

Cannabis Business Screening Application



Community Development Department
 500 Castro Street
 Post Office Box 7540
 Mountain View, CA 94039-7540
 PH: 650-903-6306
 www.mountainview.gov

STAFF TO COMPLETE THIS SECTION

Application Type	Receipt Code	Application Fee	Application No.
Index Code: 211102			Date Stamp
Cannabis Permit		Subobject: 41440	
<input type="checkbox"/> Cannabis Business Screening	CANBUS	\$1,700.00	
<input type="checkbox"/> Other _____		\$	
Receipt #	TOTAL	\$	

APPLICANT TO COMPLETE THIS SECTION

Address: _____

APN: _____

Zoning: _____

Business Name: _____

Select One Business Type:

Storefront Retail

Nonstorefront Retail

APPLICANT/BUSINESS OWNER TO COMPLETE THIS SECTION

Name of Business Owner/Applicant (primary contact): _____

Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

I declare, under penalty of perjury, that I shall not submit more than one (1) application and that no business of which I am an owner or operator shall submit more than one (1) application. I agree to allow the City of Mountain View to copy and distribute all project plans, materials, and information and post on the official City of Mountain View website, as necessary for the project approval process, including public hearings.

Signature of Applicant (*Wet Signature Required*) _____ Date _____

All business owners must sign the application (space provided on the back). If there are more business owners than spaces provided, submit additional copies of the application to allow all to sign.

PROPERTY OWNER TO COMPLETE THIS SECTION

Name of Legal Property Owner: _____

Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

I declare, under penalty of perjury, that in securing this permit, I am the owner of this property and that the statements herein and all information herewith submitted are, to the best of my knowledge and belief, true and correct. I declare a maximum of one (1) application shall be submitted on this property.

Signature of Property Owner (*Wet Signature Required*) _____ Date _____

BUSINESS OWNER(S) TO COMPLETE THIS SECTION

All business owners must sign the application and provide contact information as requested below.

I declare, under penalty of perjury, that I shall not submit more than one (1) application and that no business of which I am an owner or operator shall submit more than one (1) application. I agree to allow the City of Mountain View to copy and distribute all project plans, materials, and information and post on the official City of Mountain View website, as necessary for the project approval process, including public hearings.

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____

Name: _____ Phone: () _____

Address: _____ E-mail: _____

Signature of Business Owner (*Wet Signature Required*) _____ Date _____