, a		ation contained within and submitted with the application is of fact is cause for rejection of this application, denial of a	•				
Signa	ature	Printed Name	Date Signed				
Office U	se Only - CLEaR Application Record Number:						

See Disclosures on the Next Page

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DISCLOSURES

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.

Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

State Tax Obligation

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), 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.

Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

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" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

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 and required documents.

Access to Personal Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- · Mailing address
- · License number
- · License status
- Original license issue date
- · Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)

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