



FOR OFFICE USE ONLY	
CASE #:	_____
SUBMITTAL DATE:	_____
APPLICATION FEE:	_____
BACKGROUND FEE:	_____
ACCEPTED BY:	_____

CANNABIS TESTING LABORATORY PERMIT RENEWAL APPLICATION

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS REQUESTING CHANGES		DBA	
PRIOR IRVINE CANNABIS PERMIT#		CALIFORNIA CANNABIS LICENSE#	BUSINESS LICENSE ISSUANCE DATE
PHYSICAL ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL
BUSINESS OWNER NAME		PHONE	EMAIL
1.			
2.			
3.			
4.			

PROPERTY OWNER INFORMATION

OWNER NAME		TITLE	
HOME ADDRESS*			PHONE*
CITY	STATE	ZIP	EMAIL*

SUBMITTAL REQUIREMENTS

APPLYING FOR (SELECT ONE): ANNUAL LICENSE RENEWAL **-OR-** MODIFICATION OF PREMISES
(Material change to the licensed premises)

Review the following submittal requirements and **only** submit those items that are required for your type of application. **Applications will not be approved without them.** For more information, see [Submittal Requirements](#) descriptions and pricing.

SUBMITTAL REQUIREMENTS	ANNUAL LICENSE RENEWAL	MODIFICATION OF PREMISES
<input type="checkbox"/> Cannabis Testing Laboratory Permit Renewal Application	YES	YES
<input type="checkbox"/> Application Fee (as per application type)	NO	NO
<input type="checkbox"/> Background Check Application (per individual)	YES	NO
<input type="checkbox"/> Property Owner Statement of Consent	YES	YES
<input type="checkbox"/> Lease or other Proof of Property Control	YES	YES
<input type="checkbox"/> Current Employee Listing	YES	NO
<input type="checkbox"/> Proof of Insurance	YES	YES

