



Email: cannabis.permit@culvercity.org
Phone: (310) 253-5897
Website: <http://www.culvercity.org/cannabis>

Cannabis Non-Storefront Business Application Checklist

This checklist guides you through each step of the cannabis business permit process in Culver City. All steps must be completed in order. You may not begin operations until receiving all required local and state approvals.

Step 1: Initial Application & Background Checks

- ☐ Submit Live Scan background checks for all owners and managers to CA DOJ and FBI.
- ☐ Obtain Zoning Verification from City confirming location compliance.
- ☐ Submit Cannabis Business Application: Part 1 + pay Step 1 Fees.
- ☐ If approved, receive Step 2 Approval Letter from City.
- ☐ (If needed) Wait for lottery or selection process if more applicants than permits.

Step 2: City & County Permits

- ☐ Apply for Culver City Business Tax Certificate.
- ☐ Apply for LA County permits, including Public Health Permit (LACDPH).
- ☐ Apply for any required City permits (e.g., building, signage).
- ☐ Pay Step 2 Fees.
- ☐ Receive Step 3 Approval Letter from City.

Step 3: Facility Build-Out

- ☐ Pay required building permit fees.
- ☐ Begin and complete site build-out, with all required City/County inspections.
- ☐ Pass final LACDPH site inspection.
- ☐ Submit Step 3 Fees to City.
- ☐ City conducts final Cannabis Site Inspection.
- ☐ Pass City cannabis site inspection (must meet Municipal Code requirements).

Step 4: Final Permits & Operation

- ☐ Submit Annual Cannabis Business Permit Fee.
- ☐ Receive Cannabis Business Permit from City.
- ☐ Receive Business Tax Certificate.
- ☐ Notify LACDPH and receive final Public Health Permit and other County approvals.
- ☐ Obtain California State Cannabis License.
- ☐ Open for business.

Important Notes for Applicants

- You may not begin operation until the Cannabis Business Permit, City Tax Certificate, County Public Health Permit, and State License are all received.
- Fees are due at each step and must be paid in full to proceed.
- City may limit permits and use a lottery or selection process if applications exceed available slots.



Cannabis Business Permit Fee List

Approved by Resolution of the City Council 4/28/2025

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Step 1 Fee	
First permit category applied for:	\$3,208.50
for Storefront Retail, add:	\$3,121.68
for Manufacturing, add:	\$1,655.46
for Cultivation, add:	\$517.09
for each additional permit category applied for simultaneously, add:	\$2,202.98
Background Check (per Responsible Person)	
Manufacturing, Cultivation, Delivery-only retail, Distribution, Laboratory Testing	\$317.30
Storefront Retail	\$317.30
Step 1(a) Fee: (Applicable to Storefront Retail only)	
	\$3,906.24
Step 1(b) Fee: (Applicable to Storefront Retail only)	
	\$5,374.01
Step 2 Fee (Not applicable to Storefront Retail)	
First permit category applied for:	\$317.03
for each additional permit category applied for simultaneously, add:	\$158.51
Step 3 Fee	
First permit category applied for:	\$1,743.78
Each additional permit category applied for simultaneously, add:	\$626.13
Annual Fee	
First permit category permitted:	\$10,013.07
For each additional permit category permitted, add:	\$1,617.68
Miscellaneous Fees	
Amendment and Reissuance of Permit for Change in Form of Ownership	\$317.03
Name Change	\$79.25
Large Cash Payment Surcharge (applied to any cash payment over \$1,000)	\$356.93

Notes:

- The above fees do not include development related fees regularly charged by the City, such as for a conditional use permit, sign permit, building permit, business license, Live Scan, etc.
- Fees are non-refundable.



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Cannabis Business Permit Application – Part One

Form for manufacturing, distribution, testing lab, cultivation, and delivery-only retail only. The terms used below are defined in CCMC 11.17.025. This form is not for storefront retail businesses.

1. **Business Information**

Primary Applicant Name: _____

(This should be the same as the legal business name. CCMC 11.17.160.B: "No Permittee shall operate, conduct, manage, engage in, or carry on the business of a commercial cannabis business under any name other than the name of the commercial cannabis business specified in the permit")

Fictitious Business Name/DBA: _____

Social Security Number or Federal Tax I.D. Number: _____

Mailing Address: _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

Website: _____

Type of Entity (check one):

☐ Sole Ownership/DBA

☐ Partnership

☐ Corporation

☐ LLC

☐ LLP

Other (Please Describe) _____

2. **Primary Applicant Representative Information**

If the applicant is a partnership, corporation, LLC, LLP, LP, or other, please designate a responsible person who is a managing officer and who is authorized to complete and submit this application and all necessary paperwork on behalf of the business.

First and Last Name: _____

Title: _____

Phone Number: _____

Email: _____

(This email address will be the primary method of communication regarding this application)

Address: _____

Social Security Number: _____

Cannabis Business Permit Application

3. Type of Application

Select the applicable Culver City permit category and type for which you are applying for. You may select multiple boxes. Cannabis events are not permitted in Culver City. Culver City does not have a “microbusiness” permit, but applicants may apply for and receive multiple permits if they fulfill the requirements of each permit type. **This form cannot be used for storefront retail business.**

A. Permit Category

A-License (Adult Use)

M-License (Medicinal)

B. Permit Type (See CCMC 11.17.025)

Manufacturer: A commercial cannabis business conducting the production, preparation, propagation, or compounding of cannabis or cannabis products either directly or indirectly or by extraction methods, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis at a fixed location that packages or repackages cannabis or cannabis products or labels or container. A manufacturer may also be a business that infuses cannabis in its products but does not perform its own extraction. Also, complete Supplemental Application: Manufacturer.

Distributor: A commercial cannabis business engaging in the procurement, sale, and transport of cannabis and cannabis products between licensees. Also, complete Supplemental Application: Distribution.

Testing Laboratory: A commercial cannabis business performing test of cannabis or cannabis products. Also, complete Supplemental Application: Testing.

Delivery Only Retailer: A commercial cannabis business facility where cannabis, cannabis products, or devices for the use of cannabis or cannabis products are offered, either individually or in any combination, for retail sale to customers, where the premises are closed to the public and sales are conducted exclusively by delivery, where a vehicle is used to convey the cannabis or cannabis products to the customer from a fixed location. Also, complete Supplemental Application: Delivery

Cultivator: Any activity involving the planting, growing, harvesting, drying, curing, grading, or trimming of cannabis. Outdoor and mixed-light cultivation are not permitted. Also, complete Supplemental Application: Cultivation.

