



**CITY OF BELLFLOWER**  
 PLANNING DIVISION  
 16600 CIVIC CENTER DR.  
 BELLFLOWER, CA 90706  
 562-804-1424  
[www.bellflower.org](http://www.bellflower.org)

**STAFF USE ONLY**

PROJECT CASE NO.:	RECEIVED BY:	DATE:
ENERGOV CASE NO.:	RECEIPT NO.:	
ZONING:	GPLU:	

## **CANNABIS BUSINESS PERMIT (CBP) CONVERSION APPLICATION**

Please complete this application thoroughly and attach all required documentation. If you have any questions about this application process, please email [rstover@bellflower.org](mailto:rstover@bellflower.org) Only applications from current MCBP/CUP permittees will be accepted for CBP conversions.

**APPLICATION FEE:** There is no fee.

Applicant Name: \_\_\_\_\_

Business Address(es): \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business/Applicant Federal Employer Identification Number: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Current MCBP Business License Number(s): \_\_\_\_\_

Applicant/Authorized Agent: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, am the property owner for the subject property and have read and understand all statements, including the filing requirements for this application. I hereby authorize \_\_\_\_\_ to act as my representative and to bind me in all matters concerning this application. I hereby affirm under penalty of perjury that the foregoing statements, facts, and attachments are true and correct. I understand that this application for entitlement may be denied, modified, or approved with conditions, and that such conditions or modifications must be satisfied prior to issuance of building permits. I understand that by filing the application, information on the application including but not necessarily limited to the name and address will be included on public records that are posted on the internet. A notarized statement is attached acknowledging and consenting to use of the real property as a medical cannabis-related business by the Applicant.

Property Owner's Signature	Date	Applicant's Signature	Date

## **PROPRIETOR INFORMATION**

Provide the following information for each proprietor (defined as any person with a financial interest in the business.) Each proprietor is to receive all notices. If a mailing address is not supplied, notices will be sent to the business address.

Use additional sheets if necessary:

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_ Telephone (Day/Night): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have any of the proprietors previously been issued a Medical Cannabis–Related Business Permit (MCBP) that has been suspended or revoked? If so, provide the dates of the suspension period or revocation date:

\_\_\_\_\_  
\_\_\_\_\_

Provide documentation demonstrating that 75 percent of the proprietors and managers of the cannabis-related business are California residents and have been for at least 3 years immediately preceding the date of this application.

## **CONVERSION CHECKLIST**

This checklist is provided to assist you in assembling a complete renewal application.

**CONVERSION APPLICATION FORM**

Only one complete application form is required for conversion of multiple CBPs/CUPs held by the same applicant(s).

1. Proof of active MCBPs/CUP

**PROJECT SUMMARY**

A Project Summary must be submitted that includes, at minimum, the following information:

1. A written description on progress made to date to open the business.
2. A detailed timeline and description of the steps that need to be completed to open the business.
3. Estimated opening date.
4. Supplementary security plan for recreational cannabis uses.
5. Disclosure of any code enforcement cases on the property or lawsuits affecting cannabis activities in any jurisdiction.
6. Any additional material information regarding current MCBPs or the property the City should be made aware of.