



State of California Cannabis Business License Acknowledgement Form

City of Covina  
125 E. College Street  
Covina, CA 91723

RE: Requirement to Obtain a State of California Cannabis Business License for Cannabis Retail or Cannabis Microbusiness Operator in Covina

I, the undersigned, attest that I am an owner of the proposed cannabis business identified below, and hereby acknowledge that prior to beginning cannabis retail or cannabis micro-business operations in the City of Covina, the business will be required to show the City proof that it has obtained a State of California Cannabis Business License for the type of business it will be operating in Covina. I acknowledge that I undertake this process with the knowledge that I do so at my sole risk, and that if the cannabis business is successful in obtaining a permit to operate a cannabis business in Covina, but is unable to obtain a State license, the cannabis business will not be able to operate in Covina.

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

Address of Proposed Business: \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Business Address of Owner: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Percentage of Ownership Interest: \_\_\_\_\_

Owner's E-Mail: \_\_\_\_\_

Owner's E-Mail: \_\_\_\_\_

Signed & Acknowledged: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*All proposed owners must complete and sign their own State of California Cannabis Business License Acknowledgement Form.