



CITY OF BELLFLOWER
 PLANNING DIVISION
 16600 CIVIC CENTER DR.
 BELLFLOWER, CA 90706
 562-804-1424
www.bellflower.org

STAFF USE ONLY

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

CANNABIS BUSINESS PERMIT (CBP) AND MEDICAL CANNABIS BUSINESS PERMIT (MCBP) RENEWAL 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 **Only applications from current CBP/ MCBP permittees will be accepted.**

APPLICATION FEE: A non-refundable application review fee of \$6,357 is due upon submission. If approved for renewal, an annual permit administration fee of \$26,860; and an education fee of \$5,000 must be paid for each type of permit.

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 CBP/MCBP Numbers(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
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RENEWAL CHECKLIST

For each permittee, check the box verifying that there are no changes in information or status as compared to the original application. If information changed, provide supplemental documentation. Note that changes may result in a renewal application being rejected.

- PROPRIETORS**
- VALID CUP AND MCBP/CBP**
- OPERATIONS COMMENCED AS DEFINED BY THE BELLFLOWER MUNICIPAL CODE AND ADMINISTRATIVE POLICIES AND PROCEDURES**
If not open provide a written description of progress made to date
- TAX PAYMENTS WERE PAID TO THE CITY OF BELLFLOWER (THIS DOES NOT INCLUDE THE NON-REFUNDABLE PAYMENTS MADE TO COMMENCE OPERATIONS IN CALENDAR YEAR 2018)**
Please provide the amount paid
\$ _____
- NO PENDING CODE ENFORCEMENT CASES AGAINST THE PERMITTEE IN ANY JURISDICTION**
If so, provide a written description of incident
- NO LAW ENFORCEMENT CALLS FOR SERVICES AT THE PERMITTEE'S LOCATION**
If so, provide a written description of incident

INCLUDE:

- 2019 FINANCIAL RECORDS**
- UPDATED PHOTOS OF THE LOCATION**