



Commercial Cannabis Business
Permit Application
City of Fontana City

City of Fontana
Development Services Department
8353 Sierra Ave
Fontana, CA 92335
Email: cannabispermitting@fontana.org

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 FONTANA: [] Yes [] No

Select one or more of the following categories.

- [] Retail (Storefront) [] Retail (Delivery)

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

- [] 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: _____

SUPPORTING INFORMATION

Has the Applicant or any of its owners been the subject of any action, including but not limited to suspension, denial, or revocation of a cannabis business license within three (3) years preceding the date of this application? If so, please list and explain:

Has the Applicant or any of its owners been issued a notice or citation for unlicensed Commercial Cannabis Activity, or if the Applicant was a defendant in a civil or criminal proceeding filed by the City or the People of the State of California, for allowing, causing, or permitting unlicensed commercial cannabis activities within the City's jurisdiction? If so, please list and explain:

SUPPORTING INFORMATION (CONTINUED)

Has the Applicant or any of its owners contracted, employed or in any manner paid or will pay any person for influencing or attempting to influence an elected official, appointed official or any employee of the city, shall? If so, please fully disclose the name of individuals and organization(s) performing lobbying services:

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.
- A signed Financial Responsibility, Indemnity and Consent to Inspect Terms Agreement form (Pages 1-3).
- A signed Limitations of City Liability and Indemnification to City form (Pages 4-6).
- All Evaluation Criteria outlined in Appendix A saved in PDF format on a single USB flash drive. (This section shall not exceed 200 pages).¹
- A signed and notarized Property Consent form
- Proof of Property Ownership or Lease Agreement/Letter of Intent to Lease
- Background Check Forms for each Applicant, Owner, or Responsible Person and copy of government-issued identification.
- Proof of Capitalization
- Zoning Verification Letter (ZVL).

¹ Background and Financial documents are not part of the 200-page limitation.

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 Fontana 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 Fontana Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation of fact or omission may be cause for rejection or denial of this application, or revocation of any Commercial Cannabis Permit or any permit, license or approval issued in reliance thereon.

Name _____ Signature _____

Title _____ Date _____

For details about the information required as part of the application process, see the Application Procedures & Guidelines, City of Fontana Municipal Code Chapter 33, and any additional requirements to complete the application process. All documents can be found online at cannabispermitting.fontana.org. For questions, please email the Development Services Staff at cannabispermitting@fontana.org.

OWNER INFORMATION

This section must be complete by all owners. The total 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

Copy of Government-Issued Identification attached? 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

Copy of Government-Issued Identification attached? 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

Copy of Government-Issued Identification attached? 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

Copy Of Government-Issued Identification attached? Yes No

Signature: _____ Date: _____

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