



City of Hesperia
PLANNING DIVISION

Date Submitted: _____

APPLICATION FOR MEDICAL CANNABIS DELIVERY PERMIT

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.**

Owner or Proprietor Information

Ownership Type: Sole Proprietor Partnership Corporation

Business Name: _____

Applicant Information – Owner Acknowledgement

APPLICANT 1: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

APPLICANT 2: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

LEGAL REPRESENTATIVE

(IF ANY): _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

MANAGER OR RESPONSIBLE

PERSON FOR DELIVERY SERVICE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

FAX: _____ E-MAIL: _____

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

LEGAL ACKNOWLEDGEMENT (attach additional pages, formatted in the same manner if necessary)

This letter shall serve to notify you and verify that I/we am/are the legal owners of the property described and attached hereto and do hereby authorize:

NAME: _____

ADDRESS: _____

TELEPHONE: _____
to file and represent my/our interest in the above referenced applications(s).

I/we am/are the legal owners of said property; have read the foregoing Letter of Authorization and know the contents thereof; and so hereby certify that the same is true of my/our own knowledge. I/we certify (or declare) under penalty of perjury under the laws of the State of California that the information contained in the above referenced application(s) is true and correct.

SIGNATURE(S) OF LEGAL OWNER(S): _____	_____
	DATE
_____	_____
	DATE
_____	_____
	DATE
_____	_____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, _____

NOTARY PUBLIC

SITE DEVELOPMENT

APN#: _____ ADDRESS: _____

LAND USE DESIGNATION: _____

PROPOSED USE(S): _____

Medical Cannabis Delivery Business Permit Questionnaire

Type of goods to be delivered: _____

Quantities (estimate) per week: _____

Total Number of Employees: _____

of Employees on Largest Shift: _____

Hours of Operation
(Limited to 7AM to 7PM) _____

Distance Requirements Met? Yes No

Facility Size in sq. ft. _____

Number of delivery vehicles parked at facility _____

Name of Security Company:
(must be compliant with Chapter 5.50.100 C(4)) _____

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

Signature: _____ Print Name: _____

Date Signed: _____