



CANNABIS DELIVERY SERVICE BUSINESS LICENSE APPLICATION (Businesses Based In West Hollywood)

Department of Public Works
8300 Santa Monica Boulevard
West Hollywood, CA 90069
(323) 848-6375

Cannabis Delivery Service shall mean and include: The commercial transfer of cannabis or cannabis products to a customer located within the City of West Hollywood, including the use by a retailer of any technology platform owned and controlled by the retailer.

Only the top eight scoring applicants in the Cannabis Delivery Business License category, as determined by the Screening Application process outlined in WHMC 5.70.035, and adopted by the Application Evaluation Committee on February 7, 2019, are eligible to apply for a Cannabis Delivery Business License with the City of West Hollywood and shall use the following application packet to apply:

SUBMIT THE FOLLOWING ITEMS. Failure to submit the required information will constitute an incomplete application and will not be accepted by the Department of Public Works.

Application Checklist

Forms Included in the Application Packet	Items to be Provided by the Applicant	Provided	N/A
Completed Owner/Applicant Information	<input type="checkbox"/> Valid Government-issued ID or Drivers License (for all owners as defined in Section C) ⁴	<input type="checkbox"/>	
Acknowledgement of Operating Requirements	<input type="checkbox"/> California State Cannabis License (if already obtained)	<input type="checkbox"/>	
Cannabis Business Indemnity Agreement Form	<input type="checkbox"/> Detailed Business Floor Plan	<input type="checkbox"/>	
Agency Approvals for Issuance of Final License	<input type="checkbox"/> Neighborhood Layout (Elevations and Overhead) ³	<input type="checkbox"/>	
Notarized Owner's Affidavit	<input type="checkbox"/> Interior and Exterior Design Renderings ¹	<input type="checkbox"/>	
Additional Information Requested	<input type="checkbox"/> Odor Control Plan	<input type="checkbox"/>	
Completed Request for Live Scan Service for all owners (as defined in Section C) ⁴ and managers	<input type="checkbox"/> Proof of Business Ownership (i.e. DBA, Partnership Agreement, Articles of Incorporation, etc)	<input type="checkbox"/>	
Live Scan Results Release Authorization	<input type="checkbox"/> Copy of Deed, Lease, or Rental Agreement	<input type="checkbox"/>	
	Proof of Commercial General Liability Insurance	<input type="checkbox"/>	
	Additional Insured endorsement	<input type="checkbox"/>	
	Primary Coverage endorsement	<input type="checkbox"/>	
	Proof of Automobile Liability Insurance	<input type="checkbox"/>	
	Proof of Worker's Compensation Insurance	<input type="checkbox"/>	
	Security Operations Plan ^{1,2}	<input type="checkbox"/>	
	Copy of approved Zone Clearance (Distancing)	<input type="checkbox"/>	
	Application Fee - \$2,735.00 (make checks payable to "City of West Hollywood")	<input type="checkbox"/>	

1 Security Plan and Interior/Exterior Design Renderings presented in the screening application shall be updated to reflect the applicant's selected physical location, if a physical location was not identified in the screening application, or if the location identified in the screening application has changed.
 2 Security Operations Plan shall clearly state how it complies with WHMC 5.70.040(a)
 3 Text and graphic materials showing the site in the context of the immediate neighborhood and floor plan of the facility (WHMC 5.70.020.C).
 4 Section C of the Applicant/Owner Information Form

Date Received _____	Received By _____	Payment Method	Cash <input type="checkbox"/>
Notes _____			Check <input type="checkbox"/>
			Credit Card <input type="checkbox"/>

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CANNABIS DELIVERY SERVICE BUSINESS LICENSE APPLICATION (Businesses Based in West Hollywood) Applicant/Owner Information Form

SECTION 1 - APPLICANT INFORMATION Please provide the below business information for your cannabis business.
*****THE APPLICANT MUST BE AN OWNER*****

