

## CITY OF OAKLAND Office of the City Administrator

SPECIAL ACTIVITY PERMITS

• 1 Frank H. Ogawa Plaza, 1st Floor

Oakland, CA 94612

## **2021 CANNABIS NON-DISPENSARY RENEWAL PERMIT APPLICATION**

	☐ Equity Applica	nt 🗆 Genera	l Applicant	☐ Incubator	
Incubatee:					
Applicant Informati	on:				
Name:					
Doing Busin	ness As:				
Address of Permitte	ed Cannabis Operat	ion:			
Address	Address		Unit #		Zip Code
Business Phone Nu	mber:				
Business Email:					
Business Website:					
Type of License: (F	Please check all that ☐ Medical	apply)	☐ Med	dical and Adult (	Jse
☐ Delivery	Only-Dispensary	☐ Indoor Cultivator	☐ Gre	enhouse Cultiva	tor
☐ Distributor ☐ Tran☐ Packaging		ansporter	☐ Testing I	Laboratory	
☐ Manufacturing with volatile☐ Extraction☐ Infusion☐ Packaging		le solvents  ☐ Manufacturing with non-volatile solvents ☐ Extraction ☐ Infusion ☐ Packaging			lvents
Projected Annual G	ross Receipts:				
☐ Cannabis sales <\$	5500,000 🗖 Canr	nabis sales between <\$5	00,001 - \$999	),999 □ Canna	abis sales >\$999,999
Total Number of En	nployees (Do not in	clude partners):			

## **Partner/Owner/Manager Information:**

Please list all persons directly or indirectly interested in the permit sought, including all officers, directors, general partners, managing members, stockholders, and partners. Please attach additional pages if necessary (additional pages should be on 8½ x 11" paper; single sided, and include a Header with the applicant's name on the top right corner of each page).

Last Name:		First Name:		Middle Initial:		
Alias(es):				Triadic IIII		
Title:						
Date of Birth:	Phone:		Email:			
Residential Address:	1		2			
City:		State:		Zip:		
Business Address:		State.				
City:		State:		Zip:		
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Title:						
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Title:						
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City:		State:		Zip:		
Business Address:						
City:		State:		Zip:		
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Last Name: First Name: Middle Initial: Alias(es):						
Title:						
Date of Birth:	Phone:		Email:			
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City:		State:		Zip:		
Business Address:		<b>'</b>				
City:	State:		Zip:			
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Last Name:		First Name:		Middle Initial:		
Alias(es):						
Title:						
Date of Birth:	Phone:		Email:			
Residential Address:	. I		I			
City:		State:		Zip:		
Business Address:		<b>'</b>				
City:		State:		Zip:		

Community Beautification Plan: Please submit a brief statement as to the community beautification activities that you engaged in over the pass year to reduce illegal dumping and graffiti within 50 feet of your place of business.
Oath of Application
I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contain in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City Administrator to properly evaluate the applicant's qualification for registration.
I, the undersigned further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City Administrator.
I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws.
I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto, or amendments thereto will be immediate grounds for the City Administrator to deny this permit application and/or immediate grounds for revocation of a cannabis permit.
APPLICANT NAME:
SIGNATURE:
DATE:
FOR OFFICE USE ONLY:
Date Received: Date Processed:
☐ Fire Inspection Report ☐ Copy of State Provisional or Annual License ☐ Copy of Business Tax Certificate ☐ Insurance Certificate (Delivery & Transport permits only)