



www.cityofpasadena.net/marijuana-regulations

# Applicant/Owner Information Form\*

Commercial Cannabis Screening Application

\*Portions of the information disclosed in this application is public information pursuant to the California Public Records Act.

**INSTRUCTIONS: Complete the pertinent sections for each owner, applicant, entity owner and non-owner with financial interest in the business. A separate form is required for each individual.**

- Type:  Entity Owner (Complete Sections A and E)  
 Owner (Complete Sections B, C, D and E)  
 Applicant (Complete Sections B, C, D and E)  
 Non-owner with financial interest (Complete Sections B and E)

## SECTION A: ENTITY OWNERSHIP INFORMATION

An entity is anything other than an individual. If an entity is an owner of the commercial cannabis business pursuant to Business and Professions Code section 26001(a), you will need to complete the following information. Attach additional pages if needed.

Name of Entity: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ownership %: \_\_\_\_\_ Organizational Structure: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

List entity members below (attach additional sheets if necessary):

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

## SECTION B: OWNER/NON-OWNER/APPLICANT INFORMATION

Pursuant to 16 CCR § 5023, an owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including the applicant.

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ownership % \_\_\_\_\_

Title: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Current Employer: \_\_\_\_\_

**SECTION C: DECLARATIONS**

- 1. Do you have an ownership or financial interest (as defined in Title 16 CCR 5003 and 5004) in a licensed cannabis business? If "yes", complete section C-1. YES  NO
- 2. Have you ever been denied a permit or state license to engage in commercial cannabis activity, or had a permit or state license to engage in commercial cannabis activity suspended and not reinstated, or revoked, by any city, county, city and county, or any other state cannabis licensing authority? If "yes", complete section C-2. (PMC §5.78.100) YES  NO
- 3. Have you ever been convicted of a crime? If "yes", complete section C-3. (HSC BPC §26057) YES  NO
- 4. Have you owned or operated any cannabis-related business(es) in the City of Pasadena on or after December 14, 2017? If "yes", complete section C-4. (PMC §5.78.100) YES  NO
- 5. Have you ever been notified that you were conducting commercial cannabis activity in non-compliance with City of Pasadena ordinances, codes, and requirements and failed to discontinue operating in a timely manner? (PMC §5.78.100) YES  NO
- 6. Have you ever failed to pay federal, state, or local taxes and/or fees when notified by the appropriate agencies? (PMC §5.78.100) YES  NO

**Section C-1: Other Licensed Cannabis Businesses**

Use additional sheets if necessary.

\_\_\_\_\_

Agency: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Description of business: \_\_\_\_\_

Agency: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Description of business: \_\_\_\_\_

Agency: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Description of business: \_\_\_\_\_

**Section C-2: Cannabis License(s) Suspended, Revoked or Denied**

Use additional sheets if necessary.

\_\_\_\_\_

License Authority : \_\_\_\_\_ License Type \_\_\_\_\_ Suspension or Revocation Date: \_\_\_\_\_

Details: \_\_\_\_\_

License Authority : \_\_\_\_\_ License Type \_\_\_\_\_ Suspension or Revocation Date: \_\_\_\_\_

Details: \_\_\_\_\_

License Authority : \_\_\_\_\_ License Type \_\_\_\_\_ Suspension or Revocation Date: \_\_\_\_\_

Details: \_\_\_\_\_

**Section C-3: Criminal Violation(s)**

Use additional sheets if necessary.

Date of Conviction: _____	Code Section: _____	Felony or Misdemeanor? _____
Date of incarceration: _____	Date of Probation: _____	Date of Parole: _____

Details: \_\_\_\_\_

Date of Conviction: _____	Code Section: _____	Felony or Misdemeanor? _____
Date of incarceration: _____	Date of Probation: _____	Date of Parole: _____

Details: \_\_\_\_\_

Date of Conviction: _____	Code Section: _____	Felony or Misdemeanor? _____
Date of incarceration: _____	Date of Probation: _____	Date of Parole: _____

Details: \_\_\_\_\_

**Section C-4: Commercial Cannabis Operations in the City of Pasadena**

Use additional sheets if necessary.

Business Name: _____	Business Address: _____
Dates of Operation: _____	Title: _____

Business Name: _____	Business Address: _____
Dates of Operation: _____	Title: _____

Business Name: _____	Business Address: _____
Dates of Operation: _____	Title: _____

**SECTION D: REQUIRED DOCUMENTS**

- Copy of a currently valid government-issued identification

**SECTION E: AFFIRMATION & CONSENT**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_