



CITY OF BELLFLOWER
 PLANNING DIVISION
 16600 CIVIC CENTER DR.
 BELLFLOWER, CA 90706
 562-804-1424
www.bellflower.org

STAFF USE ONLY

PROJECT CASE NO.:	RECEIVED BY:	DATE:
ENERGOV CASE NO.:	RECEIPT NO.:	
ZONING:	GPLU:	

CANNABIS BUSINESS PERMIT (CBP) AND MEDICAL CANNABIS BUSINESS PERMIT (MCBP) MODIFICATION APPLICATION

Please complete this application thoroughly and attach all required documentation. If you have any questions about this application process, please email tsais@bellflower.org. **Only applications from current CBP/ MCBP permittees will be accepted.** Note that all permits that were originally approved (2017) were MCBPs and have been since converted to CBPs.

APPLICATION FEE: A non-refundable application review fee of **\$3,410.00 minimum with an additional \$100.00 per person for more than one lives scan/ background check** is due upon submission of Modification CBP.

Applicant Name: _____

Current Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Business/Applicant Federal Employer Identification Number: _____

Current CBP/MCBP Numbers(s): _____

Property Owner: _____ Telephone (Day/Night): _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

I, _____, am the property owner for the subject property and have read and understand all statements, including the filing requirements for this application. I hereby authorize _____ to act as my representative and to bind me in all matters concerning this application. I hereby affirm under penalty of perjury that the foregoing statements, facts, and attachments are true and correct. I understand that this application for entitlement may be denied, modified, or approved with conditions, and that such conditions or modifications must be satisfied before a cannabis business permits is valid. I understand that by filing the application, information on the application including, without limitation, to the name and address will be included on public records that are posted on the internet. A verified signature (e.g., Docusign) is attached acknowledging and consenting to use of the real property as a medical cannabis-related business by the Applicant.

Property Owner's Signature	Date	Applicant's Signature	Date

MODIFICATION CHECKLIST

At the time of submission all application review fees must be paid (\$3,410.00 minimum with an additional \$100.00 per live scan/background check) along with three hard copies of the application and a USB with all materials uploaded and properly labeled.

ALL APPLICATIONS MUST INCLUDE:

- ORIGINAL PROPRIETOR(S) NAMES.
- PERCENTAGE OF BUSINESS INTEREST EACH PERSON(S) HAVE IN THE BUSINESS ENTITY WHEN THE ORIGINAL MCBP/CBP WAS ISSUED.
- FINANCIAL STATEMENTS DEMONSTRATING ADEQUATE FINANCING.
“Adequate Financing” means a minimum of \$400,000 as demonstrated by a letter of credit or other financial records (Resolution No. 17-44)
- THE IDENTIFICATION OF ANY INDIVIDUAL WITH A FINANCIAL INTEREST IN THE APPLICANT INCLUDING THE ADDRESS, PHONE NUMBER, EMAIL ADDRESS, DESCRIPTION OF PERCENTAGE OWNERSHIP INTEREST, AND COPIES OF GOVERNMENT ISSUED IDENTIFICATION FOR EACH INDIVIDUAL.
- PROOF OF BUSINESS ENTITY.
Secretary of State
- VALID STATE CANNABIS LICENSE(S).
Bureau of Cannabis Control
- EACH NEW PERSON LISTED ON THE APPLICATION WILL UNDERGO FINGERPRINT- BASED CRIMINAL HISTORY RECORDS CHECK CONDUCTED BY THE CITY POLICE DEPARTMENT (or the Los Angeles County Sheriff’s Department) WHICH INCLUDES LIVE SCAN AND ANY INDICATED FOLLOW-UP INVESTIGATION.
- EACH NEW PERSON LISTED ON THE APPLICATION MUST DISCLOSE WHETHER IT WAS (OR IS) A DEFENDANT IN ANY CURRENT OT PAST CIVIL OR CRIMINAL ENFORCEMENT ACTION. IF SUCH ENFORCEMENT ACTION IS CONCLUDED, THE PERSON MUST DISCLOSE THE OUTCOME; IF SUCH ENFORCEMENT IS PENDING, THE APPLICANT MUST DISCLOSE THE STATUS.

IF THE APPLICATION SEEKS A NAME CHANGE FOR A CORPORATE ENTITY THE APPLICATION MUST ALSO INCLUDE:

- A COPY OF THE APPLICANT’S ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION.

- A COPY OF THE APPLICANT'S BYLAWS OR OPERATING AGREEMENT.
- A COPY OF THE APPLICANT'S CERTIFICATE OF STATUS ISSUED BY THE CALIFORNIA SECRETARY OF STATE.
- A COPY OF THE APPLICANT'S ENTITY STATUS LETTER FROM THE CALIFORNIA FRANCHISE TAX BOARD.

IF THE APPLICATION SEEKS AN OWNERSHIP CHANGE THE APPLICATION MUST ALSO INCLUDE:

- EVIDENCE DEMONSTRATING THERE HAS BEEN NO CHANGE IN OWNERSHIP SINCE THE ORIGINATION DATE.
- EVIDENCE DEMONSTRATING THAT THE OWNERSHIP WILL BE SUBSTANTIALLY THE SAME AS ON THE ORIGINATION DATE. SUCH EVIDENCE MAY INCLUDE (IF AVAILABLE FROM THE ORIGINATION DATE) A COMPARISON OF OWNERSHIP INTEREST ON THE ORIGINATION DATE AND APPLICATION FOR A MODIFICATION CBP AND MUST INCLUDE AN AFFIDAVIT SIGNED UNDER PENALTY OF PERJURY PURSUANT TO THE LAWS OF THE STATE OF CALIFORNIA THAT THE PERMITTEE'S KEY INDIVIDUALS WILL CONTINUE IN THE SAME POSITION OR IN A POSITION WITH GREATER RESPONSIBILITY WITH THE PERMITTEE.
- AN EXPLANATION REGARDING THE REASONS FOR THE REQUEST TO CHANGE OWNERSHIP.
- IF THE CHANGE IN OWNERSHIP WILL ADD PERSONS NOT PREVIOUSLY CONSIDERED BY THE CITY COUNCIL ON THE ORIGINATION DATE, THOSE PERSONS MUST MEET THE MINIMUM QUALIFICATIONS REQUIRED BY THE CANNABIS REGULATIONS WHICH REPLICATED HERE: A PERSON OF GOOD CHARACTER, HONESTY, AND INTEGRITY; A PERSON WHOSE BACKGROUND, REPUTATION AND ASSOCIATIONS WILL NOT RESULT IN ADVERSE PUBLICITY FOR THE CITY OF BELLFLOWER OR ITS ECONOMIC DEVELOPMENT; AND HAS ADEQUATE BUSINESS COMPETENCE AND PRACTICAL EXPERIENCE FOR OPERATING THE CANNABIS RELATED BUSINESS.