



## **Planning & Development Department**

Commercial Cannabis Permit Application

### **FORM H : Required Financial Information**

<b>Staff Use Only</b> Filing Date:	Counter Planner Initials:	Case Number:
---------------------------------------	---------------------------	--------------

The State of California Cannabis License application requires the submittal of financial information. The City is not requiring that the State required financial information be provided at the time a City of Corona Cannabis Permit application is filed.

However, the City of Corona, in its sole discretion, reserves the right to request and receive such information. The City may request the State required financial information as part of the City's application process, and such information shall be provided within fourteen (14) calendar days. Failure to provide the information within the specified timeframe will deem an application incomplete and non-responsive. Applicants will be advised in writing if they are required to submit the State required financial information.

City staff recommends that all applicants be prepared to submit the State required financial information before it is requested by the City, to ensure the timely processing of your applications.

If requested, attach to this form all financial information required by the State of California as part of the State's Cannabis License application.

- For retailers, distributors, testing labs, microbusiness, refer to the Bureau of Cannabis Control (BCC) financial information required as part of BCC's application.  
<https://www.bcc.ca.gov/clear/forms>
- For manufacturing, refer to the California Department of Public Health's (CDPH) Manufactured Cannabis Safety Branch for financial information required as part of the CDPH application.  
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/MCSB/Pages/Applyforalicense.aspx>

This form and the attached financial information shall **not** count toward application page limits.  
(75 pages of text and 25 pages of images)

Indicate total percentage of the cannabis business held by those who hold a share of stock less than 10% of the total shares in a publicly traded or privately held company, or those whose only financial interest in the commercial cannabis business is through an interest in a diversified mutual fund, blind trust, or similar instrument. Do not include in this percentage financial interest already disclosed on any Forms A-1 through A-5 attached to the current application.

%

Provide below information for all persons and business entities that have a financial interest in the cannabis business. See §15004 of the DCC Regulations for the definition of financial interest. Financial interest already disclosed on any Forms A-1 through A-5 attached to the current application does not need to be identified below.

**Attach a copy of each person's legal identification (CA proof of registration for business entities).**

1. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Company, if Applicable: \_\_\_\_\_ Is Copy of ID attached Yes No

I.D. or Driver's License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Comments, if Applicable: \_\_\_\_\_

2. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Company, if Applicable: \_\_\_\_\_ Is Copy of ID attached Yes No

I.D. or Driver's License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Comments, if Applicable: \_\_\_\_\_

3. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Company, if Applicable: \_\_\_\_\_ Is Copy of ID attached Yes No

I.D. or Driver's License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Comments, if Applicable: \_\_\_\_\_

4. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Company, if Applicable: \_\_\_\_\_ Is Copy of ID attached Yes No

I.D. or Driver's License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Comments, if Applicable: \_\_\_\_\_

5. Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Company, if Applicable: \_\_\_\_\_ Is Copy of ID attached Yes No

I.D. or Driver's License #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Comments, if Applicable: \_\_\_\_\_

**Duplicate and attach this form if additional persons or entities have a financial interest**

This form and the attached financial information shall **not** count toward application page limits (75 pages of text and 25 pages of images).