



County of Santa Barbara

Cannabis Business Licensing Application

If an applicant has completed the land use permitting process through the County's Planning & Development Department, then the applicant may apply for a Cannabis Business License. To obtain a Business License all information specific to all applicants, agents, business owners, managers, supervisors, and employees, as well as detailed information relating to cannabis operations as provided in this application and in Santa Barbara County Code Chapter 50 must be provided. All questions on this application must be answered completely and truthfully. Any incomplete information may result in a delayed or denied application and/or Business License. Completed applications and required documentation may be submitted on-line or in person at the CEO's Office of the Santa Barbara County Administration Building located at 105 East Anapamu Street, Room 407, Santa Barbara, CA 93101. Regardless of the application submittal method, a deposit in the amount of **\$3,250** per application is required in order to constitute a completed application and must be submitted to the address mentioned above in the form of check or money order. NO cash, credit/debit cards will be accepted. Please note, actual fees will be charged based on actual staff hours spent evaluating the application as well as any state mandated fees (see next page). Completion of this application does not grant any rights or impose any obligations.

If the application is approved, a Cannabis Business License Issuance Fee deposit of **\$2,500 is due prior to the issuance of a Business License**. Actual fees will be charged based on actual staff hours spent issuing the Business License.

License Type For Which You Are Applying (Check All That Apply):

- Operation is Medical
- Operation is Non-Medical

- Cultivator
 - Located in Carpinteria Agricultural Overlay District?
- Nursery
 - Located in Carpinteria Agricultural Overlay District?
- Manufacturer
 - Volatile
 - Non-Volatile
- Testing
- Retailer - Non-Storefront
- Retailer - Storefront (not yet available)
- Distributor
- Microbusiness (check a minimum of three below)**
 - Cultivator
 - Located in Carpinteria Agricultural Overlay District?
 - Distributor
 - Manufacturer
 - Volatile
 - Non-Volatile
 - Retailer
 - Non-Storefront
 - Storefront (not yet available)



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California law adds a **State fee of \$4** on any applicant for a local business license or renewal thereof. (Gov. Code § 4465 et seq.) The purpose is to increase disability access and to develop educational resources for businesses in order to facilitate compliance with disability laws.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at <https://www.dgs.ca.gov/dsa/Home.aspx>
- The Department of Rehabilitation at <http://www.rehab.cahwnet.gov/>
- The California Commission on Disability Access at <http://www.ccda.ca.gov/>

According to the federal Controlled Substance Act cannabis is a Schedule I drug and obtaining a Cannabis Business License from the County does not protect any person from prosecution pursuant to any laws that may prohibit cannabis activities. (See Santa Barbara County Code § 50-1.) In addition, information provided in this application may be subject to disclosure as required by any federal or state laws, including the California Public Records Act.

- 1. Contact Info** **2. Business Location** **3. Business Info** **4. Documentation** **5. Declarations**

Step 1: Contact Information

Business Entity

Provide information about the cannabis business entity.

LEGAL BUSINESS NAME:	
BUSINESS TYPE (i.e. Inc., LLC, Partnership):	
BUSINESS E-MAIL:	
MOBILE PHONE:	
WORK PHONE:	

Business Contact Information:

Including 24 hour designated community relations contact.

Recipient:		Mailing Address:	
City:	Zip code:	State:	County:
24 Hour Contact Name:	24 Hour Contact Phone Number:	Email Address:	



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Authorized Agent/Applicant

The Authorized Agent/Applicant must have the legal authority to bind the entity. Provide information about the person who is completing this application. This information should be for a singular person, **NOT** the business name. The Authorized Agent will be considered the primary contact for the application unless another contact is identified.

NAME:	
E-MAIL:	
HOME PHONE:	
MOBILE PHONE:	
WORK PHONE:	

Authorized Agent's Mailing Address:

Recipient:	Mailing Address:		
City:	Zip code:	State:	County:

Agent for Service of Process (if that information is different than the Authorized Agent/Applicant listed above)

NAME:	
E-MAIL:	
HOME PHONE:	
MOBILE PHONE:	
WORK PHONE:	

Agent for Service of Process Mailing Address:

Recipient:	Mailing Address:		
City:	Zip code:	State:	County:

Provide information in the table below for all individuals having a 10% or more financial interest in the commercial cannabis activity or entity that is the subject of the application. This should include business owners, managers, supervisors, and employees.



