



**CITY OF EL MONTE**  
**Commercial Cannabis Business License Application**  
 11333 Valley Blvd.  
 El Monte, CA 91731  
 Phone: (626) 258-8626  
 cannabis@elmonteca.gov

<i>DEPARTMENT USE ONLY</i>	
APPLICATION # _____	
SUBMITTAL DATE _____	

GENERAL INFORMATION				
Corporate Name				
Business Name (DBA) [If Applicable]				
Business Address				
City	State	Zip Code	Area Code/Telephone	
Mailing Address (if different from Business Address)				
Sole Proprietor	Partnership	Corporation	L.L.P.	L.L.C.
Business E-Mail		Fed Tax ID No.	State ID No.	
Does your business have a California State License?		Yes	No	Classification(s)
State License Number				
Applicant Contact Name				
Home Address			Area Code/Telephone	
Driver's License No.	State	Expiration Date	Social Security No.	
Property Owner 1 Name (Attach sheet with additional owners if necessary)				
Home Address			Area Code/Telephone	
Driver's License No.	State	Expiration Date	Social Security No.	
Business Owner 1 Name (Attach sheet with additional owners if necessary)				
Home Address			Area Code/Telephone	
Driver's License No.	State	Expiration Date	Social Security No.	



**APPLICANT CERTIFICATION**

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I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of El Monte permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, consultants, and other Agencies in order to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the El Monte Municipal Code and State law.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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 \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature \_\_\_\_\_

**PROPERTY OWNER CONSENT**

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**If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Ordinance No. 2960 of the El Monte Municipal Code. Original signatures only.**

**I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**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 \_\_\_\_\_**

**Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.**

**(Seal) Signature \_\_\_\_\_**

## **El Monte Limitations on City's Liability and Certifications, Assurances and Warranties – (Must be completed by all applicants)**

### **a. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY OF EL MONTE**

The applicant and all owners and operators hereby waives and releases the City from any and all liability for monetary damages related to or arising from the application for a permit, the issuance of the permit, or the enforcement of the conditions of the permit. The applicant certifies that under no circumstances shall the applicant cause any cause of action for monetary damages against the City of El Monte, the permitting official or any City employee or agent as a result of this permit application or issuance or the enforcement of the conditions of the permit.

### **b. RELEASE CITY OF EL MONTE FROM LIABILITY FOR ISSUING THE APPLICANT A PERMIT**

By applying for a permit pursuant to the El Monte Commercial Cannabis Business Permit and by accepting a permit, from the City of El Monte Community and Economic Development Department acting as the El Monte Local Permitting Authority, the applicant/permittee, owners and operators, and each of them, waives and releases El Monte, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees; clients or customers of the applicant/permittee for a violation of state or federal laws, rules or regulations relating to cannabis activities.

### **c. AGREEMENT TO INDEMNIFY CITY OF EL MONTE**

By applying for a permit pursuant to the El Monte Commercial Cannabis Permit Program and by accepting a permit, from the El Monte Community and Economic Development Department acting as the El Monte Local Permitting Authority, the applicant/permittee, owners and operators, and each of them, jointly and severally if more than one, agrees to indemnify, defend and hold harmless El Monte, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the commercial cannabis business that is the subject of the permit.

- d. The applicant, commercial cannabis business manager and anyone with an ownership interest in the business referenced herein represents and certifies they have submitted to a Live Scan and/or background check no earlier than 30 days prior to the date of this application.**
- e. For renewals, the applicant represents and certifies that they continue to hold in good standing any permit/license required by the State of California where applicable for a commercial cannabis business operation.**
- f. The applicant understands that operators, employees and members of the commercial cannabis business may be subject to prosecution under Federal Laws.**

**g. The person whose signature appears below is authorized to sign this application on behalf of the business and has submitted this information and all attachments as required by the application process to obtain a commercial cannabis permit from the City of El Monte.**

**I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a permit pursuant to El Monte Municipal Code Chapter 5.18 and in compliance with El Monte Ordinance No. 2960, and all other applicable Sections of this Ordinance.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Date**

**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 \_\_\_\_\_**

**Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.**

**(Seal) Signature \_\_\_\_\_**



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0192200  
ORI (Code assigned by DOJ)

CANABIS LC 11105(B)(11)PC  
Authorized Applicant Type

CANNABIS BUSINESS LICENSE  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

CAPDEL MONTE  
Agency Authorized to Receive Criminal Record Information

23733  
Mail Code (five-digit code assigned by DOJ)

11333 VALLEY BLVD  
Street Address or P.O. Box

SGT. RICHARD LUNA  
Contact Name (mandatory for all school submissions)

EL MONTE CA 91731  
City State ZIP Code

(626) 580-2101  
Contact Telephone Number

#### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

#### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170