City License Application No._____

Date Issued:_____

----------Staff Only----------

City of Redding
777 Cypress Ave., Redding, CA 96001
PO Box 496071, Redding, CA 96049-6071

(530) 225-4404

CANNABIS BUSINESS CHANGE OF OWNERSHIP APPLICATION

Submittal Date: _____

PremisesAddress: _____

Business Name: _____
Applicant Entity or Sole Proprietorship

DBA: _____
If different from above

Cannabis License Type: _____

Bus. Mailing Address: _____

Bus. Email: _____

Bus. Phone: _____

Contact Name: _____ _____
First Last

Contact Phone: _____

----------Staff Only----------
California State Cannabis License No. & Type: _____ _____
State Lic. Number State Lic. Type Expiration Date

NON-REFUNDABLE APPLICATION FEE: $5,074 Non-Retail Change in Ownership + $253.70 (5% tech surcharge = $5,328

Cannabis Business Licenses are permitted within certain zoning districts, subject to obtaining the appropriate business license, and subject to the following performance criteria:

It is unlawful and a public nuisance for any person or association of persons to establish, operate or assume duties of a cannabis business without all valid and applicable local licenses or permits.

It is unlawful and a public nuisance for any person or association of persons to establish, operate or assume duties of a cannabis business without all valid and applicable licenses or permits issued by the State of California.

It is unlawful and a public nuisance for any person or association of persons to operate a cannabis business in violation of any license condition imposed by the Director or in violation of any license condition imposed by the State of California.

Within ten (10) calendar days of approval, every cannabis business shall submit to the Director a copy of any license issued by the State of California or any local governmental entity to the cannabis business or any of its owners. If any license issued to the cannabis business, or any of its owners, by the State of California, or any local governmental entity, is denied, suspended, modified, revoked or expired, the cannabis business shall notify the Director within ten (10) calendar days.

No cannabis business license or license renewal shall be issued unless a **NON-REFUNDABLE APPLICATION FEE** and a **NON-REFUNDABLE LICENSE FEE** in amounts to be set by resolution of the City Council are paid.

A cannabis business license issued pursuant to this Chapter is valid for a term of one (1) year from the date that the license is issued. Renewal terms shall not exceed one (1) year.

All fees authorized pursuant to this Chapter are in addition to the license fees required by Chapter 6.02 of the Redding Municipal Code. Pursuant to Chapter 6.02 of the Redding Municipal Code, any person or association conducting or engaged in business within the City of Redding must also obtain a City of Redding Business License from the City Clerk's Office. A separate City of Redding Business License is required for each type of Cannabis business.

Each cannabis business and cannabis business location shall be separately licensed. Cannabis business licenses are non-transferable.

By signing this application, you are providing an authorization and consent for City of Redding staff to seek verification of the information contained within the application. You also agree to supply any other document or information which the Director deems necessary for consideration of the application.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true and accurate. I understand that a misrepresentation of fact, whether intentional or not, is cause for rejection of this application, denial of the license, or revocation of a license issued.

Applicant Signature	Date
Development Services Staff Signature - *Section 1*	Date
Redding Police Department Staff Signature - *Section 2*	Date
City Attorney Staff Signature - *Section 3*	Date
Finance Department Staff Signature - *Section 4*	Date

SECTION 1

Cannabis Business Application – Development Services:

☐ 1. Have you, or any other owner, been denied a license or has had a license suspended or revoked by the Bureau of Cannabis Control or any other state cannabis licensing authority.

Yes **No**

If yes, please provide the type of license applied for, the name of the licensing authority that denied the application, and the date of denial.

_____

_____

☐ 2. Please provide the physical address of any other premises owned or operated by the applicant within the jurisdictional limits of the City of Redding and a brief summary of the business operations at each premises.

_____

_____

☐ 3. Provide a complete list of every owner of the applicant entity, as defined in Section 5003 of Title 16 of the California Code of Regulations. Additionally, each individual named on this list shall submit a separate **Cannabis Business Owner Information Sheet* with the following business owner information:

- The full name of the owner.
- The owner's title within the applicant entity.
- The owner's date of birth and place of birth.
- The owner's social security number or individual taxpayer identification number.
- The owner's mailing address.
- The owner's home, business, or mobile telephone number and email address.
- The owner's current employer.
- The owner's percentage of ownership interest held in the applicant entity.
- Whether the owner has an ownership or a financial interest in any other commercial cannabis business licensed by the State of California.
- A copy of the owner's government-issued identification that includes the name, date of birth, physical description and picture of the owner.
- If applicable, a copy of any certificate of rehabilitation issued under Penal Code section 4852.01 or dismissal issued pursuant to Penal Code section 1203.4 or 1203.41.

☐ 4. If applicable, provide a detailed description of any suspension or revocation of a cannabis-related license or sanctions for unlicensed or unlawful cannabis activity by a state or local governmental agency against the applicant or any of its owners or any business entity in which the applicant or any of its owners was an owner or officer within the seven (7) years immediately preceding the date of the application.

_____

_____

*Last sheet of this application

☐ 5. If applicable, provide a detailed description of any civil and/or criminal suit and/or judgment relating to unlawful cannabis activity against the applicant or any of its owners or a business entity in which the applicant or any of its owners was an owner or officer within the seven (7) years immediately preceding the date of the application.

_____

_____

☐ 6. Provide a written, notarized statement from the owner of the proposed site where cannabis activity will be licensed evidencing unqualified consent to the applicant to operate a cannabis business on site. The statement must specify the street address and parcel number for the premises. The statement shall also contain the name, business address, email address and telephone number of the property owner(s) (whether business entity or individual).

☐ 7. If applicable, provide a copy of the rental agreement for the premises.

☐ 8. If applicable, provide a copy of the title or deed to the property, if you are the landowner on which the business premises is located

☐ 9. Provide evidence that the proposed business premises will be compliant with the locational restrictions set forth in Section 6.12.350 and the zoning set forth in Title 18 of the Redding Municipal Code.

☐ 10. Provide evidence of a valid seller's license number issued by the California Department of Tax and Fee Administration, if applicable. If the applicant has not yet received a seller's license, the applicant shall attest that the applicant is currently applying for a seller's license.

☐ 11. Provide a premises diagram which meets the requirements set forth in Section 5006 of Title 16 of the California Code of Regulations.

☐ 12. Provide a detailed plan describing the air treatment system, or other methods which will be implemented to completely prevent odors generated from cannabis from being detected outside the buildings on the cannabis business site.

☐ 13. Provide a business operations plan, including the following:

A. A description of how the cannabis business will operate in accordance with the Redding Municipal Code.
B. A neighborhood responsibility plan which addresses the potential adverse impacts of cannabis cultivation on the surrounding area.
C. A description of the exterior of the cannabis business premises including, but not limited to, a description of any exterior signage to be used at the premises.

☐ 14. If applying for a license to manufacture cannabis products, also include: [RMC 6.12.570(B)]

1. A description of the applicant's inventory process;

2. A description of its quality control procedures; and,

3. A description of its extraction and/or infusion methods.

SECTION 2

Cannabis Business Application – Redding Police Department:

☐ 1. DOJ and NCIC fingerprint background check for each owner. See attached *Live Scan Fingerprinting For Cannabis Business Application*.

☐ 2. Provide a detailed security plan outlining the measures that will be taken to ensure the safety of persons and property on the premises of the cannabis business. The security plan must be prepared by a licensed security company or individual licensed by the State of California. The license number shall be on the face of the security plan. The security plan shall also require registration in the Redding Police Department's Security Camera Registration and Monitoring Program ("SCRAM"). You must be registered with the SCRAM program PRIOR to your Certificate of Occupancy inspection.

