



City of Long Beach  
**Office of Cannabis Oversight**  
333 West Ocean Blvd., 7th Floor  
Long Beach, CA 90802  
Ph: (562) 570-5250 Email: [angie.maina@longbeach.gov](mailto:angie.maina@longbeach.gov)

## Cannabis Social Equity Program Verification

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### Verification Process

The purpose of this document is to provide information and guidelines and should not be construed as legal advice or as a substitute for legal counsel. To qualify as an Equity Applicant for the Cannabis Social Equity Program (“Equity Program”), you must meet the following eligibility criteria:

- You are applying as a person, not a company.
- In the last year, your annual family income was at or below 80% Los Angeles – Long Beach – Glendale (LA County) Area Median Income (AMI). Your annual family income is adjusted based on the size of your family. Please visit our website to check your AMI.
- Have a net worth below \$250,000.
- Meet at least **1** of the following **3** criteria:
  - Have lived in a Long Beach census tract for a minimum of 3 years where at least 51% of current residents have a household income at or below 80% of the Los Angeles County Area Median Income (AMI).
  - Was arrested or convicted for a crime relating to the sale, possession, use, or cultivation of cannabis in the City of Long Beach prior to November 8, 2016 that could have been prosecuted as a misdemeanor or citation under California law.
  - Is a Long Beach resident currently receiving unemployment benefits.

You must submit all required documents and be verified as an Equity Applicant before applying for an adult-use cannabis business license to receive Equity Program benefits. All documents submitted to the Office of Cannabis Oversight (“OCO”) must be typed or handwritten clearly in blue or black ink. All documents must also be correct and complete in all aspects. You may submit all required documents to be verified as an Equity Applicant by mail, email, or in-person to:

Long Beach City Hall  
7th Floor, Office of Cannabis Oversight  
333 W. Ocean Blvd, Long Beach, CA 90802  
Email: [angie.maina@longbeach.gov](mailto:angie.maina@longbeach.gov)

Monday through Friday  
7:30 a.m. to 4:00 p.m.

The OCO will review all of the documents you submit and will send you a verification letter letting you know if you meet the eligibility criteria above as an Equity Applicant. Once you are verified as an Equity Applicant, you may apply for an adult-use cannabis business license as an Equity Business if you have a minimum of 51% ownership of the business that is applying for an adult-use cannabis business license.

As an Equity Business, you must still meet the requirements of Long Beach Municipal Code Chapter 5.92 to apply for an adult-use cannabis business license. The following two documents must be included with the adult-use cannabis business license application to apply as an Equity Business and receive Equity Program benefits:

1. Verification letter issued by the Office of Cannabis Oversight
2. Verification of Equity Business Ownership Form

Once you submit the documents above with your adult-use cannabis business license application, your Equity Business will be eligible to receive the following Equity Program benefits:

- Access to application assistance workshops
- Fee waivers
- Expedited application review
- Expedited facility plan check review
- Cultivation tax deferrals

**PLEASE NOTE:** If the OCO determines that you did not meet the eligibility criteria for the Equity Program, you will receive a letter from the OCO that you do not qualify as an Equity Applicant and are not eligible to receive Equity Program benefits. If you do not qualify as an Equity Applicant, you may still apply for an adult-use cannabis business license without Equity Program benefits or assistance.

For information or questions on eligibility requirements or how to submit a verification form, please contact the Office of Cannabis Oversight at (562) 570-5250 or email us at [angie.maina@longbeach.gov](mailto:angie.maina@longbeach.gov).

Reminder to All Applicants: Any document or record that is used, retained, or maintained by the City during the course of business is considered public record. Unless a specific exemption from disclosure applies, the City may be required to disclose application information in response to a California Public Records Act request (Government Code Section 6250 et seq.).

**CANNABIS SOCIAL EQUITY PROGRAM VERIFICATION FORM**

(All forms must be typed or clearly printed in blue or black ink)

**EQUITY APPLICANT INFORMATION**

FIRST NAME
LAST NAME
MAILING ADDRESS
EMAIL
PHONE NUMBER
HOW SHOULD WE GET IN CONTACT WITH YOU?  <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL

**ELIGIBILITY CRITERIA**

To qualify as an Equity Applicant, you must meet the following eligibility criteria:

1. Apply as a person, not a company.
2. In the last year, your annual family income was at or below 80% Los Angeles – Long Beach – Glendale (LA County) Area Median Income (AMI). Your annual family income is adjusted based on the size of your family. Please visit our website to check your AMI.
3. Have a net worth below \$250,000.
4. Meet at least **1** of the following **3** criteria:
  - a) Have lived in a Long Beach census tract for a minimum of 3 years where at least 51% of current residents have a household income at or below 80% of the Los Angeles County Area Median Income (AMI).
  - b) Was arrested or convicted for a crime relating to the sale, possession, use, or cultivation of cannabis in the City of Long Beach prior to November 8, 2016 that could have been prosecuted as a misdemeanor or citation under California law.
  - c) Is a Long Beach resident currently receiving unemployment benefits.

Yes, I meet the eligibility criteria                       No, I do meet the eligibility criteria

## SUPPORTING DOCUMENTATION

For eligibility criteria (2) and (3), please provide the following supporting documentation as **proof of income**:

- Federal tax returns
- At least **1** of the following documents:
  - Two months of pay stubs
  - Current Profit and Loss Statement
  - Balance Sheet
  - Proof of current eligibility for General Assistance, Food Stamps, Medical/CALWORKs
  - Supplemental Security Income
  - Social Security Disability (SSI/SSDI)

For eligibility criteria (4), please provide supporting documentation for at least **1** of the following:

- (4a) For **proof of residency**, please provide a minimum of 2 of the documents listed below, evidencing a minimum of 3 years of residency. All residency documents must list the **first and last name** of the applicant, and the Long Beach residence address in a qualifying Long Beach census tract.
  - California driver's record or driver's license
  - California identification card record
  - Property tax billing and payments
  - Verified copies of state or federal income tax returns where a Long Beach address within a qualifying Long Beach census tracts is listed as a primary address
  - School records
  - Medical records
  - Banking records
  - Long Beach Housing Authority records
  - Utility, cable or internet company billing and payment covering any month in each of the 3 years.
- (4b) For **proof of conviction**, please provide federal or State court records indicating the disposition of the criminal matter. NOTE: If you wish to submit court records concerning arrests or conviction you sustained as a juvenile, you should obtain permission from the appropriate juvenile court before sharing those records with us.
  - Federal court records
  - State court records
- (4c) For **proof of unemployment benefits**, please provide the following:
  - Notice of Unemployment Insurance Award* issued by the State of California Employment Development Department (EDD), evidencing an active claim at the time of submission of this application.
  - Proof of residency anywhere in Long Beach by providing a minimum of 2 of the residency documents described above under eligibility criteria 4(a).

OATH OF APPLICATION

I declare under penalty of perjury that all of the information provided in this application and provided in all attachments are true and correct. I certify that this application has been complete to the best of my knowledge. I have read, understand, and will ensure compliance with the provisions of Long Beach Municipal Code Chapter 5.92. I also acknowledge that it is my responsibility to comply with the provisions of the Long Beach Municipal Code and all laws, rules, and regulations which govern my application to be eligible for the Cannabis Social Equity Program. I acknowledge and understand that including false, misleading, or fraudulent information in this application may cause my adult-use cannabis business license application to be denied or my adult-use cannabis business license to be suspended or revoked.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)