C. State License Type:

List the state license(s) for which you will apply after obtaining a Culver City Cannabis Permit:_____

Cannabis Business Permit Application

4. Location Information

Proposed Business Address: _____

Proposed Location APN: _____

Proposed Mailing Address: _____

Is the business location owned by the applicant, leased by the applicant, or optioned by the applicant?

Leased

Owned

Option to Lease

Option to Purchase

If leased or optioned, please provide information for **Property Owner**:

Legal Property Owner Name: _____

First and Last Name of Authorized Property Owner Representative:

Phone Number: _____

Email Address: _____

Mailing Address: _____

Culver City Business License #: _____

If leased or optioned, please provide applicant's signatory of lease/option information:

First and Last Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Relationship to the applicant: _____

Please note that the Applicant's signatory of lease/option is considered a responsible person and must complete the Responsible Person Information Form and the Live Scan Background check.

If owned, please provide for any person(s) named on the Title or Deed:

First and Last Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Relationship to the applicant: _____

Please note that any person(s) named on the Title or Deed are considered responsible persons and must complete the Responsible Person Information Form and the Live Scan Background check.

Cannabis Business Permit Application

5. On-site Contact

Please provide the following for an on-site Manager or Owner to whom emergency notice may be provided 24 hours a day, seven days a week:

First and Last Name: _____

Mobile Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Title: _____

6. Attachments

After submitting this form, you will be emailed a link to upload the required Application: Part 1 Attachments. Please see "[Application: Part 1 Attachment Instructions](#)" for more information on what attachments are required.

7. Signed Statement

Applicant is required to sign below under penalty of perjury.

I am authorized to act on behalf of the proposed commercial cannabis business, and have read and understand all City laws, and intend to abide by all City laws. The City is authorized to verify all information, and I will notify the City if there is any change in any information submitted. I understand that falsification or misrepresentation of any information may result in denial. I understand that filing of an application does not guarantee the City will issue a permit. I understand that a permit may be revoked at any time for reasons specified in CCMC 11.17. I understand that the permits expire after one year unless renewed by the City of Culver City, and the City of Culver City may not renew the permit after it expires if the permittee does not adhere to all requirements of state and local law. Application fees are non-refundable even if an application is denied. I declare under Penalty of Perjury that the information provided on this application is true and correct.

Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name

(Legal Business Name): _____

Date: _____



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Cannabis Business Permit Application: Part 1 Attachment Instructions – Page 1 of 8

Form for Manufacturing, Distribution, Testing Lab, Cultivation, and Delivery-only Retail only. Not for Storefront Retail Businesses.

After submitting the preliminary section of the Cannabis Business Permit Application: Part 1, the Primary Applicant Representative will be sent via email a link to an online folder.

- Please upload all documents required, as listed below, into the online folder.
- All documents must be in PDF file format.
- Upload only one PDF document per requirement indicated by each check box (“☐”). This may require you to combine multiple documents into one single PDF document.
- Use the file naming conventions specified beneath each item. Only use the first 20 characters of the Primary Applicant Name, with no spaces in between multiple words. Where a Responsible Person’s name is required, use the first initial and last name with no spaces in between.

A. Business Information

1. If Primary Applicant is a Sole Ownership/DBA, Partnership, or LLP:

- ☐ Certified copy of the Primary Applicant’s [Fictitious Business Name Statement](#).

File Name: “A1_PrimaryApplicantName_FBNS”

2. If Primary Applicant is a Corporation, LLC, or other:

- ☐ Certified Copy of Articles of incorporation/organization; and

File Name: “A2_PrimaryApplicantName_AOI”

- ☐ Certified Copy of Statement of Information; and

File Name: “A2_PrimaryApplicantName_SOI”

- ☐ Certified copy of the Primary Applicant’s [Fictitious Business Name Statement](#).

File Name: “A2_PrimaryApplicantName_FBNS”

3. Equity Ownership Information Description Document:

- ☐ Describe the equity ownership of the Primary Applicant back to the individual level, for all individuals/entities owning 10% or greater equity. Use the below example as a model. Equity for each entity must add to 100%. Individuals/entities owning <10% equity may be grouped together as “Other Equity Holders”. You must trace back ownership of all entities listed until owners of each entity are shown as either individuals or “other equity holders”.

Example:

<i>Applicant</i>	
% Ownership	Name
35	Person A
25	Person B
25	LLC A
15	Other Equity Holders

Cannabis Business Permit Application: Part 1 Attachment Instructions – Page 2 of 8

Form for Manufacturing, Distribution, Testing Lab, Cultivation, and Delivery-only Retail only. Not for Storefront Retail Businesses.

LLCA	
% Ownership	Name
70	Person C
17	Corporation A
13	Other Equity Holders
Corporation A	
% Ownership	Name
88	Other Equity Holders
12	Person D

File Name: "A3_PrimaryApplicantName_EQUITY"

B. Responsible Person Information

1. For *each* Responsible Person, Applicant, or Owner:

- ☐ "[Responsible Person Information Form](#)", signed and completed.

File Name: "B1_PrimaryApplicantName_ResponsiblePersonName_RPINFO"

- ☐ Copy of California driver's license, California identification card, passport or military ID card.

File Name: "B1_PrimaryApplicantName_ResponsiblePersonName_DL"

- ☐ Copy of Social Security card

File Name: "B1_PrimaryApplicantName_ResponsiblePersonName_SS"

- ☐ Copy of the completed "[Request for Live Scan Service](#)" form which was submitted to the Live Scan provider.

File Name: "B1_PrimaryApplicantName_ResponsiblePersonName_LSSFORM"

- ☐ A receipt for the submitted Live Scan from the Live Scan provider.

File Name: "B1_PrimaryApplicantName_ResponsiblePersonName_LSSRECEIPT"

2. For *each* Responsible Person, Applicant or Owner who answered "yes" to "Background Questions" 2(a) or 2(b) or 2(c) on the "Responsible Person Information Form":

- ☐ Documentation listing each offense and further explanation, including evidence of rehabilitation/mitigating circumstances. Please see the document, "[Culver City Cannabis Business Permit Criminal Background Check Guidelines](#)", for more information on what information to include.

File Name: "B2_PrimaryApplicantName_ResponsiblePersonName_CBEXPLAIN"

C. Location Information

1. Zoning and Parking Verification:

- ☐ "[Zoning & Parking Verification Form](#)" signed by City Staff with both zoning and parking verified.

