



CITY OF OJAI

APPLICATION FOR CANNABIS TESTING LABORATORY

Date:		
Applicant Name:	Organization Name:	
Other Names Used (List "also known as" names):		
Applying As (circle one):	<input type="checkbox"/> Owner / Operator	<input type="checkbox"/> Employee/Volunteer
Residence Address (include street, city, and zip code):		
Mailing Address, if different (include street, city, and zip code):		
Business Address (include street, city, and zip code):		
Phone Number:		
After Hours Emergency Contact Name and Phone Number:		

Employer's Name (Cannabis Testing Laboratory):

Employer's Address:

Hours of Operation:

Note: If applicant is not a natural person: provide a list (attached to this application) with the names and addresses of all persons with an ownership interest in the applicant and all directors, officers, and Board Members, and full name and type of legal entity and California Corporation Number or other applicable state registration number if not a corporation.

**CANNABIS TESTING LABORATORY
APPLICATION AND REGULATIONS**

NOTE: This is an application for a one-year testing laboratory license. All facilities in Ventura county that handle or generate certain quantities of hazardous waste are required by State law to register with and obtain a hazardous water permit from Environmental Health Division of Ventura County Resources Management Agency. Applicant shall provide proof of issuance a hazardous waste permit if required by the County or a written statement that the County has determined that an Environmental Health Division of Ventura County Resource Management Agency permit is not required. City Manager shall verify these submissions with the County.

Provide Continued Proof of Ownership or Property Owner Consent:

Attach a copy of the lease or equivalent for the proposed location, or provide proof of property ownership of the proposed location.

Security Plan:

Attach a narrative statement describing the proposed security plan, describing the proposed operations, and explaining how the applicant intends to comply with the City's cannabis ordinance and applicable regulations.

Proof of a commercial general liability insurance policy:

Attach documentation showing continued proof of a commercial general liability insurance policy of at least \$1 million that provides coverage in the event of any personal injury or third-party liability claims that arise out of the operation of the proposed cannabis testing business and which names the City of Ojai (and its employees, agents, officers and volunteers) as an additional insured.

Application Fee

An application fee in the amount of \$750 shall be submitted with the completed application. The application shall not be deemed complete or filed without payment of the application fee. Applicants who progress to an interview upon approval by the City Manager shall be required to pay an interview fee in the amounts established by the City Council by resolution. Applicants whose renewal applications are approved shall be required to pay an annual permit fee in the amount established by the City Council by resolution.

CANNABIS TESTING LABORATORY ADDITIONAL REQUIREMENTS

Applicants for a Cannabis Testing Laboratory license must also submit the following items of information:

1. Applicant shall provide proof of a third-party certification of ISO 17025 accreditation or proof that the applicant is in the process or is preparing to apply for ISO 17025 accreditation, as well as laboratory-employee qualification as required by the State of California.
2. Applicants shall provide proof of a state-issued Type 8 license immediately upon receipt.
3. Applicants shall certify that the applicant does not engage in any commercial cannabis activities, other than owning or operating cannabis testing laboratories under state-issued Type 8 cannabis testing facility licenses.
4. Applicants shall submit a Livescan fingerprint background check result to the City.

Signer hereby certifies, under penalty of perjury, that the information in this application is true and correct and that no person listed in the application, as applicant, owners, director, officer, or board member of the applicant, has been convicted of a felony. Signature below further indicates the

**CANNABIS TESTING LABORATORY
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applicant understands that if any information provided on this form is misrepresented or materially inaccurate, it may be grounds for denial of this permit application.

Printed (Permit Applicant's Name)

Signature (Permit Applicant)

Date



CITY OF OJAI

CANNABIS TESTING LABORATORY FELONY, PROBATION AND PAROLE HISTORY

Persons who have been convicted of any felonies or are currently on probation or parole for controlled substance violations are ineligible to own, operate, work or volunteer at, or otherwise be associated with a Cannabis Testing Laboratory.

Failure to **list all felony convictions, probation or parole for controlled substance violations** will result in a denial of your application. This page MUST be completed. If there is no felony history, write “NONE” or “N/A”.

Felony Convictions History:

Date	Place (City and State)	Reason (Violation)

Are you currently on **probation** for a controlled substance violation? No Yes. If “yes,” give details here: _____

Are you currently on **parole** for a controlled substance violation? No Yes. If “yes,” give details here: _____

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Printed (Permit Applicant’s Name)

Signature (Permit Applicant)

Date



CITY OF OJAI

**CANNABIS TESTING LABORATORY
AUTHORIZATION TO RELEASE INFORMATION**

TO THE

CITY OF OJAI POLICE DEPARTMENT

I hereby authorize the obtaining of information about me by the City of Ojai at any time during the cannabis testing laboratory license application and evaluation process and throughout the license's effective period, if issued. To this end, I hereby authorize, without reservation, any law enforcement agency, state or federal agency, or other public agency, to furnish any and all background information requested by the City of Ojai to the fullest extent of applicable law. As an applicant for a City cannabis testing laboratory license within the City of Ojai, I hereby authorize the release of any and all information that you may have concerning my criminal background, work records, education records, medical records, and information of a confidential or privileged nature to the City of Ojai Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (Permit Applicant's Name)

Signature (Permit Applicant)

Date