



657 Fox Street • Lemoore, California 93245 • (559) 924-9574 • Fax (559) 924-3116
Police Department

COMMERCIAL CANNABIS REGULATORY PERMIT APPLICATION

CANNABIS BUSINESS INFORMATION									
CANNABIS BUSINESS NAME					IN THE BUSINESS, ARE YOU AN: (CHOOSE ONE) <input type="checkbox"/> OWNER/PRINCIPAL <input type="checkbox"/> EMPLOYEE				
APPLICANT INFORMATION									
SOCIAL SECURITY NUMBER		→	LAST NAME ON SOCIAL SECURITY CARD		FIRST NAME ON SOCIAL SECURITY CARD		MIDDLE NAME ON SOCIAL SECURITY CARD		
DRIVER'S LICENSE #/STATE		→	LAST NAME ON DRIVER'S LICENSE		FIRST NAME ON DRIVER'S LICENSE		MIDDLE NAME ON DRIVER'S LICENSE		
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		AGE	DATE OF BIRTH		RACE	HEIGHT	WEIGHT	HAIR	EYES
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)							CELL PHONE #		
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)					BIRTH COUNTRY/STATE		LANGUAGES SPOKEN		
PREVIOUS ADDRESSES FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING THE PRESENT ADDRESS OF THE APPLICANT									
ADDRESS #1:							DURATION:		
ADDRESS #2:							DURATION:		
ADDRESS #3:							DURATION:		
ADDRESS #4:							DURATION:		
ADDRESS #5:							DURATION:		
PREVIOUS BUSINESS, OCCUPATION, OR EMPLOYMENT OF THE APPLICANT FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THE APPLICATION									
#1							DURATION:		
#2							DURATION:		
#3							DURATION:		
#4							DURATION:		
#5							DURATION:		
A PHOTOGRAPH OF THE APPLICANT SHALL BE TAKEN BY THE LEMOORE POLICE DEPARTMENT FOR IDENTIFICATION PURPOSES									

Please describe the business plan for the proposed Cannabis Operation, including a detailed list of all Cannabis Operations proposed to occur on the premises and their processes including but not limited to standard operating procedures, detailed security plan, number of employees, training program, inventory control procedures, waste management plan, transportation and distribution of product processes, testing and quality control practices and procedures, pest management plan (product names and active ingredients), estimated water usage, list of products, chemicals, solvents, active ingredients that will/could be diverted into the waste stream, visitor and vendor protocols (logs, non-disclosures, etc.), and the track and trace method being proposed. Please see Application Procedures on the City of Lemoore website for a full list of requirements.

Commercial Cannabis Business Permit Type: Select from one or more of the following categories. For each category, indicate whether you are applying for Adult-Use (“A”) or Medicinal (“M”), and, when applicable, which type of license you are applying for per the State’s license types.

- Cultivation (A/M) – Type: _____
- Manufacturing (A/M) – Type: _____
- Testing Lab (A/M)
- Retailer (A/M) – Type: _____
- Microbusiness (A/M)
- Distribution (A/M)

CONTACT INFORMATION		
CANNABIS BUSINESS NAME	TAX IDENTIFICATION NUMBER	
ADDRESS:	TELEPHONE NUMBER:	
ADDRESS TO WHICH NOTICES RELATING TO THE APPLICATION IS TO BE MAILED:	ORGANIZATION DATE:	
PREVIOUS BUSINESS ADDRESSES FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING THE PRESENT		
#1		DURATION:
#2		DURATION:
#3		DURATION:
#4		DURATION:
#5		DURATION:
STATEMENT OF PERJURY		
I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION CONTAINED IN THIS APPLICATION PACKET IS TRUE AND CORRECT. I HEREBY AUTHORIZE THE CITY OF LEMOORE, THROUGH ITS CITY MANAGER AND/OR CHIEF OF POLICE, OR OTHER DESIGNATED EMPLOYEE(S) OR AGENT(S), TO SEEK VERIFICATION OF THE INFORMATION SUBMITTED.		
APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE