



**CITY OF BELLFLOWER**  
 PLANNING DIVISION  
 16600 CIVIC CENTER DR.  
 BELLFLOWER, CA 90706  
 562-804-1424  
[www.bellflower.org](http://www.bellflower.org)

**STAFF USE ONLY**

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

## **CANNABIS BUSINESS PERMIT (CBP) RENEWAL 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](mailto:tsais@bellflower.org) and [ecorpuz@bellflower.org](mailto:ecorpuz@bellflower.org). **Only applications from current CBP permittees will be accepted.**

**APPLICATION FEE:** A non-refundable application review fee of **\$6,357** is due upon submission per CBP. If approved for renewal, an annual permit administration fee of **\$30,229** and an education fee of **\$5,000** must be paid for each type of permit.

Applicant Name: \_\_\_\_\_

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 permit 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 cannabis-related business by the Applicant.

Property Owner's Signature	Date	Applicant's Signature	Date

## **RENEWAL CHECKLIST:**

**For each permit, provide the information requested below.**

At the time of submission all application review fees must be paid (\$6,357.00 per cannabis business use) along with three hard copies of the application and a USB with all materials uploaded and properly labeled.

- PROPRIETOR(S) NAMES  
*\*Note that changes may result in a renewal application being rejected or revoked.*
- LIST OF OWNERSHIP NAME(S) AND KEY MANAGEMENT PERSONNEL  
*\*Make note of any changes in Ownership<sup>1</sup>, including Key Management Personnel, as defined in the Cannabis Regulations.*  
*\*Note that changes may result in a renewal application being rejected or revoked.*
- DATE(S) THAT OPERATIONS COMMENCED AS DEFINED BY THE BELLFLOWER MUNICIPAL CODE AND ADMINISTRATIVE POLICIES AND PROCEDURES  
*\*If not open, provide a written description of progress made to date, per use.*
- CODE ENFORCEMENT CASES/ AGAINST THE PERMITTEE IN ANY JURISDICTION  
*\*If so, provide a written description of incident.*
- LAW ENFORCEMENT CALLS FOR SERVICES AT THE PERMITTEE'S LOCATION  
*\*If so, provide a written description of incident.*

### **INCLUDE:**

- 2023, 2024 and 2025 FINANCIAL PROJECTIONS  
*\*For each CBP*
- PROOF OF BUSINESS ENTITY  
*\*Secretary of State*
- VALID STATE CANNABIS LICENSE(S)  
*\*Bureau of Cannabis Control*
- UPDATED PHOTOS OF THE LOCATION  
*\*Maximum of 2 per CBP*
- COMPLETED OWNERSHIP CERTIFICATION FORM (ATTACHED)

**A public hearing will be held to determine if permits will be renewed. If renewed, an annual permit administration fee of \$30,229 and an education fee of \$5,000 must be paid for each type of permit not later than January 5, 2023.**

---

<sup>1</sup> Defined as "A person with an aggregate ownership interest of 25 percent or more in the person seeking a CBP or a permittee seeking a CBP Renewal, unless the interest is solely a security, lien, or encumbrance; or an individual who will be participating in the direction, control, or management of a permittee."



**Ownership Certification  
Cannabis Business Permits (CBP)  
City of Bellflower**

I, \_\_\_\_\_ hereby certify and declare under penalty of perjury in  
(Full Legal Name)  
accordance with the laws of the state of California that:

1. I am an authorized representative of \_\_\_\_\_.  
(Cannabis Business Permittee)
2. There has be no-change in the ownership of \_\_\_\_\_ between  
(Cannabis Business Permittee)  
the originally issued CBP and a renewed CBP, unless approved by the City Council  
through a Modification application in accordance with the Cannabis Regulations.
3. **“Ownership”** is defined as a person with an aggregate ownership interest of 25 percent  
or more in the person seeking a CBP or a permittee seeking a CBP Renewal, unless the  
interest is solely a security, lien, or encumbrance; or an individual who will be  
participating in the direction, control, or management of a permittee.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

by \_\_\_\_\_,  
(Name(s) of Signer(s))

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
(Signature of Notary Public)

Place Notary Seal and/or Stamp Above