CITY OF OAKLAND
Office of the City Administrator

SPECIAL ACTIVITY PERMITS • 1 Frank H. Ogawa Plaza, 1st Floor • Oakland, CA 94612

2020 CANNABIS RENEWAL PERMIT APPLICATION

Applicant Information:

Name: _____

☐ **General Applicant Not Incubating** ☐ **Equity Applicant**

☐ **General Applicant Incubating the following equity applicant(s):**

_____

Doing Business As: _____

Address of Permitted Cannabis Operation:

_____

Address Unit # Zip Code

Partner/Owner/Manager Information:
Please list all persons directly or indirectly interested in the permit sought, including all officers, directors, general partners, managing members, stockholders, and partners. Please attach additional pages if necessary (additional pages should be on 8½ x 11" paper; single sided, *and include a Header with the applicant's name on the top right corner of each page*).

Last Name:	**First Name:**	**Middle Initial:**
Alias(es):	**Title:**	
Date of Birth:	**Phone:**	**Email:**
Residential Address:		
City:	**State:**	**Zip:**
Business Address:		
City:	**State:**	**Zip:**

Last Name:	**First Name:**	**Middle Initial:**
Alias(es):	**Title:**	
Date of Birth:	**Phone:**	**Email:**
Residential Address:		
City:	**State:**	**Zip:**
Business Address:		
City:	**State:**	**Zip:**

Last Name:		**First Name:**	**Middle Initial:**
Alias(es):		**Title:**	
Date of Birth:	**Phone:**	**Email:**	
Residential Address:			
City:		**State:**	**Zip:**
Business Address:			
City:		**State:**	**Zip:**

Type of License: (Please check all that apply)

☐ Medical ☐ Adult Use ☐ Medical and Adult Use

☐ Delivery Only-Dispensary ☐ Indoor Cultivator ☐ Greenhouse Cultivator

☐ Distributor ☐ Transporter ☐ Testing Laboratory
☐ Packaging

☐ Manufacturing with volatile solvents
- ☐ Extraction
- ☐ Infusion
- ☐ Packaging

☐ Manufacturing with non-volatile solvents
- ☐ Extraction
- ☐ Infusion
- ☐ Packaging

Projected Annual Gross Receipts:

☐ Cannabis sales <$500,000 ☐ Cannabis sales between <$500,001 - $999,999 ☐ Cannabis sales >$999,999

Community Beautification Plan

Please submit a brief statement as to the community beautification activities that you engaged in over the past year to reduce illegal dumping and graffiti within 50 feet of your place of business.

Oath of Application

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City Administrator to properly evaluate the applicant's qualifications for registration.

I, the undersigned further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City Administrator.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City Administrator to deny this permit application and/or immediate grounds for revocation of a cannabis permit.

APPLICANT NAME:
SIGNATURE:
DATE:

FOR OFFICE USE ONLY:

Date Received: _____ Date Processed:_____

Documents Received:

For General & Equity
☐ Fire Inspection Report
☐ Copy of State Temporary, Provisional or Annual License

For General Only
☐ Fees Paid

For Equity Only
☐ **2018** Federal Tax Return
☐ Document for current residency verification

By: _____