



**Updated Commercial Cannabis  
Business Permit Application  
City of Fontana City**

**City of Fontana**

Development Services Department  
8353 Sierra Ave  
Fontana, CA 92335  
Email: cannabispermitting@fontana.org

**APPLICANT (ENTITY) INFORMATION**

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

DBA (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PRIMARY CONTACT (Same as above?  Yes  No): \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS PERMIT IN THE CITY OF  
FONTANA:  Yes  No**

Select one or more of the following categories.

Retail (Storefront)  Retail (Storefront and Delivery)

Business Formation Documentation: Describe how the business is organized (attach to Business Plan).

Sole Partnership  Corporation  S-Corporation  Limited Liability Company  Limited Partnership

**PROPOSED LOCATION**

Address: \_\_\_\_\_  North  Central  South

Assessor's Parcel Number (APN): \_\_\_\_\_ Proposed Location Square Footage: \_\_\_\_\_

Zoning Verification Letter (Please attach):  Yes  No

If Zoning verification Letter has not yet been issued, attach copy of dated application for same

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## SUPPORTING INFORMATION

Has the Applicant or any of its owners been the subject of any action, including but not limited to suspension, denial, or revocation of a cannabis business license within three (3) years preceding the date of this application? If so, please list and explain:

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Has the Applicant or any of its owners been issued a notice or citation for unlicensed Commercial Cannabis Activity, or if the Applicant was a defendant in a civil or criminal proceeding filed by the City or the People of the State of California, for allowing, causing, or permitting unlicensed commercial cannabis activities within the City's jurisdiction? If so, please list and explain:

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Has the Applicant or any of its owners contracted, employed or in any manner paid or will pay any person for influencing or attempting to influence an elected official, appointed official or any employee of the city, shall? If so, please fully disclose the name of individuals and organization(s) performing lobbying services:

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## APPLICATION SUBMITTAL CHECKLIST

Applications failing to submit any of the following will be deemed incomplete unless otherwise noted by an asterisk for special deadlines, and will not move forward in the application process:

- One (1) printed hard copy of a complete and signed Commercial Cannabis Initial Application form (Pages 1-3), with the Application Fee.
- A signed Financial Responsibility, Indemnity and Consent to Inspect Terms Agreement form (Pages 1-3).
- A signed Limitations of City Liability and Indemnification to City form (Pages 4-6).
- All Evaluation Criteria outlined in Appendix A saved in PDF format on a single USB flash drive. (This section shall not exceed 200 pages).<sup>1</sup>
- A signed and notarized Property Consent form
- Proof of Property Ownership or Lease Agreement/Letter of Intent to Lease
- Background Check Forms for each Applicant, Owner, or Responsible Person and copy of government-issued identification.
- Proof of Capitalization
- Zoning Verification Letter (ZVL) Request.

<sup>1</sup> Background and Financial documents are not part of the 200-page limitation.

## APPLICATION CERTIFICATION

**\*Please initial in the space provided indicating your agreement with the preceding statement**

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that I have reviewed and understand the application submittal process, that the statements and information furnished in this application and 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.

I have submitted a zoning confirmation letter and confirmed that my proposed location meets the requirements of the ordinance regarding required buffers. \* \_\_\_\_\_

I understand that the filing of this application grants the City of Fontana permission to reproduce submitted materials for distribution to staff, Commission, Board and City Council Members, and other Agencies 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. \* \_\_\_\_\_

I understand that once submitted, my application fee may not be refunded. \* \_\_\_\_\_

I have reviewed and understand the terms of the draft operating agreement and the draft development agreement, including but not limited to, the sections regarding hold harmless, defense and indemnity of the city, the proposed fee structures and the term of the initial agreement and subsequent potential extensions. \* \_\_\_\_\_

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 Fontana Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation of fact or omission may be cause for rejection or denial of this application, or revocation of any Commercial Cannabis Permit or any permit, license or approval issued in reliance thereon.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

For details about the information required as part of the application process, see the Application Procedures & Guidelines, City of Fontana Municipal Code Chapter 33, and any additional requirements to complete the application process. All documents can be found online at [cannabispermitting.fontana.org](http://cannabispermitting.fontana.org). For questions, please email the Development Services Staff at [cannabispermitting@fontana.org](mailto:cannabispermitting@fontana.org).

## OWNER INFORMATION

**This section must be complete by all owners. The total 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.

**Ownership %** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Copy of Government-Issued Identification attached?  Yes  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.

**Ownership %** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Copy of Government-Issued Identification attached?  Yes  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.

**Ownership %** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Copy of Government-Issued Identification attached?  Yes  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.

**Ownership %** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

Copy of Government-Issued Identification attached?  Yes  No

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

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