



# City of Colton

Development Services Department  
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## COMMERCIAL CANNABIS PERMIT APPLICATION

### COMMERCIAL CANNABIS BUSINESS PERMIT TYPE

Select one or more of the following categories. For each category, indicate whether you are applying for Adult-Use ("A") or/and Medicinal ("M") or Both.

- Distribution (\_\_\_\_)
- Testing Lab (\_\_\_\_)
- Manufacturing (\_\_\_\_)
- Cultivation (\_\_\_\_)
- Microbusiness-Non-Retail (\_\_\_\_)

Describe how in the company the Commercial Cannabis Business' is organized: Explain the corporate structure.

- Sole Partnership
- Partnership
- Corporation
- S-Corporation
- Limited Liability Company
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT ENTITY LEGAL NAME

HAS ANY APPLICANT IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS PERMIT IN THE CITY OF COLTON:  Yes  No

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

DBA: \_\_\_\_\_

Proposed Location/Address: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

List the name and address of the closest school and alcohol related establishment to the proposed location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

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

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

Zoning Verification Letter  Yes  No (Please attach)

PRIMARY CONTACT: \_\_\_\_\_

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

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

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

For details about the information required as part of the application process, see the Application Procedure Guidelines, City of Colton Ordinances Nos. O-17-19 and O-04-19, and any additional requirements to complete the application process. All documents can be found online at: <https://www.coltonca.gov>. For questions please contact the Planning Division at 909.370.5079.

## OWNER INFORMATION

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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

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

**ADDITIONAL INFORMATION**

Please list any commercial cannabis related business that is currently running in any other jurisdiction.

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If so, has any been commercial cannabis business been the subject of any administrative action?  Yes  No

If you checked marked "Yes", please explain.

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**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 in 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 Colton permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and City Council Members, and other Agencies in order 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 Colton Municipal Code and State law.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PROPERTY OWNER CONSENT**

If applicant is other than the property owner(s), the owner(s) must provide a signed and notarized statement consenting to filing. Original signatures only.

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_, 20\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me \_\_\_\_\_.

## APPLICATION SUBMITTAL CHECKLIST

A complete application will consist of the following items:

- Application does not exceed a total of 125 pages
- Commercial Cannabis Business Application
- Property Owner Consent (page 5 of the CCB Application)
- Application filing fee(s)
- Limitations on City's Liability waiver
- Proof of comprehensive general liability insurance (minimum \$1M per occurrence) \*
- Zoning Verification Letter
- Live Scan/Background Check information for each Owner/Principal, including:
  - Proof of submittal of Live Scan application and payment of fee to Police Department
  - Cannabis Permit Employee/Owner Background Application
  - Copy of Social Security card or letter from Social Security Office requesting replacement social security card. Please note proof of social security card will be required before interviews are conducted.
  - Copy of Driver's License or other valid government-issued photo identification
- Supplemental information to be evaluated in Phases 2 and 3 (*see Appendix A of the Application Procedure Guidelines*)