



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT



POLICE CONTROLLED LICENSE
CANNABIS RENEWAL

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

JOB TITLE/POSITION: _____

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: _____

Last

First

Middle

Residence Address: _____

Street

City

State

Zip

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Race: _____

Sex: _____

Permit #: _____

Permit Expiration Date: _____

HAVE YOU BEEN ARRESTED IN THE PAST 12 MONTHS (CIRCLE ONE):

YES

NO

(If yes, please list on the back side of this application)

The following must be submitted, with this application, to renew your cannabis license:

- \$222.00 CVPD fee (checks are made payable to the City of Chula Vista)
- One 2" x 2" photo taken within the last six months

If your cannabis license is EXPIRED MORE THAN 30 DAYS, you MUST complete and submit a new Police Controlled License application and pay the \$320.00 background fee.

ALL FEES ARE NON-REFUNDABLE.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION

PHOTO



FOR OFFICIAL USE ONLY

Application Date: _____

ARIJS: _____

Received By: _____

SRFERS: _____

Approved By: _____

Date: _____

Application Completed By: _____

Date: _____