☐ 3. Make sure the security information required by the California Code of Regulations, Title 16, §5006(c)&(d) is detailed on your *Premises Diagram* and that the information matches your security plan.
(c) "The diagram shall show and identify commercial cannabis activities that will take place in each area of the premises, and identify limited-access areas..."
(d) "The diagram shall show where all cameras are located and assign a number to each camera for identification purposes..." [Not required for *Distributor only transport license* per §5313].

SECTION 3

Cannabis Business Application – City Attorney

☐ 1. Please provide a description of the statutory entity or business form that will serve as the legal structure for the applicant; a copy of its formation and organizing documents, including, but not limited to, articles of incorporation, certificate of amendment, statement of information, articles of association, bylaws, partnership agreement, operating agreement, and fictitious business name statement; and the name and address of its agent for purposes of service of process.

_____

_____

☐ 2. Provide an agreement in a *form approved by the City Attorney whereby the applicant:

A. That the applicant hereby releases the City of Redding, its agents, officers, elected officials and employees from any and all claims, injuries, damages or liabilities of any kind arising from a repeal or amendment of Chapter 6.12 of the Redding Municipal Code, including any section therein, as well as the repeal or amendment of any other provision of the Redding Municipal Code.

B. Applicant further waives any right to claim damages, liability or to file suit, whether in equity or law, against the City of Redding, its agents, officers, elected officials and employees for any harm or liability alleged to have resulted from the arrest, prosecution or institution of civil proceedings against the Applicant, its managers, agents, employees, members or volunteers by the State of California or the United States of America. Applicant agrees that issuance of a license to Applicant shall not be deemed as an agreement to contribute to Applicant or indemnify it for any such arrest, prosecution or civil action undertaken by state or federal governmental authority.

C. Applicant further agrees to defend, indemnify and hold harmless the City of Redding, and its agents, officers, elected officials and employees from and against any and all claims, suit liability, or actions brought by adjacent or nearby property owners or any other third parties, whether civil or governmental, for any damages, injuries or other liability of any kind arising from operations at its cannabis business.

*See *Indemnity and Waiver of Liability* form approved by the City Attorney (Next page)

INDEMNITY AND WAIVER OF LIABILITY
RMC 6.12.080(D)(27)

Pursuant to Redding Municipal Code section 6.12.080(D)(27), the Applicant, as consideration for making application with the City of Redding and as consideration in the grant of a license pursuant to Chapter 6.12 of the Redding Municipal Code, agrees as follows:

1. That the applicant hereby releases the City of Redding, its agents, officers, elected officials and employees from any and all claims, injuries, damages or liabilities of any kind arising from a repeal or amendment of Chapter 6.12 of the Redding Municipal Code, including any section therein, as well as the repeal or amendment of any other provision of the Redding Municipal Code.

2. Applicant further waives any right to claim damages, liability or to file suit, whether in equity or law, against the City of Redding, its agents, officers, elected officials and employees for any harm or liability alleged to have resulted from the arrest, prosecution or institution of civil proceedings against the Applicant, its managers, agents, employees, members or volunteers by the State of California or the United States of America. Applicant agrees that issuance of a license to Applicant shall not be deemed as an agreement to contribute to Applicant or indemnify it for any such arrest, prosecution or civil action undertaken by state or federal governmental authority.

3. Applicant further agrees to defend, indemnify and hold harmless the City of Redding, and its agents, officers, elected officials and employees from and against any and all claims, suit liability, or actions brought by adjacent or nearby property owners or any other third parties, whether civil or governmental, for any damages, injuries or other liability of any kind arising from operations at its cannabis business.

By signature below, the Applicant hereby affirms that it has authority to bind Applicant, its partners, shareholders or any other legal entity claiming a financial interest in the cannabis business to be licensed under Chapter 6.12 of the Redding Municipal Code and that this Indemnity and Waiver shall be binding on the Applicant's beneficiaries, transferees, devisees and assignees.

