



**THE CITY OF LONG BEACH**

**MEDICAL MARIJUANA  
BUSINESS LICENSE  
APPLICATION**

**DEPARTMENT OF FINANCIAL MANAGEMENT  
BUSINESS SERVICES BUREAU  
333 W. Ocean Blvd 4<sup>TH</sup> FLOOR  
Long Beach, CA 90802**

**(562) 570-6211**

[lbiz@longbeach.gov](mailto:lbiz@longbeach.gov)

# City of Long Beach

## Medical Marijuana Business License Application Instructions

### Definitions

- **Applicant Name:** The applicant name entered on this application is your registered legal entity name. This should be the same business name you used to register with the California Secretary of State. If you are a Sole Proprietor, this is your full legal name. **Applicant Name should not be the name of an officer of the legal entity.**
- **Corporation Number:** California Secretary of State Corporation Registration Number. When you register your legal entity with the California Secretary of State they will provide you with a corporation registration number.
- **Ownership Structure:** This is the type of business entity associated with your business name. Choices are: For-Profit Corporation, Non-Profit Corporation, Limited Liability Company, General Partnership, Limited Partnership, and Sole Proprietor.
- **Address and Contact Information:** The mailing address, phone number, and email address is how the City of Long Beach will communicate with you. This address can be different than the physical address of the proposed business premises. The mailing address and contact information can be changed at any time.
- **Proposed Business Location:** The physical address where you plan to run your licensed medical marijuana business. You must have a proposed business location at the time of application and you may not change your proposed business location during the application process.
- **Community Relations Liaison:** Each Medical Marijuana Business shall designate a Community Relations Liaison. The Liaison shall receive all complaints regarding the Medical Marijuana Dispensary, and make good faith attempts to promptly resolve all complaints. To address community complaints and concerns, the name and telephone number for the Liaison shall be made publicly available. Each Medical Marijuana Business Liaison is required to respond by phone or email within three (3) business days of contact by a City official concerning the Medical Marijuana Business. The name and contact information for Liaison of the medical marijuana business shall be conspicuously posted on the main entry doors to the business.
- **Seller's Permit:** A person or entity engaged in business in California is required to obtain a Seller's Permit from the California State Board of Equalization. The requirement to obtain a seller's permit applies to individuals as well as corporations, partnerships, and limited liability companies. Both wholesalers and retailers must apply for a Seller's permit.
- **City of Long Beach Commercial/Industrial Business License:** Each property owner of a proposed Medical Marijuana Business needs to obtain a commercial/industrial business license with the Business License Division in the City of Long Beach. The commercial/industrial business license allows the property owner to lease the property to a potential tenant.
- **Labor Peace Agreement:** Labor peace agreement means an agreement between a licensee and a bona fide labor organization that, at a minimum, prohibits labor organizations and members from engaging in picketing, work stoppages, boycotts, and any other economic interference with the applicant's business. This agreement means that the applicant has agreed not to disrupt efforts by the bona fide labor organization to communicate with, and attempt to organize and represent, the applicant's employees. The agreement shall provide a bona fide labor organization access at reasonable times to areas in which the applicant's employees work, for the purpose of meeting with employees to discuss their right to representation, employment rights under state law, and terms and conditions of employment. This type of agreement shall not mandate a particular method of election or certification of the bona fide labor organization.

## **Application Guidelines**

The following information is intended to provide general information and guidelines and should not be construed as legal advice or as a substitute for legal counsel.

Medical Marijuana Business licenses are issued by dual licensing authorities. A Medical Marijuana Business is required to obtain both a local license and a state license, once made available. The state law, the Medicinal and Adult-Use Cannabis Regulations and Safety Act (MAUCRSA), and the local law, Long Beach Municipal Code Chapter 5.90, regulate medical marijuana business licensees, and it is the applicant's burden to understand and comply with those laws and regulations.

Business license applications must be submitted to the City of Long Beach Business License Division and will be forwarded along to the approving departments. The application process takes several months from the filing and acceptance of a completed application, and will include inspections of the premise to be licensed. Once all departments have inspected the property and approved the application and all associated plans, the Department of Financial Management will issue a business license to the applicant. No medical marijuana operations are permitted at a facility until the local license is issued for such operation.

All forms must be typed or legibly printed in blue or black ink. Applications must be accurate and complete in all aspects including applicable documentation as required. Incomplete applications will be rejected. **If any portion of the operating plan for the business is referenced in the applicable sections of the application, you must include the specific section and/or page number of the operating plan.** A checklist is provided with the application for your assistance.

Applications for a Medical Marijuana Business License must be submitted with a non-refundable application fee. The application fee is based on the number of owners and business managers listed on the application.

| <b># of Owners and Business Managers</b> | <b>Application Fees*</b> |
|--|--------------------------|
| 1  | \$200.45                 |
| 2  | \$345.45                 |
| 3  | \$490.45                 |
| 4  | \$635.45                 |
| 5  | \$780.45                 |
| 6  | \$925.45                 |

**\*subject to change without notice**

Checks should be made payable to the "City of Long Beach".

Applicants for a new Medical Marijuana business license, transfer of an existing license or change of location of an existing Medical Marijuana business license may be subject to additional fees and/or licenses required prior to operation.

Medical Marijuana Business Licenses will not be issued until a Certificate of Occupancy has been obtained for the premises and has passed City of Long Beach Fire Department inspections, as applicable. Businesses must apply for a medical marijuana business license before they will be considered for a Certificate of Occupancy.

Only the person(s) identified within the application will be able to represent the applicant with any transaction or correspondence with the City during the application process. All correspondence originating from the City to the applicant will be sent by mail or email at the City's discretion. Any mail will be sent to the mailing address indicated on the application. Emails will only be sent to the applicant/business email listed. **Applicants are responsible for maintaining the mailing and email addresses listed on their application and monitoring mail or email. Applicants must immediately notify the City of any changes to the listed mailing or email addresses.**

At the time of application, the applicant will be required to pay all application fees, including but not limited to the background investigation fee. If the same owners and/or business managers are applying for multiple marijuana business licenses within a 6 month time frame, the background investigation fee may be applied as credit toward the business license account at a later date.

Live Scan receipts for each owner and business manager will be due at the time of application (see checklist on page 4). **Live Scan forms and detailed instructions are available on the Medical Marijuana Website at [www.longbeach.gov/medicalmarijuana](http://www.longbeach.gov/medicalmarijuana).**

Internal Use  
Only

## Medical Marijuana Business License Application Checklist

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. An interior floor plan of the proposed premises, on paper no larger than 11" x 17" (multiple sheets allowed), to include the dimensions of interior floor plan, the location of all exit doors, widths of doors and panic hardware, the principal uses of the floor area including where non-patients will be permitted, private consulting areas, storage areas, retail areas, areas for cash handling and storage, and restricted areas, and the separation of the areas that are open to persons who are not patients from those areas open to patients.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Photographs accurately depicting the entire interior and exterior of the proposed business site, including entrances, street frontages, parking, front, rear, and sides of the proposed site.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A map of any surrounding business and/or residence within approximately 300 feet. Distance does not have to be exact. Google and Bing maps are acceptable. Satellite view preferred.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Proof of Worker's Compensation Insurance. Documents may include quotations from an insurance agency, a "will serve" letter from an insurance agency, and/or formal certificates of insurance. See the FAQ's on the Medical Marijuana Website for more details ( <a href="http://www.longbeach.gov/marijuana">www.longbeach.gov/marijuana</a> ).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Proof of Liability Insurance. Documents may include quotations from an insurance agency, a "will serve" letter from an insurance agency, and/or formal certificates of insurance. See the FAQ's on the Medical Marijuana Website for more details ( <a href="http://www.longbeach.gov/marijuana">www.longbeach.gov/marijuana</a> ).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Copy of CA Seller's Permit. NOTE: The Seller's Permit must be issued to the proposed business site. (Visit <a href="http://www.cdtfa.ca.gov">www.cdtfa.ca.gov</a> for more information).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Copy of Property Owner's City of Long Beach Commercial/Industrial Business License  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Copy of Fictitious Business Name Filing, if applicable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Corporation, Limited Liability Companies, Limited Liability Partnerships:<br>a. Copy of your Articles of Incorporation/ Organization; and<br>b. Copy of your Statement of Information   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Operating Plan to include the information as outlined in the operating plan instructions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. If the applicant is not the owner of the proposed business location, a notarized Property Owner Authorization Form found on page 13 of the application. The Property Owner Authorization and Notary must be original. Photocopies will not be accepted.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. If the applicant is the owner of the proposed business location, a copy of the title or deed to the property.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Proof Entity is Registered and in Good Standing with Secretary of State and Franchise Tax Board (website screenshots will suffice).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Copy of one (1) fully legible valid government issued form of identification for each Medical Marijuana Business License applicant owner and business manager. Please note that acceptable forms of government issued identification include, but are not limited to: Driver's licenses or photo identity cards issued by the Department of Motor Vehicles that meet REAL ID benchmarks, a passport issued by the United States or by a foreign government, U.S. Military I.D. cards (active duty or retired military and their dependents), or a Permanent Resident Card. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Copy of Live Scan receipt/completion for each owner and business manager. If a Live Scan for a City of Long Beach marijuana business license application has been completed within the previous 6 months, include the Live Scan receipt from the previous application in place of a new Live Scan receipt. <b>Live Scan forms and detailed instructions are available on the Medical Marijuana Website at <a href="http://www.longbeach.gov/medicalmarijuana">www.longbeach.gov/medicalmarijuana</a>.</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Copy of Labor Peace Agreement (if available/applicable).   |

### PLEASE NOTE:

\*The City of Long Beach reserves the right to request additional information and documentation throughout the course of the application investigation and process.

\*Legal documents included as part of this application must be properly signed and executed.

\*Applications will be administratively closed if the application process has not been completed within 12 months.

Note: This is NOT a Medical Marijuana Business Permit. Do not operate until a valid permit is issued.

**APPLICATION FOR MEDICAL MARIJUANA BUSINESS LICENSE**

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

**NEW LICENSE APPLICATION**

This application must be accompanied by an application fee (see page 3). Checks should be made payable to the "City of Long Beach".

**Note: You must submit a separate application for each medical marijuana business. Applicants are limited to the license categories per MAUCRSA regulations.**

Type of Business (Select One Only):

- |   |   |
|---|---|
| <input type="checkbox"/> Marijuana Dispensary (Application Period Closed) | <input type="checkbox"/> Laboratory Testing     |
| <input type="checkbox"/> Marijuana Delivery (Application Period Closed)   | <input type="checkbox"/> Cultivation Facility   |
| <input type="checkbox"/> Distribution Facility                            | <input type="checkbox"/> Manufacturing Facility |

**APPLICANT INFORMATION**

|   |                            |
|---|----------------------------|
| APPLICANT NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR): |                            |
| BUSINESS NAME (DBA):  |                            |
| PLACE AND DATE OF FILING OF FICTICIOUS BUSINESS NAME (DBA):               |                            |
| APPLICANT/BUSINESS PHONE:*  | APPLICANT/BUSINESS EMAIL:* |
| BUSINESS SITE ADDRESS:  |                            |
| MAILING ADDRESS:*   |                            |
| COMMUNITY RELATIONS LIAISON NAME:   |                            |
| COMMUNITY RELATIONS LIAISON EMAIL:  |                            |
| COMMUNITY RELATIONS LIAISON PHONE:  |                            |
| SELLER'S PERMIT NUMBER:   |                            |

**\*Note: Contact information provided in these fields will be used by the City to communicate with applicant.**

**OWNERSHIP STRUCTURE**

- For-Profit Corporation       Non-Profit Corporation       Limited Liability Company (LLC)  
 General Partnership       Limited Partnership (LLP)       Sole Owner

Please fill out the following section associated with the ownership structure selected above.

|   |   |
|---|---|
| <b>CORPORATION OR LIMITED LIABILITY COMPANY (LLC):</b>  |   |
| NAME OF CORPORATION/LIMITED LIABILITY COMPANY(LLC):   |   |
| CORPORATION/LLC NUMBER:   |   |
| DATE AND PLACE OF INCORPORATION/ORGANIZATION:   |   |
| LOCATION HEADQUARTERS:  |   |
| FEDERAL TAX ID NUMBER:  |   |
| NUMBER OF SHARES ISSUED BY CORPORATION:   | NUMBER OF SHARES RETAINED BY CORPORATION: |
| NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS DESIGNATED BY THE CORPORATION WITH THE CALIFORNIA SECRETARY OF STATE                           |   |
| <b>PLEASE NOTE:<br/>ATTACH CERTIFIED COPIES OF ARTICLES OF INCORPORATION/ORGANIZATION AND STATEMENT OF INFORMATION/ORGANIZATION, AND ALL AMENDMENTS THERETO THIS APPLICATION.</b> |   |

|   |  |
|---|--|
| <b>GENERAL OR LIMITED PARTNERSHIP:</b>  |  |
| NAME OF PARTNERSHIP:  |  |
| PLACE AND DATE OF FILING OF ARTICLES OR CERTIFICATE OF PARTNERSHIP OR LIMITED PARTNERSHIP:  |  |
| <b>PLEASE NOTE:<br/>ATTACH CERTIFIED COPIES OF ARTICLES OF PARTNERSHIP OR LIMITED PARTNERSHIP, OR OTHER WRITTEN EVIDENCE OF PARTNERSHIP STATUS AND ALL AMENDMENTS THERETO THIS APPLICATION.</b> |  |

|                         |  |
|-------------------------|--|
| <b>SOLE OWNER:</b>      |  |
| LAST NAME:              | FIRST NAME:                                |
| HOME PHONE:             | CELL PHONE:                                |
| EMAIL ADDRESS:          |  |
| DATE OF BIRTH:          | PLACE OF BIRTH:                            |
| SOCIAL SECURITY NUMBER: | DRIVER'S LICENSE NUMBER AND ISSUING STATE: |

**IF THE APPLICANT IS A CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP, LIST ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS, POSITION HELD, AND PERCENTAGE OWNED (IF APPLICABLE).**

|                          |                   |
|--------------------------|-------------------|
| NAME:                    | TITLE:            |
| RESIDENCE ADDRESS:       |                   |
| PHONE:                   | EMAIL:            |
| POSITION HELD:           | PERCENTAGE OWNED: |
| DATE OF BIRTH:           | PLACE OF BIRTH:   |
| DRIVER'S LICENSE NUMBER: | ISSUING STATE:    |

|                          |                   |
|--------------------------|-------------------|
| NAME:                    | TITLE:            |
| RESIDENCE ADDRESS:       |                   |
| PHONE:                   | EMAIL:            |
| POSITION HELD:           | PERCENTAGE OWNED: |
| DATE OF BIRTH:           | PLACE OF BIRTH:   |
| DRIVER'S LICENSE NUMBER: | ISSUING STATE:    |

|                          |                   |
|--------------------------|-------------------|
| NAME:                    | TITLE:            |
| RESIDENCE ADDRESS:       |                   |
| PHONE:                   | EMAIL:            |
| POSITION HELD:           | PERCENTAGE OWNED: |
| DATE OF BIRTH:           | PLACE OF BIRTH:   |
| DRIVER'S LICENSE NUMBER: | ISSUING STATE:    |

|                          |                   |
|--------------------------|-------------------|
| NAME:                    | TITLE:            |
| RESIDENCE ADDRESS:       |                   |
| PHONE:                   | EMAIL:            |
| POSITION HELD:           | PERCENTAGE OWNED: |
| DATE OF BIRTH:           | PLACE OF BIRTH:   |
| DRIVER'S LICENSE NUMBER: | ISSUING STATE:    |

**\*Attach additional pages if necessary**

## **BUSINESS MANAGERS**

| <b>LIST ANY BUSINESS MANAGERS ASSOCIATED WITH THE MEDICAL MARIJUANA BUSINESS</b> |                 |
|--|-----------------|
| NAME:  | TITLE:          |
| RESIDENCE ADDRESS:   |                 |
| PHONE:   | EMAIL:          |
| POSITION HELD:   |                 |
| DATE OF BIRTH:   | PLACE OF BIRTH: |
| DRIVER'S LICENSE NUMBER:   | ISSUING STATE:  |
|  |                 |
| NAME:  | TITLE:          |
| RESIDENCE ADDRESS:   |                 |
| PHONE:   | EMAIL:          |
| POSITION HELD:   |                 |
| DATE OF BIRTH:   | PLACE OF BIRTH: |
| DRIVER'S LICENSE NUMBER:   | ISSUING STATE:  |
|  |                 |
| NAME:  | TITLE:          |
| RESIDENCE ADDRESS:   |                 |
| PHONE:   | EMAIL:          |
| POSITION HELD:   |                 |
| DATE OF BIRTH:   | PLACE OF BIRTH: |
| DRIVER'S LICENSE NUMBER:   | ISSUING STATE:  |
|  |                 |
| NAME:  | TITLE:          |
| RESIDENCE ADDRESS:   |                 |
| PHONE:   | EMAIL:          |
| POSITION HELD:   |                 |
| DATE OF BIRTH:   | PLACE OF BIRTH: |
| DRIVER'S LICENSE NUMBER:   | ISSUING STATE:  |

**\*Attach additional pages if necessary**

Note: This is NOT a Medical Marijuana Business Permit. Do not operate until a valid permit is issued.  
Medical Marijuana Business License Application - Page 8



**PROPERTY INFORMATION**

BUSINESS SITE ADDRESS:

TOTAL BUSINESS SQUARE FOOTAGE:

TERMS OF LEGAL POSSESSION FOR WHICH APPLICATION IS MADE (check all that apply):

OWN                       LEASE                       LETTER OF PROPERTY OWNER AUTHORIZATION

IF LEASED, PROVIDE THE TERMS:    START DATE: \_\_\_\_\_    END DATE: \_\_\_\_\_

IF OWNED, PROVIDE THE DATE OF PURCHASE: \_\_\_\_\_

IF THE PROPERTY IS OWNED OR LEASED, ATTACH A COPY OF PROOF OF OWNERSHIP OR A COPY OF THE LEASE.

Attached is an original fully executed Letter of Authorization for each owner, landlord, and leasing agent of the property listed on the application. The Letter of Authorization is required, even if the applicant owns or leases the property.

NOTE: If the property is owned, rented, or leased by more than one person, a separate authorization form must be submitted for each owner, landlord, and leasing agent or equivalent.

PROPERTY OWNER NAME:

PROPERTY OWNER PHONE:

PROPERTY OWNER EMAIL ADDRESS:

PROPERTY OWNER'S CITY OF LONG BEACH COMMERCIAL/INDUSTRIAL BUSINESS  
LICENSE ACCOUNT NUMBER:

DOES THE APPLICANT HAVE A PROPOSED SATELLITE CULTIVATION SITE IN LONG BEACH? (FOR DISPENSARIES AND/OR MANUFACTURERS ONLY)     Yes     No

Describe the proposed use for each interior/exterior room/area at the proposed business site: (Attach additional pages to the application if necessary)

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Will edible marijuana products, defined in LBMC Section 5.90, be prepared at the proposed business site?

Yes                       No

If "Yes," describe the type of products (Attach additional pages if necessary):

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**BUSINESS OPERATIONS**

ESTABLISHMENT HOURS OF OPERATION:

| Day   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| Open  |        |         |           |          |        |          |        |
| Close |        |         |           |          |        |          |        |

Provide a description of the products and services to be provided by the medical marijuana business (Attach additional sheets if necessary, or reference the relevant page(s) of the Operating Plan):

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Provide a detailed description of the business plan to dispose of any medical marijuana or product that is not sold in a manner that protects it from being ingested by an animal or person (Attach additional sheets if necessary, or reference the relevant page(s) of the Operating Plan):

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Provide a detailed description of the ventilation systems used in the marijuana business including but not limited to how the ventilation systems prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process (Attach additional sheets if necessary, or reference the relevant page(s) of the Operating Plan):

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Provide a detailed description of the Point of Sale (POS) software the business will be using to track inventory and/ or sales of marijuana (Attach additional sheets if necessary, or reference the relevant page(s) of the Operating Plan):

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Please provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used in your business process (Attach additional sheets if necessary, or reference the relevant page(s) of the Operating Plan):

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What is the projected daily average and peak electric load anticipated to be used by the business and what are the necessary upgrades (if any) to be performed in order to fulfill the needs of the electric load? (Attach additional sheets if necessary, or reference the relevant page(s) of the Operating Plan):

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### SECURITY INFORMATION

|  |   |
|--|---|
| Will security guards be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," how many security guards? _____ |
|--|---|

Is any other type of security provided?     Yes     No

If "Yes," describe the type of security:

Days and hours security guards will be provided (fill out completely):

| Day               | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------------|--------|---------|-----------|----------|--------|----------|--------|
| <b>Start Time</b> |        |         |           |          |        |          |        |
| <b>End Time</b>   |        |         |           |          |        |          |        |

Provide the name, address, telephone number, business license account number, and PPO number of the security company that will be used. **NOTE:** A copy of the security guards' CA state license must be maintained on file at the business at all times. The company must have a valid business license in the City of Long Beach.

Provide the name, address, and telephone number of the alarm monitoring company that will be used. **NOTE:** The company must have a valid business license in the City of Long Beach.

Provide a list of all members with access to the surveillance camera system to be used (Attach additional pages if necessary, or reference the relevant page(s) of the Operating Plan):

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Provide a detailed description of the security plan for the proposed business (Attach additional pages if necessary, or reference the relevant page(s) of the Operating Plan):

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## BACKGROUND INFORMATION

State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which it is held, and expiration date thereof:

Has the Medical Marijuana Business License applicant previously operated in this City or any other county, city, or state under a similar license or permit?

YES       NO

If "Yes," attach an explanation including the license/permit issuing city, county, state, and the license and/or permit identification number(s).

Has the Medical Marijuana Business License applicant had any of the previously issued licenses or permits mentioned above revoked or suspended?

YES       NO

If "Yes," attach an explanation for the revocation/suspension.

Has any owner, business manager, member, or employee ever been denied a medical marijuana business license in the City of Long Beach or had a licensed suspended or revoked?

If "Yes," what was the license account number? \_\_\_\_\_

If "Yes," what was the date the license was suspended/revoked? \_\_\_\_\_

Has any owner or business manager ever been convicted of a felony?

YES       NO

For each Management Employee convicted of a crime or currently on probation or parole as set forth above, attach with this application the first and last name of the Management Employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.



**CITY OF LONG BEACH**  
 DEPARTMENT OF FINANCIAL MANAGEMENT  
 BUSINESS RELATIONS BUREAU  
 BUSINESS LICENSE SECTION

333 W. Ocean Boulevard, 4th Floor • Long Beach, CA 90802 • (562) 570-6211 FAX (562) 499-1097 Email: LBBIZ@LongBeach.Gov

**PROPERTY OWNER/ LANDLORD AUTHORIZATION FOR INSPECTION AND RIGHT TO OPERATE A  
 MEDICAL MARIJUANA BUSINESS**

I, \_\_\_\_\_, am the legal owner / landlord / lessor of real property located at  
 (Name of Property Owner/ Landlord) (Circle One)

\_\_\_\_\_, Long Beach, California. I authorize the Medical  
 (Proposed Business Site)

Marijuana Business entitled \_\_\_\_\_ to operate a medical  
 Applicant (Corporation/LLC/Partnership/Sole Owner)

marijuana business at the property, as that term is defined in state law and the Long Beach Municipal Code, for the  
 specific use(s) of \_\_\_\_\_  
 (Land uses(s) set forth in the Medical Marijuana Business application – e.g. cultivation, manufacturing, etc.)

set forth in the Medical Marijuana Business License Application submitted to the City of Long Beach by

\_\_\_\_\_ and allow the City of Long Beach to enter the property for  
 Applicant (Corporation/LLC/Partnership/Sole Owner)

inspection of the property. I further understand that as the legal owner / landlord / lessor of the property, I am  
 responsible for any violation and nuisance activity which may occur at this property. I declare under penalty of perjury that  
 the foregoing information is true and correct. Executed this

\_\_\_\_\_ day of \_\_\_\_\_ 2017, at Long Beach, California.

\_\_\_\_\_  
 (Signature of legal owner/landlord/lessor)

\_\_\_\_\_  
 (Printed Name & Title)

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

\_\_\_\_\_  
 (Signature of legal owner/landlord/lessor)

\_\_\_\_\_  
 (Printed Name & Title)

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

\_\_\_\_\_  
 (Signature of legal owner/landlord/lessor)

\_\_\_\_\_  
 (Printed Name & Title)

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

**\*This authorization form will not be valid without notarization. The authorization form automatically expires upon sale or transfer of the property to a new legal owner. If sale or transfer of the property occurs prior to obtaining a business license, the applicant must resubmit this notarized form with approval of the new legal owner / landlord / lessor of the property.**

**LBMC CHAPTER 5.90 VERIFICATION OF MEDICAL MARIJUANA PROHIBITED ACTIVITY**

The undersigned owners and managers, on behalf of the herein Medical Marijuana Business Permit applicant,

\_\_\_\_\_, declare under penalty of perjury that they

**Applicant (Corporation/LLC/Partnership/Sole Owner)**

have read and understand the attached provisions of Long Beach Municipal Code (LBMC) Section 5.90, and shall, collectively and individually ensure that neither the Medical Marijuana Business nor its employees and Management Employees shall engage in the following prohibited activity set forth in LBMC 5.90, which states in relevant part that:

- (A) It shall be unlawful for any person or entity to operate, in or upon any property, a Medical Marijuana Business without first obtaining all required State licenses and a business license or permits issued by the City;
- (B) It shall be unlawful for the owner of a building to allow the use of any portion of a building by a Medical Marijuana Business unless the tenant has a valid business license permit, or has applied for and not been denied, a business license permit;
- (C) No pesticides or insecticides prohibited by federal, state, or local law for fertilization or production of edible produce may be used on any marijuana cultivated, produced, or distributed by a Medical Marijuana Business;
- (D) No Medical Marijuana Business may have a drive through lane or drive up window and no Medical Marijuana may be dispensed from a drive through lane or drive up window;
- (E) All cultivation, production, distribution, possession, storage, display, sales or other distribution of marijuana shall occur only within an enclosed area of a medical marijuana business and shall not be visible from the exterior of the business;
- (F) Consultations by medical professionals shall not be permitted at a Medical Marijuana Business nor as a permitted accessory use at a medical marijuana business;
- (G) It shall be unlawful for any of the following persons to have an ownership interest or a managerial responsibility in a Medical Marijuana Business, and no license or permit may be issued to or held by, and no Medical Marijuana Business shall be managed by: (a) Any person until all required fees have been paid; or (b) Any person who has been convicted within the previous ten (10) years of any violent or serious felony as specified in Sections 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit, or embezzlement or who is currently on parole or probation for the sale or distribution of a controlled substance; or (c) Any person who is under twenty-one (21) years of age; or (d) Any person who operates or manages a Medical Marijuana Business contrary to the provisions of this Chapter, or conditions imposed on land use or license approvals, or contrary to the terms of the plans submitted with the permit application, or amended as permitted by this Chapter; or (e) A licensed physician making patient recommendations; or (f) A person licensed and permitted to operate pursuant to this Chapter who, while lawfully operating, or who, at the time of application, has failed to remedy an outstanding delinquency for City taxes or fees owed, or prosecuting officer, or an officer or employee of the State or City of Long Beach; or (h) Applicants or entities (including Management Employees) that have a previous record of violating federal or state laws relating to workplace safety, wages and compensation, employee discrimination, or union activity.
- (H) It shall be unlawful to operate a Medical Marijuana Business or to grow medical marijuana outside of an enclosed building;
- (I) It shall be unlawful for any person to transport medical marijuana, except as specifically allowed by this Chapter and State law;
- (J) It shall be unlawful for any Property owner, landlord, and lessee, Medical Marijuana Business employee or Manger or any other person having any responsibility over the operation of the Medical Marijuana Business to refuse to allow, impede, obstruct, or interfere with an inspection;
- (K) It shall be unlawful for any person to cause, permit or engage in the cultivation, possession, distribution, exchange or giving away of marijuana for medical or non-medical purposes except as provided in this Chapter;
- (L) It shall be unlawful for any person to cause, permit, or engage in any activity related to Medical Marijuana except as provided in this Chapter and pursuant to all other applicable local and state law;
- (M) It shall be unlawful for any person to knowingly make any false, misleading or inaccurate statement or representation in any form, record, filing or documentation required to be maintained, filed, or provided to the City of Long Beach under this Chapter;
- (N) No Medical Marijuana Dispensary shall be open to or provide Medical Marijuana to qualified patients or employees between the hours of eight (8) pm and nine (9) am;
- (O) No person under the age of eighteen (18) shall be allowed on the Property, unless that minor is a qualified patient and is accompanied by his or her licensed attending physician, parent(s) or documented legal guardian;
- (P) No Medical Marijuana Dispensary, Management Employee or employee shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the Property or in the parking area of the Property;
- (Q) No dried Medical Marijuana shall be stored at the property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the property;
- (R) Medical Marijuana may not be inhaled, smoked, eaten, ingested, or otherwise consumed on the Property, or in the parking areas of the Property or in those areas restricted under the provisions of Health and Safety Code §11362.79.

\_\_\_\_\_  
(Signature of Owner/Management Employee)

\_\_\_\_\_  
(Printed Name & Title)

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

\_\_\_\_\_  
(Signature of Owner/Management Employee)

\_\_\_\_\_  
(Printed Name & Title)

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

\_\_\_\_\_  
(Signature of Owner/Management Employee)

\_\_\_\_\_  
(Printed Name & Title)

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

**CERTIFICATION OF LABOR PEACE AGREEMENT**

I, \_\_\_\_\_, certify that the medical marijuana business, if employing two or more employees (as defined in the California Business and Professions Code Sections 19322(a)(6)(B) and 19322(a)(6)(C)), at the proposed property will enter into, or has entered into, a labor peace agreement and the medical marijuana business will abide by the terms of the labor peace agreement. If the City becomes aware that a labor peace agreement has been violated, I must provide a copy to the City upon request.

|  |                        |        |
|--|------------------------|--------|
| (Signature of Owner/Management Employee) | (Printed Name & Title) | (Date) |
| (Signature of Owner/Management Employee) | (Printed Name & Title) | (Date) |
| (Signature of Owner/Management Employee) | (Printed Name & Title) | (Date) |

**OATH OF APPLICATION**

The undersigned owners and managers of the applicant, \_\_\_\_\_, declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I have read, understand, and will ensure compliance with the provisions of Long Beach Municipal Code (LBMC) Chapter 5.90. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Long Beach Municipal Code and all laws, rules, and regulations which govern my medical marijuana business license application and business operation.

|  |                        |        |
|--|------------------------|--------|
| (Signature of Owner/Management Employee) | (Printed Name & Title) | (Date) |
| (Signature of Owner/Management Employee) | (Printed Name & Title) | (Date) |
| (Signature of Owner/Management Employee) | (Printed Name & Title) | (Date) |