



# City of West Hollywood

## Cannabis Business Screening Application

### Applicant/Owner Information Form

**SECTION A - APPLICANT INFORMATION** Please provide the below business information for your cannabis business.  
**\*\*\*THE APPLICANT MUST BE AN OWNER\*\*\***

1. License Type: (check all that apply)     Adult-Use Retail     Consumption Area (smoking, vaping, ingestion)

Consumption Area (edible ingestion only)     Medical-Use     Cannabis Delivery (West Hollywood based)

2. Business Organizational Structure: (check one)

Sole Proprietorship     Limited Liability Company     General Partnership

Corporation     Limited Partnership     Limited Liability Partnership

3. Name (individual or sole proprietor first and last; all other business types use legal business name)	Doing Business As (DBA)
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If applicant is a business, list individual applying on behalf of the business

4. Primary Address	City	State	Zip Code
Mailing Address (if different than primary address)	City	State	Zip Code

5. Business Website (if any)	Email Address	Phone Number
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6. Social Security Number (SSN) or Taxpayer Identification Number (TIN); or Business's Federal Employer Identification Number (FEIN)

**SECTION B - PRIMARY CONTACT PERSON** This will be the contact person for any questions regarding the screening application.

7. Name	Title	Phone Number	Email Address
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**SECTION C - LIST OF OWNERS** An owner is defined as a person with an aggregate ownership interest of 20 percent or more, chief executive officer, member of the board of directors of a nonprofit, an individual who will be participating in the direction, control, or management of the person applying for a license, a partner of a commercial cannabis business that is organized as a partnership, a member of a limited liability company of a commercial cannabis business that is organized as a limited liability company, or an officer or director of a commercial cannabis business that is organized as a corporation. (attach additional pages if more owners)

8. Owner #1 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code

Owner #2 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code

**SECTION C Continued**

Owner #3 Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Owner #4 Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code

**SECTION D - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS (not meeting the definition of "owner")** 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 but not qualified as an owner. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and ownership % (if any). (attach additional pages if more non-owners)

9. Non-Owner #1 Name	Date of Birth	Ownership %
Non-Owner #2 Name	Date of Birth	Ownership %
Non-Owner #3 Name	Date of Birth	Ownership %
Non-Owner #4 Name	Date of Birth	Ownership %

**SECTION E - FICTITIOUS BUSINESS NAMES (if any)**

10. Business Name			
Address	City	State	Zip Code
Business Name			
Address	City	State	Zip Code

**AFFIRMATION AND CONSENT**

Under penalty of perjury, I hereby declare that the information contained within and submitted with the screening application is complete, true, and correct. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued. By signing below, I also hereby declare that I have read the application information packet and will adhere to the guidelines and requirements included in it.

Signature	Printed Name	Date Signed
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