APPLICANT

Dated: _____, 2019

_____

By:

SECTION 4

Cannabis Business Application – Finance Department

☐ 1. Supply the following financial information:

A. Provide a list of funds held in savings, checking, or other accounts maintained by a financial institution. For each account, provide the financial institution's name, mailing address, account type, account number and the amount of money in the account.

_____

_____

B. Provide a list of loans. For each loan, provide the amount of the loan, the date of the loan, terms of the loan, security provided for the loan, and the name, address, and phone number of the lender.

_____

_____

C. Provide a list of investments made into the commercial cannabis business. For each investment, provide the amount of the investment, the date of the investment, terms of the investment, and the name, address, and phone number of the investor.

_____

_____

D. Provide a list of all gifts of any kind provided for use in conducting commercial cannabis activity. For each gift, provide the value of the gift or description of the gift, and the name, address and phone number of the provider of the gift.

_____

_____

E. Provide a complete list of every individual that has a financial interest in the cannabis business, as defined in Section 5004 of Title 16 of the California Code of Regulations, who is not an owner within the meaning of Section 5003 of Title 16 of the California Code of Regulations.

_____

_____

F. Complete the attached "CANNABIS BUSINESS TAX - REGISTRATION APPLICATION."

_____

_____

Cannabis Business Owner Information Sheet

Cannabis Business Application, Section 1.3

This document is NOT public information

Provide the following information for each business owner as defined in CFR Title 16, Section 5003

Proposed Licensed Premises Business Address: _____

Owner Name: _____
First MI Last

24-Hour Contact Phone Number: _____

Birthdate: _____ Place of Birth: _____ email: _____

SSN or FEIN: _____ Mailing Address: _____

_____
City State Zip

Percent Ownership in the applicant entity: _____%

Title within the applicant entity: _____

Current Employer: _____

☐ Yes, I do ☐ No, I do not hold ownership or financial interests in other commercial cannabis businesses licensed by the State of California: _____

_____

☐ If the owner has received a certificate of rehabilitation issued under Penal Code section 4852.01 or dismissal issued pursuant to Penal Code section 1203.4 or 1203.41, check the box and attach a copy.

Attach a copy of the owner's government-issued identification that includes the name, date of birth, physical description and picture of the owner:

Government issued photo ID here

I hereby declare the above owner information to be true and accurate under penalty of perjury:

_____ _____
Signature of Applicant Date

CITY OF REDDING
777 CYPRESS AVENUE, REDDING, CA 96001
P.O. BOX 496071, REDDING, CA 96049-6071

Development Services Department
Cannabis Business Licensing
(530) 225-4404

Property Owner Unqualified Consent To Use for Commercial Cannabis Business

PROPERTY OWNER INFORMATION

_____ ☐ Owner ☐ Manager ☐ Other: _____
Name Title

_____
Business Name (if applicable) Phone Number

_____
Mailing Address City State Zip Code

PREMISES INFORMATION

_____
Physical Address City State Zip Code

_____
Tenant Applicant (Business Name)

☐ Copy of the property lease agreement attached

DECLARATIONS AND SIGNATURE:

I, _____, hereby declare that I am the property owner or the property owner's representative for the property addressed under the *Premises Information* above. I further declare under penalty of purjury that I am authorized to complete this form and acknowledge that the above-named tenant applicant has the legal right to occupy the property described above. I also acknowledge and consent to the conduct of commercial cannabis business activities on the above subject property. [Note: This document must be notarized in the State of California]

_____ _____
Signature Date

Finance Department
City of Redding
777 Cypress Avenue
Redding, CA 96001

CANNABIS BUSINESS TAX - REGISTRATION APPLICATION

FOR CITY USE ONLY	
CUSTOMER ACCOUNT #	
DATE ISSUED	
BUSINESS LICENSE #	

The following information to be provided by Owner Operator

IMPORTANT - Change of owner/operator requires a new application

LICENSE # ISSUED BY THE BUREAU OF CANNABIS CONTROL:	
DATE ISSUED	

PLEASE PRINT OR TYPE

Business Name: _____

DBA: _____

Business Address: _____

_____

Mailing Address: _____

_____

Email Address: _____

Phone Number _____

Business Type: (Please check all that apply)

