



2024/2025

## ***California City Cannabis Permit Application***

***21000 Hacienda Blvd, California City, CA 93505  
(760) 338-1080 email: cannabiscompliance@californiacity-ca.gov***

Name of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Type of Business: \_\_\_\_\_

APN No. \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Fax No. \_\_\_\_\_

**Fees: \$9,445.00**

**Annual Cannabis Permit Fees: (note the Cannabis Permit fee is for a fiscal year; July 1 – June 30. All Cannabis Permits expire on June 30 of each year and are considered delinquent unless renewed by June 30).**

By signing below, you agree to all the terms of the City of California City Cannabis Permit requirements and understand that you will be required to submit quarterly taxes and will follow up with all relevant state agencies to comply with their requirements for your business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only: Acct# 3-318**

**Amount received: \$ \_\_\_\_\_**

**Cash:**

**Check No.**

**Credit Card:**