



City of  
Laguna Woods

**CANNABIS STOREFRONT RETAILER  
OWNERSHIP FORM/SUPPLEMENT**

Planning & Environmental Services Department  
24264 El Toro Road, Laguna Woods, CA 92637

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**A. BUSINESS INFORMATION (MUST MATCH "SUPPLEMENTAL INFORMATION FORM")**

- 1) Business' Legal Name: \_\_\_\_\_
- 2) Business' Fictitious Business Name(s) (if applicable): \_\_\_\_\_
- 3) Business' Proposed Operating Location: \_\_\_\_\_

**B. BUSINESS OWNER INFORMATION**

- 1) Business Owner's Legal Name: \_\_\_\_\_
- 2) Business Owner's Authorized Agent (if applicable): \_\_\_\_\_
- 3) Business Owner's Authorized Agent's Telephone Number: \_\_\_\_\_
- 4) Business Owner's Authorized Agent's Email Address: \_\_\_\_\_
- 5) Business Owner's Employee Identification Number (if applicable): \_\_\_\_\_
- 6) Business Owner's Telephone Number: \_\_\_\_\_
- 7) Business Owner's Email Address: \_\_\_\_\_
- 8) Business Owner's Mailing Address: \_\_\_\_\_
- 9) Business Owner's Percent of Business Owned: \_\_\_\_\_
- 10) Does the business owner own, or has he/she/they/it owned, all or part of a business licensed by the State of California as a cannabis storefront retailer for a period of two years (730 calendar days) or more?  
 Yes  No

Answer questions #10a-#10d only if #10 is "yes"

10a) For how long?

Start Date: \_\_\_\_\_

End Date (if ongoing, write "N/A"): \_\_\_\_\_

10b) What is/was the business' name? \_\_\_\_\_

10c) What is/was the business' California Department of Cannabis Control (or predecessor agency) license number(s)? \_\_\_\_\_

10d) What is/was the business' federal Employee Identification Number(s)? \_\_\_\_\_

Under penalty of perjury, I hereby declare that the information contained within and submitted with this Cannabis Storefront Retailer Ownership Form/Supplement is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of the Applicant's Land Use Permit Application, denial of the permit, and/or suspension or revocation of a permit issued, and may also constitute an illegal

Case # (CITY USE ONLY): \_\_\_\_\_

action resulting in civil and/or criminal action.

I acknowledge that I have received, read, understand, had an opportunity to consult with legal counsel, and agree to comply with provisions of Laguna Woods Municipal Code Section 13.26.025, Laguna Woods Municipal Code Chapter 3.18, the City's building and zoning code regulations set forth in Laguna Woods Municipal Code titles 10 and 13, and all other applicable provisions of the Laguna Woods Municipal Code and local laws.

I further acknowledge and agree that, in the event the City of Laguna Woods approves a commercial cannabis permit for the business identified in Section A above, the City of Laguna Woods and its authorized representatives shall, upon showing valid City of Laguna Woods-issued photo identification if requested, have the right to access and enter the business and the parcel(s) where such business is to be carried on to make reasonable inspections scheduled in advance with either the owner of the business or the property owner of areas of the business and property not open to the public, or unscheduled inspections in areas open to the public (e.g., parking lots), to observe and enforce compliance with Laguna Woods Municipal Code Section 13.26.025, Laguna Woods Municipal Code Section Chapter 3.18, the City's building and zoning code regulations set forth in Laguna Woods Municipal Code titles 10 and 13, and all other applicable provisions of the Laguna Woods Municipal Code and local laws.

I further acknowledge that all information on and attached to this form may constitute a public record subject to disclosure under the California Government Code Section 6250.

Signature of Business Owner identified in Line B(#1) above or Business Owner's Authorized Agent identified in Line B(#2) above: \_\_\_\_\_

Date Signed by Business Owner identified in Line B(#1) above or Business Owner's Authorized Agent identified in Line B(#2) above: \_\_\_\_\_

**THE SIGNATURE ON THIS DOCUMENT MUST BE NOTARIZED. ATTACH  
ACKNOWLEDGEMENT FORM.**

**IF AN AUTHORIZED AGENT IS SIGNING THIS SECTION B, A SIGNED AND NOTARIZED  
LETTER FROM THE BUSINESS OWNER CONFIRMING THE AUTHORIZED AGENT HAS  
AUTHORITY TO SIGN FOR THE BUSINESS OWNER IS REQUIRED.**