



### Medical Marijuana Business

Planning Division	Finance Department	Police Department
Date Received:	Date Received	Date Received
Approved:	Approved	Approved
Denied:	Denied	Denied

This space for staff use only

### Applicant Information

Applicant:		Phone:	
Mailing address:	City:	State:	Zip:
Previous Address (within the last 5 years):			
Age of applicant (provide proof of age over 18):			
Height:	Weight:	Eye color:	Hair color:

**IMPORTANT!** Please read filing instructions before completing this application

This sign application must be filled out completely. Failure to give complete answers to every statement and question will void this application

Applicant to provide the following:

- Identification photograph.
- The proposed security arrangements for ensuring the safety of persons; safe and secure storage of the marijuana; and to protect the premises from theft.
- A sketch or diagram showing the interior configuration of the premises, including square footage and dimensions.
- A site plan (drawn to scale) depicting the building and or the portion thereof to be occupied by the proposed medical marijuana business.

### Additional Information

List all prior business, employment or occupations held within the last five years: (attach additional pages if necessary).

List all prior business license history in this city or another city, county, or state, and whether your

license was revoked or suspended. List the nature of the business and reason for suspension and/or revocation: (attach additional pages if necessary).

List the name or names of the persons having management or supervision of the applicant's business:

List the names of all employees; independent contractors: and other persons who will work at the proposed business:

Have the person/persons having management or supervision of the applicants business been convicted of a crime(s):

Yes      No

If yes; list the nature of such offense(s) and the sentence(s) received:

**Certification**

I \_\_\_\_\_, hereby certify, under penalty of perjury, that the statements furnished above and in the attached information presented are true and correct to the best of my knowledge and belief.

Signature of applicant: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Note:** Unless otherwise suspended or revoked, a Medical Marijuana Business permit shall expire one (1) year following its issuance.

### Property Owners Affidavit

STATE OF CALIFORNIA )  
CITY OF TULARE )  
COUNTY OF TULARE )

WE,  
I, \_\_\_\_\_ being duly sworn, depose and say that **(we are) (I am)** the owner(s) of the property involved in this application and that **(we) (I)** have been familiarized with the rules and regulations of the City of Tulare with respect to preparing and filing this application and that the foregoing statements and answers contained in this information on the attached map thoroughly and completely to the best of **(our) (my)** ability present the argument in behalf of the application herewith requested and that the statements and information above referred to are in all respect true and correct to the best of **(our) (my)** knowledge and belief.

Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_