File Name: "C1_PrimaryApplicantName_ZONEPARK"

Cannabis Business Permit Application: Part 1 Attachment Instructions – Page 3 of 8

Form for Manufacturing, Distribution, Testing Lab, Cultivation, and Delivery-only Retail only. Not for Storefront Retail Businesses.

2. If proposed business location is leased or optioned by Primary Applicant:

- ☐ [“Property Owner Consent Form”](#), signed and notarized by the owner of the property.

File Name: “C2_ PrimaryApplicantName _OWNERCONSENT”

- ☐ Copy of the lease or option to lease/purchase with related lease or sale agreement.

File Name: “C2_ PrimaryApplicantName _LEASE”

3. If proposed business location is owned by Primary Applicant:

- ☐ Copy of the title or deed as proof of ownership.

File Name: “C3_ PrimaryApplicantName _TITLE”

D. Indemnification Agreement

- ☐ [“Cannabis Business Permit Indemnification Agreement”](#)

File Name: “D_ PrimaryApplicantName _INDEMN”

E. Insurance Requirements

- ☐ Duly executed Certificate(s) of Insurance that meets the [“Commercial Cannabis Business Insurance Requirements”](#).

File Name: “E_ PrimaryApplicantName _INSUR”

F. Proposed Location & Neighborhood Compatibility Plan

- ☐ One searchable PDF document containing responses to each of the below requirements. Please label each Location & Neighborhood Compatibility Plan section with a title indicating which of the below requirements that section is responding to:

1. Photos of the site and building.

2. A signage plan.

3. The name, title, phone, and email address of a 24/7 contact for neighborhood complaints, questions, and concerns.

4. Renderings of each side of the exterior of the building, and the interior.

5. Please answer the following questions:

a) How will your business fit within the context of the surrounding neighborhood?

b) What synergies will it create?

c) How might it detract from neighborhood and how will you prevent or mitigate those impacts?

d) How do you intend to provide the local community with community benefits? Provide a detailed description of your plans to participate in community service within the City

of Culver City. These plans may include, but are not limited to, involvement with non-profit associations, neighborhood associations, and community groups.

e) How will you revitalize the building/site, provide neighborhood improvements, and be a beneficial/positive neighbor to the neighborhood?

File Name: "F_ PrimaryApplicantName _LOCNEIGHPLAN"

G. Business Plan

☐ One searchable PDF document containing responses to each of the below requirements. Please label each Business Plan section with a header indicating which of the below requirements that section is responding to.

1. Current balance sheet, prepared and signed by a Certified Public Accountant, showing all company assets and liabilities.

a) Must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs, using the pro forma required in (5), below.

2. Proof of capitalization, in the form of documentation of cash or other liquid assets on hand, letters of credit or other equivalent assets. Describe the source of all funds.

3. Attach a three year pro forma of revenue and expenses, including expenses for construction, operations, maintenance, employee compensation, equipment, and utilities.

4. Describe the day-to-day operations and how they meet industry best practices and state law for the specific type of permit.

5. Proposed days and hours of operation

6. Describe the electronic record keeping system to be used, including how the business will maintain accurate records of revenues, expenses, assets, and liabilities. Describe how cash will be tracked and monitored.

7. Are you a cash-only business? If not, please describe forms of payment accepted.

8. Describe your annual audit plan.

9. Describe your inventory control and reporting system, including how tracking and monitoring will occur to prevent diversion.

10. Describe your pay and benefits standards and practices, and any training and education opportunities provided to employees.

11. Describe the qualifications and experience of the Responsible Persons to operate the proposed business.

12. Resume for each Responsible Person.

13. Copies of special business or professional qualifications for each Responsible Persons (such as diplomas for masters' degrees or higher, licenses, etc.).

14. For each other business location operated by applicant business, list:

- a) Description of the facility.
- b) Address and phone number of the facility.
- c) Name, title, phone number, and email address of local government contact with knowledge about the facility.

File Name: "G_ PrimaryApplicantName _BIZPLAN"

H. Safety Plan – Part 1

□ One searchable PDF document containing responses to each of the below requirements. Please label each Safety Plan section with a header indicating which of the below requirements that section is responding to. Please reference the "[Cannabis Fire Life Safety Requirements](#)" information sheet for details on Culver City Fire Department requirements.

1. A description of the potential threats posed by each of the following at the facility, and a written plan and/or physical mechanism to deal with each:

- a) Fire
- b) Hazardous materials management plan. *Manufacturing, cultivation, and testing laboratory applicants, please see specific requirements listed in the [Cannabis Fire Life Safety Requirements](#) information sheet.*
- c) Inhalation issues/threats

2. A description of the following systems that the facility will have in place at buildout:

- a) Fire prevention system
- b) Fire suppression system
- c) HVAC system
- d) Fire alarm system

File Name: "H_ PrimaryApplicantName _SAFEPLAN"

I. Security Plan – Part 1 (Will not be made public.)

☐ One searchable PDF document containing responses to each of the below requirements. Please label each Security Plan section with a header indicating which of the below requirements that section is responding to.

1. Designated security representative/liaison. CCMC 11.17.240(B): *“Each Permittee shall identify a designated security representative/liaison to the City, who shall be reasonably available to meet with the Chief of Police regarding any security related measures or any operational issues.”*

- a) First and Last Name
- b) Title
- c) Mobile Phone Number
- d) Landline Phone Number
- e) Email address

2. Describe your security policies for the facility, including:

- a) Employee specific policies, including employee security training.
- b) Transactional security
- c) Visitor security
- d) Third party contractor security
- e) Storage security (24/7) (including product and currency)
- f) Delivery security (including product and currency)
- g) Vehicle security and the protection of Employees and product during loading and transit
- h) Ingress and egress access
- i) Perimeter security
- j) Internal security measures for access (area specific)
- k) Types of security alarms
- l) Types of security cameras. *Must be of HD quality.*
- m) Number, hours, and training/qualifications of security personnel to be employed. *Security personnel may not be armed.*

File Name: “I_ PrimaryApplicantName _SECURPLAN”

J. Odor Management Plan

- ☐ Odor Management Plan described in the [Los Angeles County Code 11.37.070 “Odor Management Plan”](#).

File Name: “J_ PrimaryApplicantName _ODOR”

K. Waste Management Plan

- ☐ Waste Management Plan described in the [Los Angeles County Code 11.37.080 “Waste Management Plan”](#).

File Name: “K_ PrimaryApplicantName _WASTE”

L. Supplemental Application – Manufacturing (Please note the “Culver City Fire Department’s [Fire & Life Safety Requirements](#)”).

1. Manufacturing permit applicants only, please upload:

- ☐ [“Supplemental Application: Manufacturing”](#)

File Name: “L1_ PrimaryApplicantName _MANUFACTURINGSA”

2. If the type of manufacturing is extraction (volatile or non-volatile):

- ☐ Standard operating procedures for the extraction process, including start-up, shut-down, setup, and emergency situations.

File Name: “L2_ PrimaryApplicantName _EXTRACTSOP”

- ☐ Certification from an engineer licensed by the State of California for any professional grade closed loop system used, certifying that the system was commercially manufactured, is safe for its intended use, and was built to codes of recognized and generally accepted good engineering practices, including but not limited to: The American Society of Mechanical Engineers (ASME), American National Standards Institute (ANSI), c) Underwriters Laboratories (UL), or The American Society for Testing and Materials (ASTM). The certification document must contain the signature and stamp of the professional engineer and serial number of the extraction unit being certified. The extraction equipment must bear a permanently affixed and visible serial number. If the certification is not available at the time the application is submitted, please attach an estimate of when such certification will be available (e.g. after installation of equipment at time of build-out). The certification document is required before the final cannabis business permit will be issued.

File Name: “L2_ PrimaryApplicantName _CLOSEDLOOPCERT”

- ☐ Good manufacturing practices for the extraction process.

File Name: “L2_ PrimaryApplicantName _EXTRACTGMP”

3. If you answered “yes” to Question #2 on the Supplemental Application: Manufacturing:

- ☐ Number and size of each container used to store compressed gases.

File Name: “L3_ PrimaryApplicantName _GAS”

Cannabis Business Permit Application: Part 1 Attachment Instructions – Page 8 of 8

Form for Manufacturing, Distribution, Testing Lab, Cultivation, and Delivery-only Retail only. Not for Storefront Retail Businesses.

M. Supplemental Application – Distribution

Distribution permit applicants only, please upload:

- ☐ [“Supplemental Application: Distribution”](#)

File Name: “M_ PrimaryApplicantName _DISTRIBUTIONSA”

N. Supplemental Application – Testing Laboratory

Testing Laboratory permit applicants only, please upload:

- ☐ [“Supplemental Application: Testing Lab”](#)

File Name: “N_ PrimaryApplicantName _TESTINGSA”

O. Supplemental Application – Cultivation

Cultivation permit applicants only, please upload:

- ☐ [“Supplemental Application: Cultivation”](#)

File Name: “O_ PrimaryApplicantName _CULTIVATIONSA”

- ☐ Cultivation and operations plan that includes:

a) Description of how cultivation and operations will meet or exceed minimum legal standards for water usage, conservation and use; drainage, watershed and habitat protection; waste disposal; and proper storage of fertilizers, pesticides, and other regulated products to be used on the parcel.

b) Description of the cultivation activities and schedule of activities during each month of growing and harvesting, or explanation of growth cycles and anticipated harvesting schedules for all-season harvesting.

c) Description of legal water source, irrigation plan, and projected water use.

d) Identification of the source of electrical power and plan for compliance with applicable Building Codes and related Codes.

e) Plan for addressing odor and other potential public nuisances that may derive from the cultivation site.

File Name: “O_ PrimaryApplicantName _CULTIVATIONOPSPLAN”

P. Supplemental Application – Delivery-only Retail

Delivery-only Retail permit applicants only, please upload:

- ☐ [“Supplemental Application: Delivery-only Retail”](#)

File Name: “P_ PrimaryApplicantName _DELIVERYSA”



Cannabis Business Permit

Responsible Person Information Form

Email: cannabis.permit@culvercity.org

Phone: (310) 253-5897

Website: <http://www.culvercity.org/cannabis>

This form must be completed and submitted by each Applicant, Owner, and Responsible Person, including any entity who is an “Applicant” or an “Owner”.

“Applicant” is defined in CCMC 11.17.025 as “any individual or entity applying for a Commercial Cannabis Business Permit under this Chapter, including any officer, director, partner, or other duly authorized representative applying on behalf of an entity.

“Responsible Person” is defined in CCMC 11.17.025 as “all owners and operators of a commercial cannabis business, including the Permittee and all officers, directors, managers, or partners, and all persons with authority, including apparent authority, over the premises of the commercial cannabis business.”

“Owner” is defined in CCMC 11.17.025 and includes “(1) An entity or individual with an aggregate ownership interest of 10 percent or more in the Applicant or Permittee, whether a partner, shareholder, member, or the like, unless the interest is solely a security, lien, or encumbrance. (2) The chief executive officer of a nonprofit or other entity. (3) A member of the board of directors of a nonprofit.”

Primary Applicant Name (Legal Business Name): _____

1. Applicant/Owner/Responsible Person Information:

Name (First and Last Name): _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

Email Address: _____

Relationship to business (e.g. owner, officer, director, manager, etc.): _____

% of ownership for each individual/entity who is an owner: _____

Cannabis Business Permit

Responsible Person Information Form

2. Background Questions:

a) Have you ever been sanctioned or fined for, or enjoined from, operating a cannabis dispensary or retailer in the state without the necessary permits and approvals from the applicable state and/or local jurisdictions? All Entities qualifying as “Applicant” or “Owner” must answer this question.

☐ Yes ☐ No

b) Have you ever been convicted of any of the offenses listed in CCMC 11.17.115.C(4)?

☐ Yes ☐ No

c) Have you ever been convicted of a misdemeanor, or felony conviction that has since been reclassified as a misdemeanor, involving possession, possession for sale, sale, manufacture, transportation, or cultivation of a controlled substance, including cannabis?

☐ Yes ☐ No

If you answered yes to either 2(a) or 2(b) or 2(c), you will be required to submit additional documentation listing each offense and further explanation, including evidence of rehabilitation/mitigating circumstances. Please see the [“Application: Part 1 Attachment Instructions”](#) and [“Culver City Cannabis Business Permit Criminal Background Check Guidelines”](#) for more information on what information to include.

3. Signed Statement:

If this form is completed on behalf of an entity, this section must be signed by an authorized representative of the entity.

I declare under Penalty of Perjury that the information provided on this form is true and correct.

