



# Cannabis Facility Pre-Application

## APPLICANT (ENTITY) INFORMATION

APPLICANT (ENTITY) NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

PRIMARY CONTACT (Same as above?  Yes  No): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER PERMIT IN THE CITY OF WATSONVILLE:  Yes  No

Select one or more of the following categories.

- Cultivation
- Distribution
- Manufacturing
- Retail
- Testing Lab
- Processing
- Equity Applicant

Business Formation Documentation: Describe how the business is organized (attach supporting documents to this application).

- Sole Partnership
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership

## APPLICATION SUBMITTAL CHECKLIST

Applications failing to contain all of the following items will be determined incomplete and will not move forward to Phase 2 of the application process. A complete application packet will contain all of the following items:

- One (1) printed hard copy of a complete and signed Commercial Cannabis Business Pre-Application form (pages 1 – 4)
- All Evaluation Criteria outlined in the Appendix A in digital format. (These sections combined shall not exceed 125 pages)\*
- Application and Evaluation Criteria saved in PDF format on a single USB Flash Drive
- A signed Release of Liability (page 4)

\*Proof of Capitalization documents are not to be considered part of the 125 pages. Financial responsive documentation shall be saved in a separate digital file (See the Application Procedure Guidelines).

## SUPPORTING INFORMATION

List all fictitious business names under which the applicant is operating. Include the physical address and the gross cannabis sales for each business:

---

---

Has the Applicant or any of its owners ever been the subject of any administrative action, including but not limited to suspension, denial, surrender or revocation of a cannabis business license or permit? If so, please list and explain (use additional pages if necessary):

---

---

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction?

---

---

In the past 5 years, has the Applicant been subject to any prior code enforcement action, Notice of violation, Abatement Notice, or administrative Citation whether in or out of the Watsonville?

---

---

## APPLICATION 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 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 Watsonville permission to reproduce submitted materials for distribution to staff, Commission, Board and City Council Members, and other Agencies 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 City of Watsonville Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this application, denial of a license or revocation of an issued license.

---

**Name**

---

**Signature**

---

**Title**

---

**Date**

All documents can be found online at <https://www.cityofwatsonville.org/396/Cannabis-Facilities>. For questions please contact CDD at 831.768.3050 or by email [cdd@cityofwatsonville.org](mailto:cdd@cityofwatsonville.org).

## OWNER INFORMATION

**This section must be completed by all owners. Ownership percentage should equal 100%.**

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Background Information Included as required?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Add more pages as necessary to accommodate all Commercial Cannabis Facility Owners**

**RELEASE OF LIABILITY/INDEMNIFICATION/HOLD HARMLESS**

*(To be completed by Individual Authorized to Sign on Behalf of and Legally Bind the Business)*

1. Business and its employees (hereafter, collectively referred to as "Business") hereby release the City of Watsonville and its agents, officers, elected officials, and employees (hereafter, collectively referred to as "City") from any injuries, damages, or liabilities of any kind that result from any arrest or prosecution of the Business for violation of federal or state laws and from any and all legal liability related to or arising from the registration of the Business with the City of Watsonville or related to or arising from the enforcement of the provisions of CMC Chapter 14-53.
2. Business hereby agrees to indemnify, defend, and hold harmless the City for any claims, damages, or liabilities arising due to the operations by the Business at the Location or Premises or arising from claims filed by the Business's officers, investors, employees, customers, or third parties arising out of the possession, cultivation, transportation, or dispensing of cannabis and/or on- or off-site use of cannabis provided at the Business's location or premises.
3. Business agrees to defend, indemnify, and hold harmless the City from any claims or actions brought against the City by third parties to challenge, attack, set aside, void, or annul any approvals and/or denials issued by the City to the Business in connection with its operations as a cannabis business registered with the City of Watsonville.
4. City has and retains the right to approve the counsel to so defend the City; all decisions concerning the manner in which the defense is conducted, and any and all settlements or other disposition of such litigation, which approval shall not be unreasonably withheld.
5. City also retains the right to not participate in the defense of the City, except that City agrees to reasonably cooperate with Business in the defense. If City chooses to have separate counsel defend the City, and Business has already retained counsel to defend City, the fees and expenses of the additional counsel selected by City shall be paid by Business.
6. Business's defense and indemnification of City set forth herein shall remain in full force and effect throughout all stages of any claims or actions brought including any and all appeals of any lower court judgments rendered.

<b>Name</b>	<b>Signature</b>
<b>Title</b>	<b>Date</b>

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 \_\_\_\_\_