



City of Hesperia

9700 Seventh Avenue
Hesperia, CA 92345
(760) 947-1315

Medical Cannabis Delivery Business License Application

Please Type or Print – Application must be legible

Application for a Medical Cannabis Delivery Permit must comply fully with Hesperia Municipal Code Chapter 5.50 and Chapter 16.16, in addition to all other state and local laws. Failure to submit a complete application package will result in denial by the City and will require re-submittal of the application, along with all applicable fees. **Please review the Medical Cannabis Delivery Business Permit checklist carefully and submit all required documents to the City as a complete application package.**

Applicant and Business Information

Applicant Name: _____

Business Name: _____

Business Location (Address): _____ City: _____ Zip: _____

Business Mailing Address: _____ City: _____ Zip: _____

Business Phone: _____

Manager Name: _____

Manager Phone: _____

Property Owner Name: _____

Property Owner Address: _____ City: _____ Zip: _____

Property Owner Phone: _____

**Business Description. List all products, including any accessories. List Edible Products by their common name.
(Attach additional sheet if necessary)**

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Owner or Proprietor Tax Information

Ownership Type: Sole Proprietor Partnership Corporation

Business Name: _____

Social Security #: _____

Federal Tax ID (If Corporation OR Partnership): _____

State Sales Tax #: _____

Employee Information

Please list the first name, last name, and position of every employee – use a separate sheet, formatted in this fashion if necessary. Attach color copies of Driver License or State Issued Identification for each employee with the application.

First Name	Last Name	Position

Note: This application is a public record which may be released in compliance with the California Public Records Act

Notices and Signature of Understanding

NOTICE:	Business Licenses are required prior to commencing operation and expire as stated in the Hesperia Municipal Code. Issuance of a Business License in no way releases the applicant from compliance with any provisions of Federal, State, County, or City laws, including without limitation; zoning, building, and health and safety regulations. This application may be circulated to relevant Federal, State, County and City agencies and departments for review, inspection and law enforcement purposes.
WARNING:	Information provided in the above application will become matters of public record and will be subject to disclosure with the exception of social security number(s) and Federal ID number(s).
CANNABIS BUSINESS	I understand the City's regulations regarding Cannabis Businesses. I agree to comply fully with all state and local codes regarding the delivery and distribution of cannabis. I understand that failure to follow all state and local laws will result in the revocation of my business license and notification by the City to the State of California of non-compliance.
AGREEMENT TO DEFEND	By signing, I agree to defend, at the delivery dispensary permit holder's sole expense, any action against the City, its elected officials, employees, agents, officers, and representatives, and each and all of them individually, which arises from the operation of the delivery dispensary. And to reimburse the City for any court costs and attorney fees that the City may be required to pay as a result of such action.

I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of California that I have read and understand all information contained within this application and that the information contained in the application is complete, true and correct, and that I have read and understand that any State and/or other licenses are in full force and effect

I agree to allow the Director as well as the Police Department, to conduct reasonable inspections of the location of the delivery dispensary at the discretion of the City, including but not limited to inspection of security, inventory, and written records and files pertaining to the delivery dispensary, for the purposes of ensuring compliance with local and state law.

Signature: _____ **Print Name:** _____

Date Signed: _____

Office Use Only

Application Type: **New** **Business License #:** _____
 Renewal **ZONING** _____
 Extension

Planning Verification **By:** _____

Cash/Check (Check #): _____

Receipt Number: _____