



Annual License Application: Cannabis Manufacturing

APPLICATION INSTRUCTIONS:

Annual License Applications for cannabis manufacturers are accepted through an online licensing system, the Manufactured Cannabis Licensing System (MCLS), which can be accessed at www.cdph.ca.gov/mcsb/apply.

Using the online system for your application ensures accuracy and provides you with access to real-time data about your application and license.

If you have any questions, please visit our website, www.cdph.ca.gov/mcsb, or contact us at MCSB@cdph.ca.gov.

Privacy Statement:

Mandatory Submissions The information requested on this form is required by the California Department of Public Health, Manufactured Cannabis Safety Branch (MCSB). Furnishing the information on this form is mandatory unless otherwise noted on the application. MCSB collects personal information on this application pursuant to Business and Professions Code section 26051.5 and the Information Practices Act (Civil Code section 1798 et seq.). The information will be used by MCSB authorized personnel for purposes of identification and to determine your eligibility and qualifications for licensure. MCSB will also use the information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes. Failure to provide the information will result in the application being deemed incomplete by MCSB.

Social Security Number/Individual Taxpayer Identification Number MCSB collects the personal information on this application pursuant to Business and Professions Code section 26051.5, the Information Practices Act (Civil Code section 1798 et seq.), and as required by section 17520 of the Family Code. Disclosure of your social security number (SSN) or individual tax identification number (ITIN) is mandatory. Your SSN or ITIN will be used for purposes of identification and in accordance with section 17520 of the Family Code.

Section 30 of the Business and Professions Code also authorizes the collection of an owner's SSN or ITIN. The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code and may be disclosed to the Franchise Tax Board and/or the Department of Child Support Services. If a SSN or ITIN is not provided, MCSB will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

State Tax Obligation Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with MCSB. A licensee or applicant must pay its state tax obligation; a license may be suspended if the state tax obligation is not paid.

Owner(s) Mailing Address(es) MCSB sends all official correspondence to the business mailing address and may send official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop. Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Please consider this, especially when listing a mailing address.

Financial Information To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, MCSB is authorized to collect information regarding individuals with a "financial interest" in the commercial cannabis business under section 26051.5 of the Business and Professions Code. "Financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business made by persons that do not otherwise qualify as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument.

Detailed Description of the Owner's Convictions Section 26051.5 of the Business and Professions Code requires an owner to undergo a criminal background check and authorizes MCSB to collect detailed information of an owner's convictions. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. The information will be used solely for the purpose of determining whether an applicant has criminal history that would be grounds for denial of an application, or suspension or revocation of a license.

Access to Personal Information You have the right to review your own personal information maintained by the California Department of Public Health unless access is exempt by law. For information or access to your records, you may contact the Manufactured Cannabis Safety Branch, California Department of Public Health, PO Box 997377, MS-7606, Sacramento, CA, 95899-7377, (855) 421-7887, MCSB@cdph.ca.gov.

Disclosures and Public Information MCSB makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another governmental agency as required by state or federal law, for law enforcement purposes, in response to a court or administrative order, a subpoena, or a search warrant, and as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.).

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, MCSB discloses licensee information including, but not limited to:

- Name
- Mailing address
- License number
- License status
- Original license issue date
- Copy of license application (excluding personal information such as birth date and social security number)
- Last license renewal date
- License expiration date
- Disciplinary action
- Copy of license renewal applications

Annual License Application: Cannabis Manufacturing

All references to section numbers are to Title 17 of the California Code of Regulations, Division 1, Chapter 13 (commencing with Section 40100) unless otherwise specified.

SECTION A – APPLICANT INFORMATION – The applicant is the owner who is submitting the application on behalf of the business entity, who will sign the application and who is authorized to act on behalf of the business.

Personal Information

First Name	MI	Last Name
Social Security Number	Individual Tax ID Number (If Applicable)	Date of Birth
Job Title	Primary Phone Number	Secondary Phone Number
Email Address		
		Type of Address: Mailing Home Work
Address		
City	State	Zip County

Live Scan

Fingerprint Date	Live Scan ATI Number
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Check here to confirm that you have attached a copy of the completed “Request for Live Scan” form (BCIA 8016)

Disclosures – Please check all that apply for the applicant identified in Section A. Prior convictions do not lead to automatic denial of a license. Include a description of the circumstance of the conviction and any evidence of rehabilitation that you wish the Department to consider when evaluating your application. (Section 40165)