_____ **Cultivation**
_____ **Retail**
_____ **Other** (Manufacturing, Processing, Storage, Laboratory Testing and Distribution)

***Type of Ownership:** (provide completed W-9 Form)

_____ **Sole Proprietor**
_____ **Partnership**
_____ **Corporation**

LLC-doing business as:

_____ Partnership
_____ Corporation
_____ Sole Proprietorship

OWNER(S) NAME (attach additional pages if necessary)	**HOME ADDRESS** (for each owner)

Contact Person _____

Date _____ _____
PRINT NAME

I certify, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

_____
AUTHORIZED SIGNATURE

COMMERCIAL CANNABIS BUSINESS TAX

The City of Redding has established a Commercial Cannabis Business Tax, pursuant to Chapter 4.10 of the Municipal Code.

Per Chapter 4.10-080: Quarterly tax is due on or before the last day of the following month. If the due date falls on Saturday, Sunday or a city holiday, the due date shall be the next regular business day on which the city is open to the public.

1st Quarter (January-March) April 30
2nd Quarter (April-May) July 31
3rd Quarter (July-September) October 31
4th Quarter (October-December) January 31

- Commercial Cannabis Business Tax Return
- Cannabis Instructions for Quarterly Tax Return

EVEN IF THERE IS NO TAX OWING A RETURN MUST BE FILED WITH THE CITY

Per Chapter 4.10.110: A penalty in the amount of 10% of the tax due shall be applied when a delinquency occurs. All amounts due shall be considered general accounts receivable, and there shall be assessed interest on all such amounts as determined by the city council.

Make payment at: City of Redding, Treasurer's Office 3rd Floor, 777 Cypress Avenue

Commercial Cannabis Business Tax is to be initially (set by Resolution 2018-071 and by Resolution 2018-120) imposed as follows:

COMMERCIAL CULTIVATION

Tax Rate Period	Rate per s/f
Dec 14, 2018 to Present	$ 3.00

RETAILERS

Tax Rate Period	Percentage of Gross Receipts
Dec 14, 2018 to Present	5 %

OTHER COMMERCIAL (Manufactures, Processors, Laboratory Testers, Storage, and Distributors)

Tax Rate Period	Percentage of Gross Receipts
Dec 14, 2018 to Present	3 %

Deliver Completed Form To:

CITY TREASURER
CITY OF REDDING
777 CYPRESS AVENUE
REDDING, CA 96001

Commercial Cannabis Business Tax Return

CUSTOMER ACCOUNT #: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TAX PERIOD: (Enter tax year and mark calendar quarter with X) (If you are filing Late enter Y)

Tax Year: _____ **1st Qtr (Jan-Mar)** _____ **3rd Qtr (Jul-Sept)** _____ **Filing Late** (Y or N) _____

2nd Qtr (Apr-Jun) _____ **4th Qtr (Oct-Dec)** _____ **Days Late** _____

BUSINESS TYPE: (Please check all that apply) **Cultivation** _____ **Retail** _____ **Other** (Manufacturing, Processing, Storage, Laboratory Testing and Distribution) _____

	SECTION I: CULTIVATION	Rate		(EXACT AMOUNTS) CULTIVATION
1	TOTAL SQUARE FOOTAGE			Sq ft
2	TOTAL BUSINESS TAX DUE ON CULTIVATION SQ FOOTAGE (Line 1 x Tax Rate)	$ 3.00	JO# 6911-75	0.00
3	QUARTERLY TAX: TAX (line 2) DIVIDED BY 4			0.00
4	LESS: PREPAYMENTS APPLIED FOR THIS QUARTER		JO# 6501-XX	
5	BUSINESS TAX BALANCE DUE ON CULTIVATION (Line 3 minus Line 4)			0.00
6	PENALTY FOR DELINQUENCY (If filing late: Line 5 x Rate)	10.00%	JO# 6913-50	0.00
7	INTEREST DUE ON TOTAL DELINQUENT BALANCE (see instructions) % per month*	1.50%	JO# 6914-31	0.00
8	TOTAL AMOUNT DUE BEFORE ADJUSTMENT (Line 5 plus line 6 plus line 7)			0.00
9	APPROVED ADJUSTMENT PER 4-10-070 B			
10	TOTAL AMOUNT DUE (Line 8 less Line 9)			0.00

	SECTION II: CANNABIS RETAILER			(EXACT AMOUNTS) RETAIL SALES
11	GROSS RETAIL SALES			
12	LESS: SALES w/STATE ISSUED MEDICAL IDENTIFICATION CARD			
13	TAXABLE RETAIL SALES (Line 1 Less Line 2)			0.00
14	BUSINESS TAX DUE ON RETAIL SALES (Line 13 x Tax Rate)	5.00%	JO# 6911-76	0.00
15	LESS: PREPAYMENTS APPLIED FOR THIS QUARTER		JO# 6501-XX	
16	BUSINESS TAX BALANCE DUE ON RETAIL SALES (Line 14 minus Line 15)			0.00
17	PENALTY FOR DELINQUENCY (If filing late: Line 16 x Rate)	10.00%	JO# 6913-50	0.00
18	INTEREST DUE ON TOTAL DELINQUENT BALANCE (see instructions) % per month*	1.50%	JO# 6914-31	0.00
19	TOTAL AMOUNT DUE (Line 16 plus Line 17 plus Line 18)			0.00

	SECTION III: OTHER COMMERCIAL CANNABIS			(EXACT AMOUNTS) OTHER COMMERCIAL
20	GROSS SALES ON OTHER COMMERCIAL CANNABIS			
21	BUSINESS TAX DUE ON OTHER COMMERCIAL CANNABIS SALES (Line 20 x Tax Rate)	3.00%	JO# 6911-77	0.00
22	LESS: PREPAYMENTS APPLIED FOR THIS QUARTER		JO# 6501-XX	
23	BUSINESS TAX BALANCE DUE ON OTHER COMMERICAL CANNABIS SALES (Line 21 minus Line 22)			0.00
24	PENALTY FOR DELINQUENCY (If filing late: Line 23 x Rate)	10.00%	JO# 6913-50	0.00
25	INTEREST DUE ON TOTAL DELINQUENT BALANCE (see instructions) % per month*	1.50%	JO# 6914-31	0.00
26	TOTAL AMOUNT DUE (Line 23 plus Line 24 plus Line 25)			0.00
27	**TOTAL AMOUNT DUE** (Line 10 plus Line 19 plus Line 26)			0.00

INSTRUCTIONS POSTED ON WEBSITE. FORM REVISED 9-24-2019

I hereby certify, that I have examined the above report and that the statements made and the amounts shown thereon and in any accompanying schedule constitute, to the best of my knowledge and belief, a true and complete return, made in good faith for the period stated.

DO NOT WRITE IN THIS SECTION

PRINT NAME:	
SIGNATURE:	
DATE:	
CONTACT PHONE NUMBER:	
CONTACT EMAIL:	

INSTRUCTIONS FOR COMPLETING THE COMMERCIAL CANNIBIS BUSINESS TAX RETURN:

Quarterly tax due:

1st Quarter (Jan-Mar)	April 30
2nd Quarter (Apr-Jun)	July 31
3rd Quarter (Jul-Sept)	October 31
4th Quarter (Oct-Dec)	January 31

NOTE: FILL OUT TOP PORTION PRIOR TO SECION I, II, or III. ONLY FILL OUT SECTIONS THAT ARE RELEVANT TO YOUR BUSINESS.

