



CANNABIS TESTING LABORATORY PERMIT APPLICATION

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name: _____ DBA: _____

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

Primary Contact: _____

Title: _____

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

Phone: _____ Email: _____

Select one or more of the following categories:

Cannabis Testing Laboratory

Business Formation Documentation (Describe how the business is organized):

Sole Partnership Corporation S-Corporation Limited Liability Company Limited Partnership

Other: _____

PROPOSED LOCATION

Property Owner Name: _____

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

Phone: _____ Email: _____

Assessor's Parcel Number (APN): _____

Proposed Location Square Footage: _____

APPLICATION CHECKLIST

- One (1) printed hard copy of a complete and signed Cannabis Business Permit Application Form (Pages 1-3)
- 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)
- Application Fee Payment
- A USB flash drive containing all the materials identified in the Application Procedure Guidelines and Review Criteria for a Cannabis Business Permit (Cannabis Testing Laboratory Applications)

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 five (5) years preceding the date of this application? If so, please list and explain:

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 Monterey 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 Monterey 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 on the facts is cause for rejection of this application, denial of a permit or revocation of an issued permit.

Name

Signature

Title

Date

For details about the information required as part of the application process, see the Application Procedures & Guidelines, City of Monterey Municipal Code Chapter 7, Article 7, and any additional requirements to complete the application process. All documents can be found online at <https://monterey.org/cannabis>. For questions, please contact the Community Development Department at (831) 646-3759 or cannabis@monterey.org.

OWNER INFORMATION

The Owner Information section must be completed by all owners. "Owner" means any of the following, or a group or combination of any of the following, acting as a unit: a person with an aggregate ownership interest of 5% or more in the cannabis business applying for a permit under this article, whether a partner, shareholder, principal, member, or the like, unless the interest is solely a security, lien or encumbrance. For purposes of this section, "aggregate" means the total ownership interest held by a single person through any combination of individually held ownership interests in a cannabis business and ownership interests in an entity that has an ownership interest in the same cannabis business.

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: _____

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: _____

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: _____

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: _____

Signature: _____ Date: _____

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