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever been convicted of a crime (excluding infractions or juvenile adjudications)? | Yes | No |
| 2. Have you ever received a fine or penalty for cultivation or production of a controlled substance on public or private land? | Yes | No |
| 3. Have you been subject to sanctions or denied a license by a state licensing authority or a city or county for unlicensed or unauthorized commercial cannabis activity within the last three years? | Yes | No |
| 4. Have you been convicted of an offense or been found responsible for a violation of food and product safety laws as specified in <u>Title 17, CCR, Section 40162</u> ? | Yes | No |
| 5. Have you had a commercial cannabis license suspended or revoked by a licensing authority or local jurisdiction within the last three years? | Yes | No |
| 6. If you answered “yes” to any question, is evidence of rehabilitation and/or a description of the circumstances attached? | Yes | No |

SECTION B – BUSINESS INFORMATION

Business Entity Details

Legal Business Name (as registered with the CA Secretary of State)	Trade Name (DBA)
CA Sellers Permit Number	Federal Tax ID Number (FEIN)

Ownership Structure

Sole Proprietorship	Limited Liability Company	Private Corporation: Sub-Chapter S	Sub-Chapter C
General Partnership	501(c) non-profit	Other:	
Limited Partnership	Publicly Traded Corporation		

Business Mailing Address

Address			
City	State	Zip	County

Primary Contact Information

First Name	MI	Last Name
Title	Primary Phone Number	Secondary Phone Number
Email Address		

SECTION C – OWNERS – List each owner of your company, as defined in Title 17, Section 40102 of the California Code of Regulations. Each owner must complete a separate Owner Information Form [CDPH-9039 A (1/18)] which shall be included with the application.

First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		
First Name	Last Name	Authorized to make changes to the application?
		Yes No
Job Title		

SECTION D – FINANCIAL INTEREST HOLDERS – List each individual or business that holds a financial interest in your company, as defined in Title 17, Section 40102 of the California Code of Regulations

Individual Financial Interest Holders

First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number
First Name	Last name	Government-Issued ID Number

Business Financial Interest Holders

Legal Business Name	Federal Tax ID Number (FEIN)
Legal Business Name	Federal Tax ID Number (FEIN)
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Legal Business Name	Federal Tax ID Number (FEIN)
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Legal Business Name	Federal Tax ID Number (FEIN)

SECTION E – PREMISES INFORMATION – The premises is the site where cannabis manufacturing will occur.

Premises Name	Premises Phone Number	Number of Employees at Premises
Premises Physical Address		
City	State CA	Zip
Date Operations Began at Premises		County

On-Site Contact Information

First Name	MI	Last Name
Title	Phone	Email Address
First Name (Alternate Contact)	MI	Last Name (Alternate Contact)
Title (Alternate Contact)	Phone (Alternate Contact)	Email Address (Alternate Contact)

Premises Information

Do you manufacture adult-use (A) products at this premises?	Yes	No	Gross annual revenue for adult-use activities at this premises:	\$ _____
Do you manufacture medicinal (M) products at this premises?	Yes	No	Gross annual revenue for medicinal activities at this premises:	\$ _____

SECTION F – LOCAL AUTHORIZATION – Cannabis businesses must be in compliance with all local ordinances. The Local Issuing Authority is the city or county with jurisdiction where the cannabis manufacturing premises is located.

City	County	City and County	Local Jurisdiction Name
Jurisdiction		Local Contact Email Address	
Local Contact Phone Number		Local Contact Email Address	

SECTION G – LICENSE ACTIVITIES - Check all manufacturing activities to be conducted at this premises. Check “M” for items applicable to medicinal products or activities, and “A” for items applicable to adult-use products or activities.

Which License would you like to apply for?

Medicinal (M)

Adult Use (A)

Are you conducting cannabis extractions?

Yes

No

If yes, please check all extraction methods that will be conducted at this premises.

Non-Volatile or Solvent-Free Extraction

	M	A
Carbon dioxide (CO ₂)		
Ethanol		
Food-grade butter, oil or glycerin		
Mechanical		
Water or food-grade dry ice		

	M	A
Other <i>*Attach a detailed description of the non-volatile solvent or solvent-free extraction method and any safety procedures used to mitigate the associated risks</i>		

Volatile Solvent Extraction

	M	A
Butane		
Pentane		
Hexane		

	M	A
Other <i>*Attach a detailed description of the volatile extraction method and any safety procedures used to mitigate the associated risks</i>		

Are you conducting infusion operations?

Yes

No

If yes, please check all product types to be manufactured at this premises.

Product Types

	M	A
Capsules		
Edibles/Beverages		
Suppositories		
Tinctures		
Topicals		

	M	A
Transdermal Patches		
Vape Cartridges		
Other (Specify Product Type):		

Are you conducting packaging and labeling of cannabis products?

