



POLICE DEPARTMENT HEADQUARTERS • STEWART/EBERHARDT BUILDING  
 22 East Weber Avenue • Stockton, CA • 95202-2876  
 Phone (209) 937-8422  
[www.StocktonCA.gov](http://www.StocktonCA.gov)

**STOCKTON CANNABIS BUSINESS PERMIT TO OPERATE APPLICATION**

**NEW**  **CHANGE:** Change From \_\_\_\_\_ Date of Change \_\_\_\_\_ Bus Lic # \_\_\_\_\_

**NOTE:** Any change in ownership, address, or business activity, requires a new application. Information submitted on or in conjunction with this form may be subject to disclosure under the California Public Records Act.

**BUSINESS INFORMATION:**

|                               |                                   |
|-------------------------------|-----------------------------------|
| Name (DBA):                   | Description of Business Activity: |
| Physical address (No PO Box): | Mailing address:                  |
| City, State, ZIP:             | City, State, ZIP:                 |
| Phone:                        | Email address:                    |

Check One:  Single Owner  Partnership  Corporation  LP  LLC

**OWNER(S) INFORMATION:**

The Owner Information section must be completed and signed by all persons with ownership in the business and may include: Owners, Officers, Directors, Co-Partners, Stockholders, Operators, On-Site General Managers of the cannabis business for which the application is being submitted. Make additional copies of the Owner Information section as needed.

|                    | Owner #1 | Owner #2 | Owner #3 |
|--------------------|----------|----------|----------|
| Name:              |          |          |          |
| Mailing Address:   |          |          |          |
| City, State, ZIP   |          |          |          |
| Phone:             |          |          |          |
| Social Security #: |          |          |          |
| Date of Birth      |          |          |          |
| Driver's License # |          |          |          |

Do you currently hold or have you ever held a permit from any jurisdiction for an operation that was deemed a nuisance by that jurisdiction?  
 Yes  No If Yes, provide Jurisdiction \_\_\_\_\_ Permit Type \_\_\_\_\_ Date \_\_\_\_\_

Are you currently or have you ever been involved in the operation of an unpermitted dispensary or cultivation or delivery, collective, or Co-operative or dispensed or transferred cannabis without first obtaining a permit from the City?  Yes  No If Yes, explain the type of activity, your involvement, and timeframe of involvement. Attach additional pages as needed.

List any violations of the Stockton Municipal Code with which you have been associated since 08/2000. Attach pages as needed

| Violation | Date | Outcome |
|-----------|------|---------|
|           |      |         |
|           |      |         |

Cannabis Businesses in other jurisdictions. Business/occupation/employment of applicant for 10 years immediately preceding application. Attach additional pages as needed.

| Business Name | Business Street Address, City, State, ZIP | Business Phone |
|---------------|---|----------------|
|               |   |                |
|               |   |                |
|               |   |                |

Have you submitted a security plan to the City?  Yes  No

**PLEASE NOTE:**

The issuance of a Permit to Operate does not relieve the permit holder from complying with any additional requirements in the City of Stockton whether those requirements stem from ordinances, laws, policies, guidelines, or regulations for the City of Stockton, State of California, or any other governmental agency.

A Permit to Operate is not transferable. A Certificate of Occupancy must be obtained before any business is conducted in the listed location.

**I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Owner/Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR POLICE DEPARTMENT USE ONLY**

|  |  |        |  |
|--|--|--------|--|
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved By: |  |        |  |
| Name:  |  | Title: |  |
| Authorized Signature:  |  | Date:  |  |

Revised 9/11/19