

# City of Shasta Lake Commercial Cannabis Business Annual Renewal Application Form



Included

- Confirmation of License Type Requested (one per application). **Section 1**
- Site Plan/Premise Map. **Section 2**
- Operations and Security Plan **Section 3**
- Owner and Contact Information. **Section 4**
- Evidence of Legal Right to Occupy. **Section 5**
- A complete list of every person with over 10% interest in the proposed business including the full name, title within the entity, birthdate and place of birth, social security or tax identification number, phone number, e-mail, the date owner acquired interest in entity, the percentage of ownership interest, and if applicable the number of shares owned, any financial interest in any other cannabis business licensed by the State of California. **Section 6**
- Property Owner Affidavit (Must be Notarized) **Section 7**
- Applicant Certification Letter saying all information contained on all application documents is true and accurate. **Section 8**
- [Project Utility Load Information Package](#) (Required for Testing, Cultivation, and Manufacturing Only)

Please submit Renewal Application to:  
City of Shasta Lake  
Development Services Department  
4477 Main Street  
PO BOX 777  
Shasta Lake, CA 96019

Checks Payable to: City of Shasta Lake

Application Renewal Fee \$ 518.13

Please attach additional pages as needed to provide the information requested.

**NOTE:**

INCOMPLETE OR INCORRECT RENEWAL APPLICATIONS WILL BE REJECTED AND REQUIRE RESUBMITTING  
It is the responsibility of the applicant to ensure that all pages are included in the application package and that the application is complete when returned to the City of Shasta Lake Development Services Department.



City of Shasta Lake License No. \_\_\_\_\_ State Application/License No. \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Website (if available): \_\_\_\_\_

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

Primary Contact (Print Name): \_\_\_\_\_

Primary Contact Contact Phone Number: \_\_\_\_\_

Mailing Address Address (if different from business address): \_\_\_\_\_

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

*Pursuant to 5.05.110 - Cannabis permit annual renewal.*

*A. Applications for the renewal of a permit shall be filed with the director of development services at least sixty (60) calendar days before the expiration of the current permit. Any permittee allowing their permit to lapse or which permit expired during a suspension shall be required to submit a new application, pay the corresponding original application fees and be subject to all aspects of the selection process.*

*B. Any person desiring to obtain a renewal of their respective permit shall file a written application under penalty of perjury on the required form with the director of development services who will conduct a review. The application shall be accompanied by a nonrefundable filing fee established by the city council to defray the cost of the review required by this section. An applicant shall be required to update the information contained in their original permit application and provide any new and/or additional information as may be reasonably required by the director of development services in order to determine whether said permit should be renewed.*

**Section 1- Specific Activity Requested (One per Renewal Application)**

The facility must be proposed in the allowable zone in order for the application to be filed. It is the applicant's responsibility to confirm the location selected is in the correct zone. For applicants seeking licensure to cultivate please select one cultivation size from the choices below:

- Retailer
- Cultivation - Indoor/Mixed Light, Commercial A - permitted cultivation area: 0 to 5,000 square feet
- Cultivation - Indoor/Mixed Light, Commercial B – permitted cultivation area: 5,001 to 10,000 square feet
- Cultivation - Indoor/Mixed Light, Commercial C – permitted cultivation area: 10,001 to 22,000 square feet
- Distributor
- Manufacture
- Testing
- Nursery

**Section 2 - Site Plan (Premise Map)**

Are there any changes to your approved site plan?

- No
- Yes, please describe the changes. Submit revised site plan/premise map.

**Section 3 – Operations and Security Plan**

Are there any changes to your approved Operations and Security plan?

- No
- Yes, please describe the changes. Submit revised and submit the changes.

**Section 4 – Owner and Contact Information**

Are there any changes to the business name, ownership, and/or property owner?

- No
- Yes, please describe the changes. Submit corrected information:

**Section 5 – Property Owner Affidavit**

Are there any changes to the business name, ownership, and/or property owner?

- No
- Yes, please describe the changes. Submit corrected information:

**Please complete the following information:**

A complete list of every person with over 10% interest in the proposed business including the full name, title within the entity, birthdate and place of birth, social security or tax identification number, phone number, e-mail, the date owner acquired interest in entity, the percentage of ownership interest, and if applicable the number of shares owned, any financial interest in any other cannabis business licensed by the State of California, a detailed version of any convictions as defined in §8102 or as it may be amended in the California Code of Regulations, Food and Agriculture Department.

Name	Title	DOB	SS#/Tax ID#	Contact Phone Number	Date of acquired interest	Percent of ownership	Live Scan Check

**Required with Renewal:**

**Property/Building Owner Affidavit**

I, \_\_\_\_\_, authorize the Commercial Cannabis activity entitled  
I, \_\_\_\_\_, to use this property as a Commercial Cannabis  
facility, as those terms are defined in the City of Shasta Lake Municipal Code, should this facility obtain the  
appropriate Use Permit. I further understand that I am responsible for, and also subject to, enforcement  
actions regarding any violations and/or nuisance activity which may occur at this property.

*\*Pursuant to Municipal Code Section 5.05.090 C(7): a notarized signature from the property owner  
authorizing the location to be used for commercial cannabis business activity.*

\_\_\_\_\_

**Legal Building Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (Please print) Title: \_\_\_\_\_

\_\_\_\_\_  
Signature **\*NOTARY REQUIRED**

**Attach:**

- Proof of possession of the premises and approval of use (deed, lease, lease assignment)

**Section 7 - Applicant Certification**

Under penalty of perjury, I hereby declare that the information contained within and attached to this application is complete true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the license or revocation of a license issued. By submitting this application, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of state law or City ordinance, or for incomplete, late or inaccurate applications/attachments, and that all fees paid in connection with this application are non-refundable.

Signature of Applicant

\_\_\_\_\_

Date \_\_\_\_\_

Date and Initials Received by the City of Shasta Lake Staff Member \_\_\_\_\_

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**Staff use only: Renewal Complete**

**Staff use only: Renewal Incomplete**