



CITY OF HERMOSA BEACH

CANNABIS DELIVERY PERMIT/BUSINESS LICENSE FORMS

1315 Valley Drive, Room 101, Hermosa Beach, CA 90254
Phone (310) 318-0206

New Application Renewal Update

PLEASE COMPLETE ALL APPLICABLE FIELDS ON THIS FORM				
Business Name (DBA)				
Corporate Name (If applicable)		Federal Tax ID		
Business Address (Physical Address Where Deliveries Originate)	City	State	Zip Code	
Mailing Address (If different from Business Address)	City	State	Zip Code	
Business Email	Business Phone No	Business Fax No		
Ownership Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Corporation / State				
1) Owner / Officer Name				
Address		City	State	Zip Code
Phone No	Email:	Date of Birth	Driver's License or ID/State	
2) Owner / Officer Name				
Address		City	State	Zip Code
Phone No	Email:	Date of Birth	Driver's License or ID/State	
Detailed Description of Business Activity				
Gross Receipts (12-Month Estimate / Actual)	# Employees	# Vehicles	Business Category:	
Seller's Permit # or Resale Certificate #	BCC State License #	Expiration Date	Class	Verify BCC # By:
Tax are Due: Tax Rate is Set at 5% of Total Gross Receipts and submitted to Revenue Services no later than fifteenth day following the close of the calendar month.				
Application Fee: Cannabis Delivery Permit Application Fee at the rate of \$702.00 is due at the submittal of this form.				
Please Note, failure to comply with the permit requirements will result in violation of the City of Hermosa Beach Municipal Code Section 1.10.040, and subject to Administrative Citation, currently set at \$20,000 per occurrence per day.				

Your Cannabis Delivery Permit will be issued under the provisions of Chapter 5.80 of the Hermosa Beach Municipal Code. You are cautioned that this Permit does not permit operation of a business in violation of other provisions of the Hermosa Beach Municipal Code.

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that the information is subject to verification. I understand that acceptance of payment by the City does not constitute approval of the Cannabis Delivery Permit; authorization to conduct business is not granted until issuance of the Permit.

Signature _____ Title _____ Date _____

VEHICLE AND DRIVER INFORMATION:

VEHICLE(S) INFORMATION					
Make	Model	Year	VIN Number	License Plate No	For Updates Only
					<input type="checkbox"/> Added <input type="checkbox"/> Removed
					<input type="checkbox"/> Added <input type="checkbox"/> Removed
					<input type="checkbox"/> Added <input type="checkbox"/> Remove

List additional vehicle(s) information on a separate sheet if applicable.

DRIVER'S INFORMATION		
Name of Each Delivery Driver Who Works for Your Company	Employment Status	For Updates Only
		<input type="checkbox"/> Added <input type="checkbox"/> Removed
		<input type="checkbox"/> Added <input type="checkbox"/> Removed
		<input type="checkbox"/> Added <input type="checkbox"/> Remove

List additional driver's information on a separate sheet if applicable. Copy of DL is required.

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that the information is subject to verification. I understand that acceptance of payment by the City does not constitute approval of the Cannabis Delivery Permit; authorization to conduct business is not granted until issuance of the Permit.

Signature _____ Title _____ Date _____

OFFICE USE ONLY:

<p><u>CANNABIS BUSINESS REQUIREMENTS:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide Copy of BCC License <input type="checkbox"/> Provide Business Registration with CA Secretary of State <input type="checkbox"/> Provide copy of CA Driver's License (DL) – All Delivery Drivers <input type="checkbox"/> Provide proof of Employee educational and training plan <input type="checkbox"/> Provide proof of Workers Compensation Insurance <input type="checkbox"/> Provide proof of Automobile Liability Coverage (not less than \$1,000,000) <input type="checkbox"/> Provide proof of all vehicles have Dual Dash Camera System <input type="checkbox"/> Pay Application Fee - \$ 702.00 	<p><u>CITY MANAGER'S REVIEW/APPROVAL:</u></p> <p>Approved _____ Denied _____</p> <p>More Information Requested: _____</p> <p>_____</p> <p>Date _____</p> <p>*Resubmit to Finance Cashier's Office to issue Cannabis Delivery Permit/License.</p>
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