



CITY OF EL MONTE

Commercial Cannabis Business License

Revision Application

11333 Valley Blvd.
 El Monte, CA 91731
 Phone: (626) 258-8626
 cannabis@elmonteca.gov

DEPARTMENT USE ONLY
APPLICATION # _____
SUBMITTAL DATE _____

REV: November 5, 2020

GENERAL INFORMATION				
Corporate Name				
Business Name (DBA) [If Applicable]				
Business Address				
City	State	Zip Code	Area Code/Telephone	
Mailing Address (if different from Business Address)				
Sole Proprietor		Partnership		Corporation
				L.L.P.
				L.L.C.
Business E-Mail		Fed Tax ID No.		State ID No.
Does your business have a California State License?		Yes	No	State License Number
				Classification(s)
Applicant Contact Name				
Address				
E-Mail			Telephone	
Property Owner 1 Name (Attach sheet with additional owners if necessary)				
Address			Area Code/Telephone	
Driver's License No.	State	Expiration Date	Social Security No.	
Business Owner 1 Name (Attach sheet with additional owners if necessary)				
Home Address			Area Code/Telephone	
Driver's License No.	State	Expiration Date	Social Security No.	

APPLICANT CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of El Monte permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, consultants, and other Agencies in order to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the El Monte Municipal Code and State law.

Name

Signature

Title

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

(Seal) Signature _____

PROPERTY OWNER CONSENT *(Required for changes in location or expansion ONLY)*

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Ordinance No. 2960 of the El Monte Municipal Code. Original signatures only.

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

Name

Signature

Title

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 _____

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(Seal) Signature _____

COMMERCIAL CANNABIS BUSINESS LICNESE REVISION APP - ASSOCIATED FEES

# of License Uses	License Transfer	Location Change	Minor Change in Info	Major Change in Info	City Manager Appeal
One	\$ 6,956.01	\$ 8,322.56	\$ 1,353.18	\$ 8,759.62	\$ 5,894.52
Two	\$ 13,912.02	\$ 16,645.13	\$ 2,706.35	\$ 17,519.24	\$ 11,789.03
Three	\$ 20,868.03	\$ 24,967.69	\$ 4,059.53	\$ 26,278.85	\$ 17,683.55
Four	\$ 27,824.04	\$ 33,290.26	\$ 5,412.70	\$ 35,038.47	\$ 23,578.06