



COMMERCIAL CANNABIS BUSINESS
RETAIL STOREFRONT APPLICATION
KING CITY

City of King

212 S. Vanderhurst Ave.
King City, CA 93930
Ph: 831.386.5925

Email: cityhall@kingcity.com
www.kingcity.com

APPLICANT (ENTITY) INFORMATION

APPLICANT (ENTITY) NAME: _____ DBA: _____

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

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 KING: 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.

Retail (Storefront) Adult Use Medical Use

Business Formation Documentation: Describe how the business is organized (attach related documents).

Sole Partnership Corporation S-Corporation Limited Liability Company Limited Partnership

PROPOSED LOCATION

PROPERTY OWNER NAME: _____

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

Phone: _____ Email: _____

Zoning Verification Letter (Please attach): Not Applicable Yes No

Assessor’s Parcel Number (APN): _____

Proposed Location Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

Applications failing to submit any of the following items will be determined ineligible and will not move forward to Phase 2 of the Pre-Application Process:

- ✓ Complete and signed Commercial Cannabis Business Retail Storefront Application (pages 1-3)
- ✓ Evaluation Criteria items outlined on the Pre-Application process (these items shall not exceed 125 pages)
- ✓ The signed Indemnification Agreement (pages 1-6) with photo and/or map image of the subject property
- ✓ Proof of ownership of the property, a signed and notarized Rental Lease Agreement or Letter of Intention
- ✓ All items listed above saved in PDF format on a single USB flash drive

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 ever been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license? If so, please list and explain:*

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

*add more pages as necessary

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 materials 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 King permission to reproduce submitted materials for distribution to staff, Commission, Board 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 King 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 **Cannabis Retail Storefront Pre-Application Process, City of King Ordinances Nos. 03-2019 and 04-2019** and any additional requirements to complete the application process. All documents can be found online at <https://www.kingcity.com>. For questions please contact the Planning Department at 831.386.5925.

OWNER INFORMATION

It must be completed by all owners. Ownership percentage should equal 100%.

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: _____

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