



CANNABIS BUSINESS OPERATING PERMIT APPLICATION

Property Location: Address: _____ APN: _____

Applicant: *In signing this application, I, as Applicant, certify that I have obtained written authorization from the property owner and have attached separate documentation showing my full legal capacity to file this application. I further certify that all information and exhibits submitted are true, accurate, and complete.*

Name: _____
 Contact Person: _____
 Address: _____
 _____ Zip: _____
 Phone: () _____
 Email Address: _____
 Signature: _____ Date: _____

Property Owner: *In signing this application, I, as Property Owner, certify that I have full legal capacity to, and hereby do, authorize the filing of this application. I further certify that I have reviewed the application and approve the use of the property for the purposes stated in the application.*

Note: all property owners must sign if property is jointly owned.

Name: _____
 Address: _____
 _____ Zip: _____
 Phone: () _____
 Email Address: _____
 Signature: _____ Date: _____

All owners of the proposed business must sign the application form. If more than four owners, please use a second application form.

Business Owner: *In signing this application, I, as an owner of the proposed business, certify that all information and exhibits submitted are true and correct.*

Name: _____
 Address: _____
 _____ Zip: _____
 Phone: () _____
 Email Address: _____
 Signature: _____ Date: _____

Business Owner: *In signing this application, I, as an owner of the proposed business, certify that all information and exhibits submitted are true and correct.*

Name: _____
 Address: _____
 _____ Zip: _____
 Phone: () _____
 Email Address: _____
 Signature: _____ Date: _____

Business Owner: *In signing this application, I, as an owner of the proposed business, certify that all information and exhibits submitted are true and correct.*

Name: _____
 Address: _____
 _____ Zip: _____
 Phone: () _____
 Email Address: _____
 Signature: _____ Date: _____

Business Owner: *In signing this application, I, as an owner of the proposed business, certify that all information and exhibits submitted are true and correct.*

Name: _____
 Address: _____
 _____ Zip: _____
 Phone: () _____
 Email Address: _____
 Signature: _____ Date: _____

APPLICANT AGREES TO HOLD THE CITY OF EL CERRITO (CITY) HARMLESS FOR ALL COSTS AND EXPENSES, INCLUDING ATTORNEY'S FEES, INCURRED BY THE CITY OR HELD TO BE THE LIABILITY OF THE CITY IN CONNECTION WITH THE CITY'S DEFENSE OF ITS ACTIONS IN ANY PROCEEDING BROUGHT IN ANY STATE OR FEDERAL COURT CHALLENGING THE CITY'S ACTIONS WITH RESPECT TO THE APPLICANT'S PROJECT.