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

Primary Address	City	State	Zip Code
Mailing Address (if different than primary address)	City	State	Zip Code
Business Website (if any)	Email Address		Phone Number
Applicant SS#, TIN, or FEIN	DL/ID Number	Applicant D.O.B	Applicant Place of Birth

2. Business Organizational Structure: (check one)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership

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

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)

Owner #1 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code
Owner #2 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code
Owner #3 Name	Email	Ownership %	Title
Mailing Address	City	State	Zip Code

continued on next page

SECTION C Continued

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

SECTION D - FICTITIOUS BUSINESS NAMES (if any)

Business Name				
Address		City	State	Zip Code

Business Name				
Address		City	State	Zip Code

SECTION E - Additional Information (if additional room is needed, please provide it on a separate sheet of paper)

Have you or any of the other owners or prospective managers been licensed before (any business, any city)? Yes No

Please explain:

Have you or any of the other owners or prospective managers ever had a business license revoked? Yes No

Please explain:

Have you or any of the other owners or prospective managers ever been convicted of a criminal offense, other than a traffic violation? Yes No

Please explain:

SECTION F - PROPERTY OWNER INFORMATION

Is the applicant also the owner of the property where this business activity will take place? Yes No

If no, please provide the name, address, and contact information of the property owner. Additionally, you must provide a copy of the lease or rental agreement pertaining to the premises in which the cannabis business is or will be located:

Property Owner Name	Email	Phone #	Alt. Phone #	
Address		City	State	Zip Code

Under penalty of perjury, I hereby declare that the information contained within and submitted with the screening application and this 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 this application, the applicant is authorizing the City to verify the accuracy of the information in this application and the screening application.

Signature	Printed Name	Date Signed
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OPERATING REQUIREMENTS FOR CANNABIS DELIVERY SERVICES
WHMC 5.70.042

Business Name: _____

Delivery of cannabis from delivery services with delivery as the primary service, as well as adult-use and medical-use retailers to customers in West Hollywood is permitted, in accordance with the following requirements:

- a. All cannabis delivery services, whether physically located inside or outside the city, shall have an approved business license for a cannabis delivery service from the City of West Hollywood and be able to show compliance with the regulations of the originating jurisdiction.
- b. Every applicant for a delivery service license shall obtain and maintain in full force and effect the following automobile insurance policy: An automotive liability insurance policy, as required by subsection (c) of Section 5.08.120.
- c. The licensee shall maintain in force and effect at all times while the license is in effect workers' compensation insurance as required by law.
- d. Prior to the issuance of a license under this chapter, and at all times while the license is in effect, the licensee shall maintain on file with the Director proof of the insurance required hereunder.
- e. If the insurance policies issued to the licensee pursuant to this chapter are canceled for any reason, the license issued under this chapter is automatically suspended. In order to reinstate the license, the licensee shall file a new certificate of insurance and provide proof of such to the Director.
- f. Only delivery to persons twenty-one years of age or over shall be allowed and eighteen years of age and older if the customer is a medical patient.
- g. All drivers and anyone accompanying the driver must be at least twenty-one years of age or over.
- h. No signage on the exterior of the vehicle identifying the vehicle as a cannabis delivery vehicle shall be allowed.
- i. The amount of cannabis allowed in each delivery vehicle shall be in compliance with state law.
- j. All cannabis delivery service customers are required to be pre-registered with the delivery service prior to receiving deliveries of cannabis.
- k. A delivery service that has a physical location in West Hollywood may store cannabis and cannabis products for delivery in an area that shall not exceed seventy-five percent of the total floor area of the business's location, but in no case more than one thousand five hundred square feet.

By signing below, the applicant acknowledges that they have read and understood the operating requirements for Cannabis Delivery Services and agrees to abide by them. Failure to operate in the manner prescribed by these requirements, and any others set forth in State or Local law, may result in penalties being imposed, including, but not limited to, citations, revocation of the business license, or criminal prosecution.

Additionally, by signing below, the applicant acknowledges that they understand that the screening application will be included as a part of the business license application file and will be used by staff and the Business License Commission for purposes of reviewing and approving the application, and placing operating conditions on the business license pursuant to WHMC 5.08.210.

Signature _____

Date _____

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Cannabis Business Indemnity Agreement Form

City of West Hollywood
Department of Public Works
Business License
8300 Santa Monica Blvd.
West Hollywood, CA 90069
(323) 848-6375

The indemnification form must be filled out completely and notarized for any Cannabis Businesses authorized under WHMC Chapter 5.70 and WHMC Title 19, including Cannabis Businesses located outside the City that deliver cannabis into the City

The Licensee shall defend, indemnify and hold harmless the City and its City Council and each member thereof, and every officer and employee and agent of the City, from and against any and all liability, damages, judgments or financial loss resulting from any suits including all actual litigation costs incurred by City (including but not limited to court costs, attorney fees, and costs of experts and consultants), claims, losses, settlement obligations (including an award of attorney's fees) or actions brought by any person or public entity for damages or liability of any nature whatsoever, arising in any manner by reason of:

1. Any act, error, or omission by the Cannabis Business, its boards, officers, agents, employees, assigns, and successors; and/or
2. The City's processing of an application or issuance of a Business License (WHMC Chapter 5.70) or Land Use Permit (WHMC Title 19) for a Cannabis Business, including but not limited to, an action to challenge, void, revoke or otherwise modify the License or Land Use Permit, the associated environmental (CEQA) review, or to claim injury or personal property damage, any constitutional claim, or any action by any other public entity (including, but not limited to, the Federal Government) against the City from the processing or approval of the License or Land Use Permit.

The licensee shall promptly pay any final judgment rendered against the City (and its officers, officials and employees and agents) covered by this indemnity obligation. It is expressly understood and agreed that the foregoing provisions are intended to be as broad and inclusive as is permitted by the law of the State of California and will survive termination or expiration of the License or Land Use Permit. This indemnification obligation excludes liability resulting from the sole active negligence or wrongful conduct of the City of West Hollywood. The City's issuance of a Business License or Land Use Permit, which is authorized under the laws of the state of California, shall not be considered sole active negligence or wrongful conduct.

In the event the Licensee fails to comply with this agreement, in whole or in part, the City may withdraw its defense of the action, revoke or modify its approval of the License or Land Use Permit, or take any other action. The City retains the right to make all decisions with respect to its representations in any legal proceeding, including its inherent right to abandon or settle litigation. The City shall have the sole right to choose its counsel for defense of any action against the City covered by the indemnity obligation. The rights and remedies of the City provided in this agreement shall not be exclusive and are in addition to any other rights and remedies provided by law.

By signing this Indemnity Agreement Form, Licensee agrees to the terms of this form, agrees not to challenge any of the terms of this form, and accepts that all terms of this form are conditions precedent to the issuance of a License or Land Use Permit and declares under penalty of perjury that that the person signing this form is authorized to do so on behalf of the Licensee.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
Applicant Name	<input type="text"/>		
Applicant Address	<input type="text"/>	Personal Phone	<input type="text"/>
Business Address	<input type="text"/>	Business Phone	<input type="text"/>

For Notary Use Only

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 California)
)
County of _____)

On _____ before me, _____, a Notary Public in and for said State, personally appeared, _____, 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 _____

(Place seal here)

Agency Approvals

Business Name: _____

Business Address: _____

Each of the following agencies must be contacted by the applicant in order to obtain their approvals and signatures as noted below.

This document does not need to be completed to submit the application. However, **a final license will not be issued and the business cannot operate until all signatures are received**

Business Tax Certificate - The applicant must obtain a business tax certificate for their business.

Building and Safety - The applicant must obtain final approval from Building & Safety once all physical improvements have been completed.

- Building & Safety will give their approval only after all building permits have been obtained and a final inspection has been conducted.

Planning - The applicant must obtain approval from Planning for the urban design of the business.

- The Urban Designer will ensure that the design of the project is in substantial compliance with the pre-screening application and any Planning permits issued for entitlements.
- The business license will not be issued until this signature is obtained.

Risk Management - The Risk Management Officer will sign once they have verified that all required insurance documents and endorsements are provided.

Business License Officer - The Business License Officer will sign-off on the application once all other documentation has been completed and submitted to the satisfaction of the City.

Business Tax Certificate

Cashier

1st Floor of City Hall
City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, CA 90069
Hours: 8:00 AM - 6:00 PM Weekdays
(323) 848-6451

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Building & Safety

(On-Site Inspection)

City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, CA 90069
Contact: Inspection Line - Message
(323) 848-6335 or (323) 848-6320

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Agency Approvals (continued)

Business Name: _____

Business Address: _____

Finance - Risk Management

8300 Santa Monica Blvd.
West Hollywood, CA 90069

Contact: **Aileen Ward**
(323) 848-6509
award@weho.org

Call or email for appointment

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Planning

City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, CA 90069

Contact: Urban Designer
Hours: Call for Appointment
(323) 848-6475

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Agency Approvals (continued)

Business Name: _____

Business Address: _____

Business License Officer

City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, CA 90069
Contact: Business Licensing
(323) 848-6437
Dept. of Public Works (323) 848-6375
Fax (323) 848-6564

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

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City of West Hollywood
Department of Pubic Works
Code Compliance Division - Business License
8300 Santa Monica Blvd.
West Hollywood, CA 90069
(323) 848-6375

OWNER'S AFFIDAVIT/ACKNOWLEDGEMENT FORM

The acknowledgement form must be filled out completely and notarized for the following business activities:

- Model Studio
- Escort Bureaus/Introductory Services
- Fortune Tellers
- Picture Arcade
- Adult Bookstore
- Parking and Valet Services
- Cannabis Businesses

I (We), _____, (Owner Name) hereby declare under the penalty of perjury that I (we) am (are) the owner(s)of the property located at

(Property Address), Assessor's Parcel Number _____, in the City of West Hollywood, California ("Property"). I (we) acknowledge that the application being filed concurrently herewith contemplates

_____ 's (Applicant's Name) intention to operate a _____ (Type of Business) under the business name of

_____ (Business Name) on the Property. I (we) hereby consent to the filing of the application and to the operation of a _____ (Type of Business) on the Property.

Property Owner's Signature: _____ Date: _____

Property Owner Address: _____

Property Owner Phone: _____

Capacity Claimed by Signer (Individual, Partner(s), Trustee(s), Corporate Officer(s), Attorney-In-Fact, Other):

For Notary Use Only

State of California)
)
County of _____)

On _____ before me, _____, a Notary Public in and for said State, personally appeared, _____, 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 _____

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REQUEST FOR EVIDENCE OF INSURANCE

Cannabis Delivery Service Business License

PLEASE PROVIDE THIS TO YOUR INSURANCE AGENT FOR PROPER PROCESSING

As part of your process to secure a Cannabis Delivery Service Business License with the City of West Hollywood you are required to provide evidence of insurance coverage as outlined below. Kindly return your completed insurance documents to your City representative.

Certificate Holder: The City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, California 90046

Required Coverages & Endorsements:

- Commercial General Liability (CGL) insurance in an amount of not less than one million dollars (\$1,000,000) per occurrence.
- Automobile Liability insurance in an amount of not less than Three Hundred Thousand dollars (\$300,000) combined single limit.
- The CITY OF WEST HOLLYWOOD, its elected or appointed officers, officials, employees, agents, and volunteers are to be covered as additional insureds on the Commercial General Liability (CGL) insurance.

****Requires a policy endorsement***

- Named insured must state their insurance is primary and non-contributory by policy endorsement or proof of appropriate "Other Insurance" clause in the CGL policy form.

****Requires a policy endorsement***

- Workers' Compensation Insurance as required by law.
- Certificate should indicate 30 day notice of cancellation or change in coverage.

Please note: not providing the proper insurance documentation may delay the processing of your business license. Refer to WHMC Title 5.70.030.

Insurance requirements can be found in WHMC 5.08.120 and 5.70.042.

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ADDITIONAL INFORMATION REQUIRED

Cannabis Delivery Services (page 1)

(if additional room is needed, please provide it on a separate sheet of paper)

Business Name: _____

Business Address: _____

Delivery Description: Describe your cannabis delivery service:

Delivery Ordering: Describe how customers order product:

Delivery Vehicle Information: Describe the number of delivery vehicles and the location of vehicle storage:

Delivery Service Area: Describe the delivery service area:

Age Verification: Describe your process for screening, registration and validation for qualified medical cannabis patients and that purchasers of medical-use cannabis are eighteen years of age or older:

ADDITIONAL INFORMATION REQUIRED

Cannabis Delivery Services (page 2)

(if additional room is needed, please provide it on a separate sheet of paper)

Patient Records and Acquisition: Provide a description of your qualified medical patient records acquisition and retention procedures:

Cannabis Quantities/ Inventory Tracking: Provide a description of the process for tracking cannabis quantities and inventory controls, including on-site cultivation (if any), processing and cannabis products received from outside sources:

Chemical Storage/ Effluent Discharge: Please provide a description of chemicals stored or used on-site and any effluent proposed to be discharged into the city's wastewater or storm water systems:

ADDITIONAL INFORMATION REQUIRED

Cannabis Delivery Services (page 3)

(if additional room is needed, please provide it on a separate sheet of paper)

Have you applied for a State cannabis license?

Yes

No

If so, what license types have you applied for?

Does your application deviate from the screening application?

Yes

No

If so, please explain all deviations and provide a justification for the deviation.

NOTE: Applicants are required to operate in the manner proposed in the screening application on which it was scored. Only certain justified deviations will be allowed, as determined by the City Manager or Business License Commission. By way of example only, a deviation from the screening application may be justified if the applicant applied for five license types and was only awarded one. The business concept may need to be adjusted to account for the fact there will only be one licensed activity.

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Live Scan Requirements for Cannabis Business License Applicants

Pursuant to WHMC 5.70.030, the applicant (including all "owners" as defined by State law) and any proposed or prospective manager shall undergo a background investigation.

Applicants, owners, and managers shall not have been convicted of:

1. Any offense relating to possession, manufacture, sales, or distribution of a controlled substance, with the exception of cannabis related offenses;
2. Any offense involving the use of force or violence upon the person of another;
3. Any offense involving theft, fraud, dishonesty or deceit;
4. Sales of cannabis to a minor or use of a minor to distribute cannabis;
5. Any crime involving moral turpitude which is substantially related to the business activity for which the license is being sought (WHMC 5.08.080).

Cannabis business license applications will not be processed until a Request for Live Scan Service and a Live Scan Results Release Authorization form have been submitted for all owners and applicants identified in the application as well as any prospective managers.

All fees associated with the Live Scan process shall be paid to the Live Scan processor at the time of service.

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This page is a placeholder for the Request for Live Scan Service Form (BCII 8016). The City is not yet able to provide a completed version of this form. Once it is ready to be released, the City will post it on www.weho.org/cannabis.

Cannabis Business License Applications will be accepted by the City without the Live Scan having been completed. However, final licenses will not be issued until all applicants, owners, and prospective managers have successfully completed the criminal background check process.

If you have questions about the Live Scan process or when this form will be released, please contact Daniel Mick (Code Compliance Supervisor) at 323-848-6882 or dmick@weho.org.

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