Signature: _____

First & Last Name (please print): _____

Title: _____

Date: _____



REQUEST FOR LIVE SCAN SERVICE75

Applicant Submission

CA0191800

ORI (Code assigned by DOJ)

CANABISLC11105(B)(11)PC

Authorized Applicant Type

CPC11105(b)(11)RES2018-R005

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Culver City Police Department

Agency Authorized to Receive Criminal Record Information

05075

Mail Code (five-digit code assigned by DOJ)

4040 Duquesne AVE

Street Address or P.O. Box

Lt. Manuel Cid

Contact Name (mandatory for all school submissions)

Culver City

City

CA

State

90232

ZIP Code

(310) 253-6208

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle

Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒

DOJ

☒

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



Cannabis Business Zoning & Parking Verification Form – Page 1 of 2

*For Manufacturing/Distribution/Cultivation/Delivery-only Retail/Testing Laboratory Businesses Only
Not for Storefront Retail (Dispensary) Businesses*

Applicant Instructions: Complete steps 1-9. Then bring to the [Culver City Planning Counter](#) for staff review and signature. No appointment is required. Retain the original form to submit with your Cannabis Business Permit application. Culver City Planning Counter: City Hall, 2nd Floor, 9770 Culver Boulevard, Culver City, CA 90232. Phone: (310) 253-5725, Hours: Monday – Friday, 9:00 am to 3:30 p.m. [Closed every other Friday.](#)

1. Primary Applicant Name (DBA/Fictitious Business Name): _____

2. Address of Proposed Business Location: _____

3. APN(s) of Proposed Business Location: _____

4. Applicant Contact First and Last Name: _____

5. Contact Email Address: _____

6. Contact Phone Number: _____

7. Business Type/Zoning Compatibility: Check all that apply in the “Business Type” column:

Table 1		City Staff Use Only			
Business Type		Land Use Category	CRB	IL	IG
Delivery-only Retail	<input type="checkbox"/>	Wholesaling & Distribution (Parking req. 1/500 sq. ft.)			
Distribution	<input type="checkbox"/>				
Testing Laboratory	<input type="checkbox"/>	Research & Development (Parking req. 1/350 sq. ft.)			
Manufacturing	<input type="checkbox"/>	Chemical Product Manufacturing (Parking req. 1/500 sq. ft.)			
Cultivation	<input type="checkbox"/>				

8. Required Parking: Enter previous and proposed business at the subject property, and square footage of the use at the subject property. Calculate parking spaces required using [CCMC 17.320.020](#) or by calling (310) 253-5725. (Proposed Parking Spaces Required) - (Previous Parking Spaces Required) = Net New Parking Spaces Required.

Table 2	Business	Square Footage	No. of Parking Spaces Required?
Previous			
Proposed			
Net New (Proposed - Previous)			

Cannabis Business Zoning & Parking Verification Form – Page 2 of 2

*For Manufacturing/Distribution/Cultivation/Delivery-only Retail/Testing Laboratory Businesses Only
Not for Storefront Retail (Dispensary) Businesses*

9. Applicant Signature (Must be signed by a Responsible Person as defined in [CCMC 11.17.025](#))

I understand that this form is not a cannabis business permit and does not allow the applicant to operate a cannabis business at the proposed location, nor does it constitute an entitlement under the CCMC. I declare under Penalty of Perjury that the information provided on this form is true and correct.

Applicant's Signature

Name and Title (please print)

Date

City Staff Use Only

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| 1. Correct Zoning Verified (Table 1)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Parking Verified (Table 2)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Staff Name: _____

Staff Signature: _____ Date: _____

Cannabis Business Zoning & Parking Form – Page 3 of 3

For Storefront Retail (Dispensary) Businesses Only

***Radius Distance Measurement**

Distances are measured as defined in CCMC 11.17.115: “the horizontal distance measured in a straight line from the property line of the sensitive receptor to the closest property line of the lot on which the cannabis business is to be located without regard to intervening structures.”

****Sensitive Receptors**

Sensitive receptors include parks, playgrounds, K-12 schools, day care centers, and youth centers. Sensitive receptors outside of the jurisdictional boundaries of Culver City (for example, in Los Angeles) are included.

Day Care Centers are as defined in California Health & Safety Code Section 1596.76: Any child day care facility other than a family day care home, and includes infant centers, preschools, extended day care facilities, and school age child care centers.

Youth Centers are as defined in California Health & Safety Code Section 11353.1: Any public or private facility that is primarily used to host recreational or social activities for minors, including, but not limited to, private youth membership organizations or clubs, social service teenage club facilities, video arcades, or similar amusement park facilities. "Primarily used to host recreational or social activities for minors" means more than 50% of the onsite activities are oriented towards children under the age of 18. This could include, but is not limited to, martial arts studios, dance studios, gymnastics studios, indoor playgrounds, birthday party facilities, art studios, children's activity centers, tutoring centers, etc.



E-Mail: cannabis.permit@culvercity.org
Phone: (310) 253-5897
Web: <http://www.culvercity.org/cannabis>

Cannabis Business Permit Property Owner Consent Form – Page 1 of 1

Property Address: _____

APN(s): _____

Legal Property Owner Name: _____

I, _____, _____, have read
Authorized Person First and Last Name Title (owner, president, managing partner, managing member, trustee)

Culver City Municipal Code Chapter 11.17 and consent to the operation of _____,
Primary Applicant Business Name

a proposed commercial cannabis business, at the property referenced above.

Authorized Signature: _____

Date: _____

Cannabis Business Permit Primary Applicant Information:

Primary Applicant Representative First and Last Name: _____

Phone Number: _____ Email: _____

Check all that apply:

- ☐ Property is leased to the Primary Applicant. ☐ Property is optioned by the Primary Applicant.
☐ Property is optioned to more than one entity. (List others, below.) ☐ Other (explain below)

ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____,
County of _____

On _____ (Date) before me, _____ (Notary Name)
personally appeared _____ (Property Owner Name), who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Notary Public)

(Seal)



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Cannabis Business Permit Indemnification Agreement – Page 1 of 1

The following statement must be signed by the Primary Applicant Representative.

To the fullest extent permitted by law, the Applicant, Permittee, and Owner, and their successors in interest, assigns, and heirs, agree to indemnify, defend (with legal counsel reasonably acceptable to the City), and hold harmless, at their sole expense, the City, any agency or instrumentality thereof, and the City's elected and appointed officials, officers, employees, and agents from and against any and all liabilities, claims, actions, causes of action, proceedings, suits, damages, judgments, liens, levies, costs, and expenses of whatever nature, including reasonable attorneys' fees, costs, and disbursements, arising from, related to, and/or associated with (i) the Applicant's, Permittee's, and/or Owner's operation of a commercial cannabis business and/or commercial cannabis activity, (ii) the issuance or denial of any license or permit, including a Commercial Cannabis Business Permit under Municipal Code Chapter 11.17 and any discretionary approvals granted (or the environmental review conducted) by the City under the California Environmental Quality Act (codified as Sections 21000, *et seq.*, of the California Public Resources Code), by the City, any agency or instrumentality thereof, and/or the City's elected and appointed officials, officers, employees, and agents, to the Applicant, Permittee, and Owner; (iii) the process by which the City, any agency or instrumentality thereof, and the City's elected and appointed officials, officers, employees, and agents review, evaluate, and/or render a decision on this application; or (iv) the alleged violation of any federal, state or local law by the Applicant, Permittee, and/or Owner, or any of their officers, Managers, Employees, agents, successors in interest, heirs, or assigns. The City may, in its absolute and sole discretion, participate at its own expense in the defense of any such action, but such participation shall not relieve the Applicant, Permittee, and/or Owner of their obligations under this Agreement.

Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name
(Legal Business Name): _____

Date: _____



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Web: <http://www.culvercity.org/cannabis>

Cannabis Business Permit Supplemental Application: Manufacturing – Page 1 of 2

- ***Applicants applying for a manufacturing permit must complete this form.***
- ***The terms used below are defined in CCMC 11.17.025.***
- ***Please note the “Culver City Fire Department’s [Fire & Life Safety Requirements](#)”.***
- ***See additional required attachments in “Application Part 1 Attachment Instructions”.***

Primary Applicant Name: _____

1. Type of manufacturing:

- ☐ Extraction (volatile, Type 7)
- ☐ Extraction (mechanical or non-volatile, Type 6)
- ☐ Infusion (edible or topical products, Type N)
- ☐ Packaging or repackaging (Type P)
- ☐ Other (please describe): _____

2. Will you use any compressed gases during the manufacturing process? *If yes, see additional requirements in “Application Part 1 Attachment Instructions.”*

- ☐ Yes ☐ No

Please note the following additional operating requirements apply specifically to cannabis manufacturing under CCMC 11.17.220:

- From a public right-of-way, there should be no exterior evidence of cannabis manufacturing except for any authorized signage.
- The general public is not permitted on the cannabis manufacturing Premises. Only Owners, Managers, Employees, agents and volunteers of the cannabis manufacturing Permittee and agents or employees of the City of Culver City, the County of Los Angeles or the state are permitted to be on-site.
- All cannabis manufacturing shall comply with the standards set by state and local law, including but not limited to those related to safety, discharges, waste disposal and similar matters.
- Cannabis manufacturing facilities may use the hydrocarbons N-butane, isobutane, propane, or heptane or other solvents or gases exhibiting low to minimal potential human-related toxicity approved by the Fire Chief. These solvents must be of at least ninety-nine percent purity and any extraction process must use them in a professional grade closed loop extraction system designed to recover the solvents and work in an environment with proper ventilation, controlling all sources of ignition where a flammable atmosphere is or may be present.
- If an extraction process uses a professional grade closed loop CO₂ gas extraction system every vessel must be certified by the manufacturer for its safe use. Closed loop systems for compressed gas extraction systems must be commercially manufactured and bear a permanently affixed and visible serial number.

Cannabis Business Permit Supplemental Application: Manufacturing – Page 2 of 2

- Professional closed loop systems, other equipment used, the extraction operation, and facilities must be approved for their use by the Fire Chief and meet any required fire, safety, and building code requirements specified in the California Building and Fire Codes, as adopted by the City.
- Cannabis manufacturing facilities may use heat, screens, presses, steam distillation, ice water, and other methods without employing solvents or gases to create keef, hashish, bubble hash, or infused dairy butter, or oils or fats derived from natural sources, and other extracts.
- Cannabis manufacturing facilities may use food grade glycerin, ethanol, and propylene glycol solvents to create or refine extracts. Ethanol should be removed from the extract in a manner to recapture the solvent and ensure that it is not vented into the atmosphere.
- Any Person using solvents or gases in a closed looped system to create cannabis extracts must be fully trained on how to use the system, have direct access to applicable material safety data sheets and handle and store the solvents and gases safely.
- Parts per million for one gram of finished extract cannot exceed state standards for any residual solvent or gas when quality assurance tested.

I have read all sections above and will ensure all requirements are met. I acknowledge that as a permittee of the City it is my responsibility to follow all state cannabis laws (CCMC 11.17.025) and local laws regarding cannabis. I acknowledge that failure to comply with the requirements of CCMC 11.17.200 (Operating Requirements Applicable to all Commercial Cannabis Businesses) and 11.17.220 (Operating Requirements for Cannabis Manufacturing Businesses) may result in the City revoking my permit for cannabis manufacturing. I understand that my final permit will not be issued until compliance with the above requirements are demonstrated during an in-person inspection. I understand that the City may inspect my business after the issuance of my permit to verify continued compliance with the above requirements. I declare under penalty of perjury that the above information is true and correct.

I declare under penalty of perjury that the above information is true and correct.

Primary Applicant Representative Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name (Legal Business Name): _____

Date: _____



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Cannabis Business Permit Supplemental Application: Distribution – Page 1 of 1

Applicants applying for a distribution permit must complete this form. The terms used below are defined in CCMC 11.17.025.

Please note the following additional operating requirements apply specifically to cannabis distributors under CCMC 11.17.225:

- From a public right-of-way, there should be no exterior evidence of cannabis distribution except for any authorized signage.
- The general public is not permitted on the cannabis distribution Premises. Only the Owners, Managers, Employees, agents and volunteers of the cannabis distribution Permittee and agents or employees of the City of Culver City, the County of Los Angeles or the state are permitted to be on-site.
- A cannabis distribution Permittee shall only procure, sell, or transport cannabis or cannabis products that are packaged and sealed in tamper-evident packaging that uses a unique identifier, such as a batch and lot number or bar code, to identify and track the cannabis or cannabis products.
- A cannabis distribution Permittee shall maintain a database and provide to the City a list of the individuals and vehicles authorized to conduct transportation on behalf of the cannabis distribution licensee.
- Individuals authorized to conduct transportation on behalf of the cannabis distribution Permittee shall have a valid California driver's license.
- Individuals transporting cannabis or cannabis products on behalf of the cannabis distribution Permittee shall maintain a physical or electronic copy of the transportation request (and/or invoice) and shall make it available upon request of City employees and agents.
- During transportation, the individual conducting transportation on behalf of the cannabis distribution Permittee shall maintain a copy of the cannabis distribution Permittee's Commercial Cannabis Business Permit and shall make it available upon request of City employees and agents.
- A cannabis distribution Permittee facility shall only transport cannabis or cannabis products in a vehicle that is (1) insured at or above the legal requirement in California, (2) capable of securing (locking) the cannabis or cannabis products during transportation, and (3) capable of being temperature controlled if perishable cannabis products are being transported.

