



E-Mail: [cannabis.permit@culvercity.org](mailto:cannabis.permit@culvercity.org)  
Phone: (310) 253-5897  
Web: <http://www.culvercity.org/cannabis>

**Cannabis Business Permit Signed Statement Form – Page 1 of 1**

*Form for all permit types. The terms used below are defined in CCMC 11.17.025.*

*The Primary Applicant Representative is required to sign the below statement under penalty of perjury.*

*I am authorized to act on behalf of the proposed commercial cannabis business, and have read and understand all City laws, and intend to abide by all City laws. The City is authorized to verify all information, and I will notify the City if there is any change in any information submitted. I understand that falsification or misrepresentation of any information may result in denial. I understand that filing of an application does not guarantee the City will issue a permit. I understand that a permit may be revoked at any time for reasons specified in CCMC 11.17. I understand that the permits expire after one year unless renewed by the City of Culver City, and the City of Culver City may not renew the permit after it expires if the permittee does not adhere to all requirements of state and local law. Application fees are non-refundable even if an application is denied.*

*I declare under Penalty of Perjury that the above information, and all information I provided to the City of Culver City for the Culver City Cannabis Business Permit application, including the information submitted electronically through the online registration process, is true and correct.*

Signature: \_\_\_\_\_

First and Last Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Primary Applicant Name (Legal Business Name): \_\_\_\_\_

Date: \_\_\_\_\_