Yes

No

SECTION H – REQUIRED ATTACHMENTS – Check that all required attachments have been included with the application

All Licensees:

A copy of the local authorization to conduct cannabis manufacturing at the premises (optional).

A written statement signed by the owner of the property, or the owner’s agent, identifying the physical location of the property and acknowledging and consenting to the manufacture of cannabis products on the property.

A detailed diagram of the premises

Proof of surety bond

A description of waste disposal procedures

A description of the inventory control procedures

A description of the quality control procedures

A description of the transportation process

A description of the security procedures

A list of all cannabis products that will be manufactured under this license

Completed Owner Information forms for all owners

Additional supporting documents

For Volatile Solvent or CO₂ Extraction Only:

A copy of the closed-loop system certification signed by a licensed professional engineer

For Priority Review:

If applicable, provide documentation showing that the business was in operation under the Compassionate Use Act of prior to September 1, 2016 ([Title 17, CCR, Section 40156](#))

Eligibility for priority review can be demonstrated by any of the following, dated prior to September 1, 2016:

- Local license or permit or other written authorization
- Collective or Cooperative Membership Agreement
- Tax or business forms submitted to the Board of Equalization or Franchise Tax Board
- Incorporation documents
- Any other business record that demonstrates the operation of the business prior to September 1, 2016

SECTION I – OTHER CANNABIS LICENSES AND APPLICATIONS (VOLUNTARY SURVEY) – Check any of the following licenses from the Bureau of Cannabis Control or CalCannabis Cultivation Licensing that your business has applied for or already holds. Providing this information is voluntary.

Type 1, 1A, 1B, or 1C - Cultivation, Specialty; Small	Type 2, 2A, or 2B - Cultivation; Small	Type 3, 3A, or 3B - Cultivation; Medium
Type 4 – Nursery	Type 8 - Testing Laboratory	Type 10 - Retailer
Type 11 – Distributor	Type 12 - Microbusiness	Other:

SECTION J – FEES – The application processing fee is due in full at the time the application is submitted. The license fee is not due at this time. The Department will notify the applicant when the application has been approved and the license fee is due.

Application Fee

The application processing fee is due at the time the application is submitted and is non-refundable.

Application Fee: \$1,000

*Note: If you are applying for both A and M licenses, two application fees are due.

SUBMIT COMPLETE APPLICATION AND THE NON-REFUNDABLE APPLICATION FEE, VIA CASHIER’S CHECK OR MONEY ORDER, MADE PAYABLE TO:

California Department of Public Health
 Manufactured Cannabis Safety Branch
 PO Box 997377, MS 7606
 Sacramento CA 95899-7377

PLEASE DO NOT SEND COIN OR CURRENCY

License Fee

The license fee is due at the time the application is approved. The license fee is tiered based on the gross annual revenue of the product manufactured at the licensed premises.

	Gross Annual Revenue	License Fee
Tier 1	≤ \$100,000	\$2,000
Tier 2	\$100,001 to \$500,000	\$7,500
Tier 3	\$500,001 to \$1,500,000	\$15,000
Tier 4	\$1,500,001 to \$3,000,000	\$25,000
Tier 5	\$3,000,001 to \$5,000,000	\$35,000
Tier 6	\$5,000,001 to \$10,000,000	\$50,000
Tier 7	≥ \$10,000,001	\$75,000

SECTION K – ATTESTATION

Check the boxes below to acknowledge and confirm the following statements:

- I am authorized to act on behalf of the commercial cannabis business.
- I understand that I am responsible for knowing and complying with all state laws and regulations governing medicinal and adult-use cannabis manufacturing pursuant to MAUCRSA and all other applicable laws and regulations. I understand that I am responsible for compliance with subsequent updates to cannabis manufacturing laws and regulations.
- The premises is located beyond a 600-foot radius, or other distance required by the local jurisdiction, of any school providing instruction to any grades K through 12, day care center, or youth center. BPC § 26054(b)
- I am aware that if I have 20 or more employees at this premises, I must enter into and abide by a labor peace agreement and provide a copy to the Department. BPC § 26051.5(a)(5)(A)
- The commercial cannabis business at this premises is operating in compliance with all applicable local ordinances.

By signature, I declare under penalty of perjury that the information in this application, including the statements herein and attachments hereto, are complete, true and accurate. BPC § 26051.5(a)(4)

Signature of Owner		Date
Print Name		Title

FOR INTERNAL USE ONLY:

Date Received	Date Approved	Expiration Date	License Number	Payment Type	Amount (\$)

Employee Initial: _____