I have read all sections above and will ensure all requirements are met. I acknowledge that as a permittee of the City it is my responsibility to follow all state cannabis laws (CCMC 11.17.025) and local laws regarding cannabis. I acknowledge that failure to comply with the requirements of CCMC 11.17.200 (Operating Requirements Applicable to all Commercial Cannabis Businesses) and 11.17.225 (Operating Requirements for Cannabis Distribution) may result in the City revoking my permit. I understand that my final permit will not be issued until compliance with the above requirements are demonstrated during an in-person inspection. I understand that the City may inspect my business after the issuance of my permit to verify continued compliance with the above requirements. I declare under penalty of perjury that the above information is true and correct.

Primary Applicant Representative Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name (Legal Business Name): _____

Date: _____



Cannabis Business Permit Supplemental Application: Testing Lab – Page 1 of 2

- ***Applicants applying for a testing laboratory permit must complete this form.***
- ***The terms used below are defined in CCMC 11.17.025.***
- ***Please note the “Culver City Fire Department’s [Fire & Life Safety Requirements](#)”.***

Primary Applicant Name: _____

Accreditation Procedures

Accreditation is required by a body that is a signatory to the International Laboratory Accreditation Cooperation Mutual Recognition Arrangement. Testing methods must conform to ISO/EIC 17025 (11.17.230). Proof of ISO 17025 accreditation will be required in order to receive a final Cannabis Testing Laboratory Permit. ISO accreditation must be provided by a third-party accreditation body that has been shown to operate in conformance with ISO 17011 standards. ISO accreditation is required for each test that the Laboratory will perform on cannabis products. Recognizing that a Laboratory must obtain cannabis materials in order to validate test methods prior to receiving full ISO accreditation, the City will allow applicants to possess cannabis at the proposed facility for the sole purpose of obtaining ISO accreditation during the business license application process. The City will grant a temporary, provisional authority to possess and test cannabis only to those laboratories who have completed the following tasks:

1. Submitted a Testing Laboratory cannabis business permit application and completed initial review, including background checks;
2. Obtained all development permits, and completed plan check and building inspections;
3. Obtained a State provisional testing laboratory license;
4. Obtained any required County permits;
4. Obtained a Certificate of Occupancy.

Once these tasks have been completed, the City will issue a temporary, provisional permit allowing the business to obtain, possess, and test cannabis for the limited purpose of completing ISO accreditation. The provisional license will expire after six months, but may be extended at the request of the applicant. The Finance Director will review and approve or deny all extension requests. The Testing Laboratory may not perform tests on behalf of other cannabis businesses, patients, or caregivers until ISO Accreditation is obtained, and a final cannabis business license is issued by the City. Testing Laboratories licensed by the City will have six (6) months to obtain a State Testing Laboratory license, but this time period may be extended at the request of the applicant. The Finance Director will review and approve or deny all extension requests. Failure to obtain a state Testing Laboratory license within the six month window may result in revocation by the City of the local Testing Laboratory business license. Denial of a state testing laboratory license will result in the immediate revocation by the City of the local Testing Laboratory business license.

Please note the following additional operating requirements apply specifically to cannabis testing laboratories under CCMC 11.17.230:

- Testing must take place within an enclosed locked structure.
- From a public right-of-way, there should be no exterior evidence of Cannabis testing except for any authorized signage.

Cannabis Business Permit Supplemental Application: Testing – Page 2 of 2

- The general public is not permitted on the cannabis testing Premises. Only Owners, Managers, Employees, agents and volunteers of the cannabis testing Permittee and agents or employees of the City of Culver City, the County of Los Angeles or the state are permitted to be on-site.
- All cannabis testing shall be performed in accordance with state law.
- A cannabis testing Permittee shall establish standard operating procedures that provide for adequate chain of custody controls for samples transferred to the testing laboratory for testing.
- A cannabis testing Permittee shall destroy the remains of samples of any cannabis or cannabis product upon completion of analyses.

I have read all sections above and will ensure all requirements are met. I acknowledge that as a permittee of the City it is my responsibility to follow all state cannabis laws (CCMC 11.17.025) and local laws regarding cannabis. I acknowledge that failure to comply with the requirements of CCMC 11.17.200 (Operating Requirements Applicable to all Commercial Cannabis Businesses) and 11.17.230 (Operating Requirements for Cannabis Testing) may result in the City revoking my permit. I understand that the City may inspect my business after the issuance of my permit to verify continued compliance with the above requirements. I declare under penalty of perjury that the above information is true and correct.

Primary Applicant Representative Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name (Legal Business Name): _____

Date: _____



Cannabis Business Permit Supplemental Application: Cultivation – Page 1 of 2

Applicants applying for a cultivation permit must complete this form. The terms used below are defined in CCMC 11.17.025. Please note the "Culver City Fire Department's [Fire & Life Safety Requirements](#)."

Primary Applicant Name: _____

Please answer the following questions:

1. What is the planned square footage of cultivation? _____

2. What is planned square footage of the canopy? _____

3. Will shelving be used (i.e. cultivation will take place on several tiers)?

☐ Yes

☐ No

4. If your answer to #3 was "yes," how many levels of shelving will there be? _____

5. Attach a cultivation and operations plan, as described in "[Application Part 1 Attachment Instructions](#)".

Please note the following additional operating requirements apply specifically to cannabis cultivation under CCMC 11.17.215:

- The cultivation of all cannabis must occur indoors only, and outdoor cultivation is prohibited.
- From a public right-of-way, there should be no exterior evidence of cannabis cultivation except for any authorized signage.
- The general public is not permitted on the cannabis cultivation Premises. Only Owners, Managers, Employees, agents and volunteers of the cannabis cultivation Permittee and agents or employees of the City of Culver City, the County of Los Angeles or the state are permitted on-site.
- A Permittee shall only be allowed to cultivate the square feet of canopy space permitted by state law and in the Commercial Cannabis Business Permit issued for the Premises.
- Cannabis cultivation shall be conducted in accordance with state and local laws related to electricity, water usage, water quality, discharges, waste disposal and similar matters.
- A cultivation Permittee shall comply with all applicable federal, state and local laws and regulations regarding use and disposal of pesticides and fertilizers.
- Pesticides and fertilizers shall be properly labeled and stored to avoid contamination through erosion, leakage or inadvertent damage from pests, rodents or other wildlife.
- The cultivation of cannabis shall at all times be operated in such a way as to ensure the health, safety, and welfare of the public, the Employees working at the commercial cannabis business, neighboring properties, and the end users of the cannabis being cultivated, to protect the environment from harm to waterways, fish, and wildlife; to ensure the security of the cannabis being cultivated; and to safeguard against the diversion of cannabis.
- Prior to transportation, a cannabis cultivation Permittee shall package and seal all cannabis or cannabis products in tamper-evident packaging and use a unique identifier, such as a batch and lot number or bar code, to identify and track the cannabis or cannabis products.