A tax form must be filled out for each quarter. Quarters cannot be combined on one form.

Customer Account # - as assigned

Business Name – same as on business license

Business Address –

Tax Period:

Tax Year – Calendar Year for tax, ex: 2019

Quarter - Mark appropriate quarter with an "X"

Filing Late: Filing after the last day of the month following the end of the quarter mark with a "Y"

Days Late - Number of days after the last day of the month following the end of the quarter,

Example: Filing on August 10 would mean you are 10 days late, therefore enter 10

Business Type:

Mark all types of businesses that apply

<u>CULTIVIATION:</u>

Line 1 Total Square Footage: Square footage is based on "Canopy," all areas occupied by any portion of a cannabis plant, inclusive of all vertical planes, whether the areas are contiguous or noncontiguous.

Line 4 Total of all prepayments made during the quarter

Line 9 Enter Approved Adjustment per Muni Code 4-10-070 B

A timely request for adjustment must be made in writing with supporting evidence to the Development Services Director. No adjustment is permitted without prior approval. The full amount of tax due for the quarter shall be remitted unless prior written approval from the Development Services Director is received. Attach a copy of prior written approval to the tax return.

RETAILER:

Line 11 Total of all retail sales.

Line 12 Sales w/State issued medical identification card: Total medical sales to an individual with a State issued medical identification card. Enter as a negative number.

Line 15 Total of all prepayments made during the quarter

OTHER COMMERCIAL CANNABIS:

Line 20 Total of all sales.

Line 22 Total of all prepayments made during the quarter

FINAL TOTAL:

Pay the total on Line 26

Make Payments to: City of Redding, Treasurer's Office, 3rd Floor, 777 Cypress Avenue

GENERAL INFORMATION

The Cannabis Tax will be delinquent if not paid and received by the City Treasurer of the City of Redding **on or before the last day of the month in which due.**

Proper use of this form will insure accurate recording to your account. If you have any questions concerning the preparation of this form, please contact the City of Redding Finance Division at 777 Cypress Avenue, third floor call (530) 225-4424.

Records pertaining to preparation of this form must be kept for a period of three years and may be subject to audit. (Municipal Code Section 4.10.170).

Please notify the City of Redding Finance Division in the event of any change of ownership.

*******EVEN IF THERE IS NO TAX OWING A RETURN MUST BE FILED WITH THE CITY**

CITY OF REDDING
777 CYPRESS AVENUE, REDDING, CA 96001
P.O. BOX 496071, REDDING, CA 96049-6071

LIVE SCAN FINGERPRINTING

For

CANNABIS BUSINESS APPLICATION

Applicant Name:_____

Address:_____

Location of Proposed Facility:_____

Type of Facility License:_____

Contact Number:_____ Email:_____

A background check is required for all applications for cannabis licenses within the City of Redding. Please complete this form AND the California DOJ *REQUEST FOR LIVE SCAN SERVICE* form and bring them to the **Redding Police Department** to begin the Live Scan process.

Fingerprinting:
Tuesday-Thursday
10:00 am-4:00 pm

RPD Main Office:
Phone: (530) 225-4280

Location:
777 Cypress Avenue (Police Entrance)
Redding, CA 96001

STATE OF CALIFORNIA
BCIA 8016
(Rev. 05/2018)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0450200
ORI (Code assigned by DOJ)

Permit/License
Authorized Applicant Type

Cannabis Business
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Redding Police Department
Agency Authorized to Receive Criminal Record Information

00451
Mail Code (five-digit code assigned by DOJ)

777 Cypress Avenue
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Redding — City
CA — State
96001 — ZIP Code

(530) 225-4200
Contact Telephone Number

Applicant Information:

Last Name

First Name — Middle Initial — Suffix

Other Name (AKA or Alias) Last

First — Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State — ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☑ DOJ ☑ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City — State — ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency — LSID

ATI Number — Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

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