CANNABIS EVENT ORGANIZER LICENSE APPLICATION

APPLICATION FEE $1000 (NON-REFUNDABLE)

To pay the application fee by cash, contact the Bureau to schedule an appointment.

SECTION A - APPLICANT/BUSINESS INFORMATION

1. Name of Applicant (first and last; full legal business name) | DBA (if applicable)

Mailing Address	City	State	Zip Code
Business Website Address	Business Email Address	Phone Number	

2. Organizational Structure (please check ONE)

☐ Sole Proprietorship ☐ Limited Liability Company ☐ General Partnership
☐ Corporation (or foreign corporation) ☐ Limited Partnership ☐ Limited Liability Partnership

3. If Sole Proprietor, Provide SSN or ITIN; If Corporation, LLC, or Partnership, Provide FEIN

SECTION B - PRIMARY CONTACT PERSON

4. Name	Title	Email Address

Address	City	State	Zip Code	Phone Number

SECTION C - DECLARATIONS

5. Does the applicant have 20 or more employees (not including supervisors) for the commercial cannabis business? ☐ Yes ☐ No
   If "Yes," do you attest that you have entered or will enter into a labor peace agreement and will abide by its terms? ☐ Yes ☐ No
6. Are you a federally recognized tribe or other sovereign entity? ☐ Yes ☐ No

SECTION D - LIST OF OWNERS

An owner is defined as a person with an aggregate ownership 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 yourself. Attach additional pages if needed. Each owner is required to submit an owner submittal form.

7. Name	Email	Phone Number	Ownership %	Title
Mailing Address	City		State	Zip Code
Name	Email	Phone Number	Ownership %	Title
Mailing Address	City		State	Zip Code

SECTION E - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS (Attach additional pages if needed)

8. Name	Date of Birth
Government ID Type	Government ID Number
Name	Date of Birth
Government ID Type	Government ID Number

SECTION F - FICTITIOUS BUSINESS NAMES

9. Business Name

Address	City	State	Zip Code

Business Name

Address	City	State	Zip Code

Business Name

Address	City	State	Zip Code

Business Name

Address	City	State	Zip Code

SECTION G - LICENSING FEE DETERMINATION

10. How many events do you plan to hold annually?

☐ 1 - 10 events annually ($5,000 license fee) ☐ greater than 10 events annually ($10,000 license fee)

SECTION H - REQUIRED ATTACHMENTS/DOCUMENTS

☐ Business formation documents (All documents filed with the CA Secretary of State (SOS). If foreign corporation, must include Certificate of Qualification from the SOS).

☐ Labor peace agreement or a notarized statement indicating that you will enter into and abide by the terms of a labor peace agreement, if answered "yes" to question 5.

☐ Limited sovereign immunity waiver, if answered "Yes" to question 6.

☐ Financial Information

AFFIRMATION AND 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 a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Applicant Signature	Printed Name	Date Signed

See Disclosures on the Next Page

DISCLOSURES

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a $100 penalty.

Detailed Description of the Owner's Convictions

Section 26051.5 of the Business and Professions Code authorizes the Bureau to collect detailed information of an owner's convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Owners should include convictions dismissed under Penal Code section 1203.4 or equivalent non-California law in their disclosures. Convictions dismissed under Health and Safety Code section 11361.8 or equivalent non-California law must also be disclosed. Juvenile adjudications and traffic infractions under $300 that did not involve alcohol, dangerous drugs, or controlled substances do not need to be included.

Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

Financial Information

To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. To do so, please contact CJ Croyts-Schooley by phone at (833) 768-5880, by e-mail at bcc@dca.ca.gov or by physical mail at Department of Consumer Affairs – Bureau of Cannabis Control, 1625 North Market Blvd, Suite S-202, Sacramento, CA 95834.

Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- Mailing address
- License number
- License status
- Original license issue date
- Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)