



COMMERCIAL CANNABIS
BUSINESS APPLICATION
(SOCIAL EQUITY)

City of Madera

Community Development Department
205 W. 4th Street
Madera, CA 93637
Ph: 559.661.5400
Email: Cannabis@Madera.gov
<https://www.Madera.gov>

APPLICANT (ENTITY) INFORMATION

APPLICANT (ENTITY) NAME: _____ DBA: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____

Have you lived at other addresses in the City of Madera: Yes No

Physical Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____

PRIMARY CONTACT (Same as above? Yes No): _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS PERMIT IN THE CITY OF MADERA: Yes No

Select one or more of the following categories. For each category, indicate whether you are applying for Adult-Use (“A”) or/and Medicinal (“M”) or both.

Adult Use Medical Use

Retail (Storefront) Retail (Non-Storefront) Microbusiness

Business Formation Documentation: Describe how the business is organized (attach to Business Plan).

Sole Partnership Corporation S-Corporation Limited Liability Company Limited Partnership

SOCIAL EQUITY CRITERIA

Please state your annual income: _____ (Please attach your most recent tax return as verification)

Demographic/Ethnic group: African-American Asian-Pacific Islander Latino/Hispanic

Have you ever been convicted of a crime related to the possession, transfer, or sales of Cannabis? Yes No

(If you checked yes, please include one of the following documents:

Court Records Probation documents Department of Corrections or Federal Bureau of Prisons documentation that clearly indicates the arrest occurred in Madera County.

APPLICATION SUBMITTAL CHECKLIST

Applications failing to submit any of the following will be deemed incomplete unless otherwise noted by an asterisk for special deadlines, and will not move forward in the application process:

- ✓ One (1) printed hard copy of a complete and signed Commercial Cannabis Initial Application form (Pages 1-3), with the Application Fee.
- ✓ All Evaluation Criteria outlined in Appendix A saved in PDF format on a single USB flash drive. (This section shall not exceed 200 pages).^{F1}
- ✓ Proof of comprehensive general liability insurance (minimum \$1M peroccurrence) or evidence by an Insurance Agency that the cannabis business is insurable.^{F2}
- ✓ A signed and notarized Property Consent form and Lease Agreement.
- ✓ A signed Financial Responsibility, Indemnity and Consent to Inspect Terms Agreement form (Pages F1-F3).
- ✓ A signed Limitations of City Liability and Indemnification to City form (Pages F4-F6).
- ✓ Proof of Background Check Fee receipt.
- ✓ Application Zoning Verification Letter (ZVL).
- ✓ Business Owner Acknowledgement Agreement.

^{F1} Background and Financial documents are not part of the 200-page limitation.

^{F2} The only information that can be submitted after the initial application is proof of insurance prior to the City Awarding a Cannabis Permit however, at a minimum proof of insurability must be provided with the initial application package.

SUPPORTING INFORMATION

List all fictitious business names the applicant is operating under including the address where each business is located:

Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time during the past three (3) years? If so, please list and explain:

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction?

Please provide the name of any attorney, management company or any other consultant, or consulting firm that will be assisting the applicant with the application process or will compensated either during the application process, or upon the awarding or issuance of any permit.

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Madera permission to reproduce submitted materials for distribution to staff, Commissions, Boards and City Council Members, and other Agencies to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Madera Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this application, denial of a license or revocation of an issued license.

Name: _____

Signature: _____

Title: _____

Date: _____

For details about the information required as part of the application process, see the Application Procedures & Guidelines, City of Madera Municipal Code Chapter 6-5, and Title 10 or any additional requirements to complete the application process. All documents can be found online at <https://www.madera.gov>. For questions, please contact the Community Development Department at 559.661.5400 or Cannabis@Madera.gov.

OWNER INFORMATION

It must be completed by all owners with a 10% ownership or more. The total ownership percentage should equal 100%. Exception: If the business is a Publicly Traded Company (PTC), they will only be required to list all the Board of Directors and/or any person with an ownership interest of 10% or more. Please provide supporting documentation if you are claiming the PTC Waiver.

For all other business organizations if each individuals owns less than 10% just list the number of individuals who own less than 10% and the total percentage in order to get to 100%. For example, If John Doe owns 9%, Joe Smith owns 8%, and Mary Jones owns 9% state at the bottom of this form that three individuals own 26% so that the total will equal 100% once you individually include all those who own 10% or more.

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Information Included as required? Yes No

Signature: _____ Date: _____

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners