



COMMERCIAL CANNABIS BUSINESS  
COMPETITIVE SELECTION APPLICATION  
Retail storefront, Non-storefront, & Microbusiness

**APPLICANT (ENTITY) INFORMATION**

APPLICANT (ENTITY) NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PRIMARY CONTACT (Same as above?  Yes  No): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS LICENSE IN CONCORD:  Yes  No

Select one or more of the following categories. For each category, indicate whether you are applying for Adult-Use, Medicinal, or both.

- Adult Use  Medical Use  Adult and Medical Use
- Retail (Storefront)  Retail (Non-Storefront)  Microbusiness (with retail storefront)

Business Formation Documentation: Describe how the business is organized (attach to Business Plan) and select an option below:

- Sole Partnership  Corporation  S-Corporation  Limited Liability Company  Limited Partnership

PROPERTY OWNER NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Zoning Verification Letter (Please attach):  Yes  No

Zoning Compliance Fact Sheet (Please attach):  Yes  No

Assessor's Parcel Number (APN): \_\_\_\_\_

Proposed Location Square Footage: \_\_\_\_\_

**APPLICATION SUBMITTAL CHECKLIST**

Applications failing to submit any of the required Exhibits listed in the Request for Proposal (RFP) document and attachments listed in the checklist below will be determined ineligible:

Required Attachments

- A-1 Initial Deposit
- A-2 Trust Account Agreement Form
- A-3 Proof of Property Control
- A-4 Limitations on City's Liability and Certifications, Assurances and Warranties
- A-5 Proposal/Application Financial Responsibility, Indemnity and Consent to Inspection Terms
- A-6 Zoning Compliance Fact Sheet
- A-7 Proof of Provisional Background Check
- A-8 Zoning Verification Letter issued by the City

**SUPPORTING INFORMATION** (attach additional sheets as necessary)

List all fictitious business names the applicant is operating under, including the address where each business is located:

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Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time during the past three (3) years? If so, please list and explain:

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Is the Applicant or any of the businesses owners currently involved in an application process in any other jurisdiction?

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Has the Applicant(s) been subject to any prior code enforcement action whether in or out of the City of Concord? Is there a code enforcement action present on the subject building location?

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**APPLICATION CERTIFICATION**

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 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 Concord permission to reproduce submitted materials for distribution to staff, Committees, Commission, Board, the City Council, and other Agencies 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 City of Concord Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in and submitted with the application is true, complete, and accurate. I understand that a misrepresentation of the facts is cause for rejection of this application, denial of a license or revocation of an issued license.

\_\_\_\_\_  
**Name**

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

\_\_\_\_\_  
**Title**

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

For details about the information required as part of the proposal submittal process, see the Application Instructions and Procedures, City of Concord Municipal Code Chapters 5.80, Title 18, and any additional requirements to complete the application process. All documents can be found online at [www.cityofconcord.org/cannabis](http://www.cityofconcord.org/cannabis).

## OWNER INFORMATION

**It must be completed by all owners. The total ownership percentage should equal 100%.**

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Add more pages as necessary to accommodate all Commercial Cannabis Business Owners**