I have read all sections above and will ensure all requirements are met. I acknowledge that as a permittee of the City it is my responsibility to follow all state cannabis laws (CCMC 11.17.025) and local laws

Cannabis Business Permit Supplemental Application: Cultivation – Page 2 of 2

regarding cannabis. I acknowledge that failure to comply with the requirements of CCMC 11.17.200 (Operating Requirements Applicable to all Commercial Cannabis Businesses) and 11.17.215 (Operating Requirements for Cultivation Facilities) may result in the City revoking my permit. I understand that my final permit will not be issued until compliance with the above requirements are demonstrated during an in-person inspection. I understand that the City may inspect my business after the issuance of my permit to verify continued compliance with the above requirements. I declare under penalty of perjury that the above information is true and correct.

Primary Applicant Representative Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name (Legal Business Name): _____

Date: _____



Cannabis Business Permit Supplemental Application: Delivery-only Retail – Page 1 of 2

Applicants applying for a delivery-only retail permit must complete this form. The terms used below are defined in CCMC 11.17.025.

Please note the following additional operating requirements apply specifically to delivery-only cannabis retailers under CCMC 11.17.210:

- From a public right-of-way, there shall be no exterior evidence of commercial cannabis activity except for any authorized signage.
- The general public is not permitted on the premises. Only Owners, Managers, Employees, agents and volunteers of the delivery-only Permittee and agents or employees of the City of Culver City, the County of Los Angeles or the state are permitted to be on-site.
- Permittees may only deliver cannabis or cannabis products to customers within a city or county that does not expressly prohibit such delivery by ordinance. Deliveries shall be made to a physical address and no deliveries shall be made in the public right of way.
- Permittees must facilitate delivery of cannabis or cannabis products with a technology platform that uses point-of-sale technology to track and database technology to record and store the following information for each transaction involving the exchange of cannabis or cannabis products between the Permittee and qualified patient, primary caregiver, or customer:
 - The identity of the individual dispensing cannabis or cannabis products on behalf of the Permittee;
 - The identity of the qualified patient, primary caregiver, or customer receiving cannabis or cannabis products from the Permittee;
 - The type and quantity of cannabis or cannabis products dispensed and received; and
 - The dollar amount charged by the Permittee and received by the delivery driver for the cannabis or cannabis products dispensed and received.
- Permittees must maintain a database and provide to the City a list of the individuals and vehicles authorized to conduct deliveries on behalf of the Permittee.
- All individuals authorized to conduct deliveries on behalf of the Permittee must have a valid California Driver's License.
- Individuals making deliveries of cannabis or cannabis products on behalf of the Permittee must maintain a physical or electronic copy of the delivery request (and/or invoice) and must make it available upon request of City employees or agents.
- During delivery, a copy of the Permittee's Commercial Cannabis Business Permit must be in the vehicle at all times, and the driver must make it available upon request of City employees and agents.
- A Permittee must only permit or allow delivery of cannabis or cannabis products in a vehicle that (i) is insured at or above the legal requirement in California; (ii) is capable of securing (locking) the cannabis or cannabis products during transportation; (iii) is capable of being temperature controlled if perishable cannabis or cannabis products are being transported; and (iv) does not display advertising or symbols visible from the exterior of the vehicle that suggest the vehicle is used for cannabis delivery or affiliated with a cannabis retailer.
- A Permittee must facilitate deliveries with a technology platform that uses global positioning system technology to track and database technology to record and store the following information:
 - The time that the delivery vehicle departed the permitted Premises.

- The time that the delivery vehicle completed delivery to the qualified patient, primary caregiver, or customer.
- The time that the delivery vehicle returned to the permitted Premises.
- The route the delivery vehicle traveled to conduct deliveries between departing and returning to the permitted Premises.
- For each individual transaction, the identity of the individual conducting deliveries on behalf of the Delivery-only retailer Permittee.
- For each individual transaction, the vehicle used to conduct deliveries on behalf of the Delivery-only retailer Permittee.
- For each individual transaction, the identity of the qualified patient, primary caregiver, or customer receiving cannabis or cannabis products from the Delivery-only retailer.
- For each individual transaction, the type and quantity of cannabis or cannabis products dispensed and received.
- For each individual transaction, the dollar amount charged by the Delivery-only retailer and received by the delivery driver for the cannabis or cannabis products dispensed and received.
- The delivery driver shall personally verify for each individual transaction the identity of the qualified patient, primary caregiver, or customer receiving cannabis or cannabis products from the retailer.
- A Permittee may sell, give away, or donate specific devices, contrivances, instruments, or paraphernalia necessary for consuming cannabis or cannabis products, including but not limited to rolling papers and related tools, pipes, water pipes, and vaporizers. The equipment may only be provided to qualified patients, primary caregivers, or customers in accordance with Section 11364.5 of the California Health and Safety Code.
- Deliveries may only take place during the hours specified by City Council resolution, which is currently 8:00 a.m. to 10:00 p.m., Pacific Standard Time.

I have read all sections above and will ensure all requirements are met. I acknowledge that as a permittee of the City it is my responsibility to follow all state cannabis laws (CCMC 11.17.025) and local laws regarding cannabis. I acknowledge that failure to comply with the requirements of CCMC 11.17.200 (Operating Requirements Applicable to all Commercial Cannabis Businesses) and 11.17.210 (Operating Requirements for Delivery-Only Retailers) may result in the City revoking my permit for retail deliveries. I understand that my final permit will not be issued until compliance with the above requirements are demonstrated during an in-person inspection. I understand that the City may inspect my business after the issuance of my permit to verify continued compliance with the above requirements.

I declare under penalty of perjury that the above information is true and correct.

Primary Applicant Representative Signature: _____

First and Last Name (please print): _____

Title: _____

Primary Applicant Name (Legal Business Name): _____

Date: _____