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Last Name:	First Name:	Business Relationship:	Mailing Address:	Telephone Number:

Age Verification

Complete the table below listing names of all applicants, business owners, supervisors, and employees (add additional pages as necessary). Also provide written proof or copy of government-issued identification (i.e. , California driver's license, California identification card, or certified birth certificate) that all applicants, business owners, supervisors, and employees are 18 years of age or older for State medical cannabis licenses, and 21 years of age or older for State non-medical cannabis licenses. Documentation must be submitted with application.

Last Name:	First Name:	Relationship to Business (if owner include % of ownership):	Age 18 or older for State Medical Cannabis Licenses? (Y/N)	Age 21 or older for State Non-Medical Cannabis Licenses? (Y/N)	Age Verification Source? (i.e. CA driver's license, U.S. passport, etc.) Attach copy of document.



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Step 2: Business Location

Facility Address

Enter the exact street address of the facility in which you are applying for a cannabis business license.

Street #:	Street Name:	Street Type:	Unit No:
City:	State:	Zip:	Assessor's Parcel Number:

Land Use Entitlement/Permit

Attach a copy of the land use entitlement for the proposed commercial cannabis operation. If cultivation is proposed as part of the cannabis operations and a Cultivation Plan is not included in the attached entitlement, also attach a copy of the Cultivation Plan. See Cultivation Plan Checklist for requirements.

[Cultivation Plan Checklist](#)

Authority to Operate

Applicant must submit proof of Authority to Operate with the application as follows (please check the applicable box below):

- Property Ownership documentation
- Written permission from the property owner(s) containing the property owner(s)' notarized signature that authorizes the tenant or lessee to engage in commercial cannabis activities at the site

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Step 3: Business Information

Misrepresentation or omission of information may cause application to be delayed or denied.

Business Entity's Legal Status

Proof of registration with, or a certificate of good standing from the California Secretary of State is required to be submitted with the application.

State Seller's Permit

A State Seller's Permit, pursuant to Part 1 of Division 2 of the California Revenue and Taxation Code, as may be amended, is:

- Required. Submit a copy of the seller's permit including the permit number, or indicate that Applicant is currently applying for permit.
 - Has been obtained
 - Currently applying for a permit
- Not required



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State Issued Cannabis Licenses

NOTE: Please list and provide copies of all State-issued commercial cannabis licenses held by the applicant and business entity. If any authorization has been revoked or suspended, on a separate page please list the license and reason for the revocation or suspension (If more space is needed, please attach additional pages.)

LEGAL BUSINESS NAME:	LICENSE TYPE: (including medical or nonmedical)	LICENSE NUMBER:	ISSUED BY:	DATE OBTAINED:	STATUS - Active, revoked, expired, suspended

Required State Cannabis Licenses for Proposed Cannabis Operations

(If more space is needed, please attach additional pages.)

LICENSE TYPE: (including medical or nonmedical)	ISSUED BY:	# OF LICENSES REQUIRED	



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Proposed Activities and Products

Note: Provide a full description of the proposed activities and products of the commercial cannabis operation. For cultivation and nursery operations include a description of the proposed total canopy area.

Hours of Operation:

Number of Employees:

Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	
Seasonal Variations:	

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Step 4: Documentation > Supporting Documentation Checklist

This section summarizes the documentation requirements necessary to constitute a completed application. Please note, the documentation requirements have been separated into two categories - REQUIRED documentation for ALL applicants, and documentation specific to certain cannabis activities, if applicable. Please be advised, any information not submitted with this application may cause delays in processing and possibly denial of a business license.

Required Application Information and Attachments (All Applicants)	
	4.1 – Completed application - information and documentation provided as outlined in Steps 1-6.
	4.2 – Application fee deposit in the amount of \$3,250 due upon application submittal (checks & money orders ONLY - NO cash, credit/debit cards will be accepted).
	4.3 – Written proof or copy of a government-issued identification for all applicants, business owners, managers, supervisors, and employees, verifying that those individuals are 18 years of age or older for State cannabis medical licenses, and 21 years of age or older for State cannabis non-medical licenses.



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Required Application Information and Attachments (All Applicants) - Continued	
	4.4 – Copy of County-issued Land Use, Conditional Use or Coastal Development Permit.
	4.5 – Documentation demonstrating property ownership or written permission to conduct cannabis activities from property owner with owner's notarized signature.
	4.6 – Property and Premise Diagram drawn to scale, with sufficient detail to determine the bounds of each State licensed premise. See Property and Premise Diagram Checklist for contents. Property and Premise Diagram Checklist
	4.7 – Proof of business registration with, or certificate of good standing from the CA Secretary of State.
	4.8 – Criminal History Check (via Live Scan) and Site Security Plan. Refer to checklist. Criminal History Checks & Security Plan Requirements
	4.9 – Inventory Control Plan demonstrating the capacity for tracking the location of all cannabis-related products and ability to reconcile on-hand inventory with the records in the track and trace database. See Inventory Control Plan Checklist for contents. Inventory Control Plan Checklist
	4.10 – County of Santa Barbara Weights & Measures Device Registration Permit. Must be obtained from the Agricultural Commissioner/Weights & Measures Department.
	4.11 – Weighmaster License issued by the California Department of Food & Agriculture.
	4.12 – Signed Indemnification Agreement. Indemnification Agreement

Applicant Information and Attachments, If Applicable:

	4.13 – Proof of State Seller's Permit.
	4.14 – Copies of all State-issued commercial cannabis licenses held by the entity.
	4.15 – Cultivation Plan required for Cultivation and Nursery Licenses, as well as Microbusinesses engaging in Cultivation. Cultivation Plan Checklist
	4.16 – Energy Conservation Plan required for Cultivation, Nursery, Manufacturing, Distribution, and or Microbusiness Licenses engaging in Cultivation, Distribution and/or Manufacturing activities. See Energy Plan Resources and Energy Plan Calculation form for contents. Energy Plan Calculations Energy Plan Resources
	4.17 – Quality Control Plan including procedures sufficient to demonstrate how the applicant will comply with State standards for non-contamination for Manufacturing, Testing, Retail, Distribution, and Microbusinesses engaging in Distribution, Manufacturing or Retail activities. See Quality Control Plan for requirements. Quality Control Plan
	4.18 – Transportation Plan. Please describe in detail how the applicant proposes to ensure cannabis is transported securely. If the applicant will not transport cannabis they must state that they will be contracting for transportation. Transportation Plan Checklist
	4.19 – Environmental Health Services Cannabis Business License Checklist required for Manufacturing, Testing, Retail, Distribution and Microbusiness Licenses. Environmental Health Services Cannabis Business License Checklist
	4.20 – Retailer Storefront/Non-Storefront Plan required for all Retail Licenses. Retailer Storefront/Non-Storefront Plan Checklist
	4.21 – Fire Dept review of manufacturing operations involving extraction equipment, Fire Dept access roads and water supply, and fire potential at cannabis operation sites. Required of Cultivation, Nursery, Manufacturing, and Microbusiness Licenses. See attached for review criteria. Fire Dept Review Criteria



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Step 5: Declarations and Final Affidavit

Declarations & Acknowledgements:	
By signing this application, the Applicant hereby declare and acknowledges:	
The license type being requested is valid only for the identified premise(s) location and is not transferrable.	
The licensed premise(s) location is at least a 750 foot radius from a prohibited location (including, but not limited to, schools, day care centers, and youth centers), unless solely operating as a nursery. Nursery operations shall not be located within 600-feet from a prohibited location (including, but not limited to, schools, day care centers, and youth centers).	
The business has the ability to comply with all laws regulating businesses in the State, as well as all requirements of the Santa Barbara County Code, including, but not limited to, Chapter 22, 35, 50, and 50A, and shall remain in compliance during the term of the license.	
The business agrees to indemnify, defend and hold harmless the County, its officers, officials, agents, and employees from any claim, action, or proceeding against the County, its officers, officials, agents or employees arising from the operation or to attack, set aside, void or annul, in whole or in part, an approval of the application by the County or issuance of a license.	
The applicant and business entity authorizes the County, its agents and/or employees, to access all premises, during standard operating hours, upon which cannabis operations are occurring or intend to occur, including, but not limited to initial site visits prior to issuance or renewal of a license, and compliance checks.	
The business shall not sell, store or allow consumption of alcohol or tobacco or nicotine products on or at any licensed premises.	
If the business has 20 or more employees on payroll at any one time, the business is required to enter into, or demonstrate that the business has already entered into, and will abide by the terms of a labor peace agreement.	
Final Affidavit:	
The business proposed to be licensed based on this application complies with all Santa Barbara County Codes and California laws and regulations applicable to commercial cannabis activities and/or operations, including, but not limited to, the Medicinal and Adult-Use Cannabis Regulation and Safety Act, the California Code of Regulations and Santa Barbara County Code, including, but not limited to, Chapters 22, 35, 50, and 50A. The business shall be responsible for compliance with subsequent updates to laws and regulations effecting its cannabis activities and/or operations.	
I hereby declare, under penalty of perjury, the information contained within and attached to this application is complete, true, and accurate. I understand a misrepresentation of fact is cause for rejection of this application, denial of a business license, and/or revocation of an issued license.	
Print Name:	
Authorized Agent Signature:	Date: