



MEDICAL CANNABIS (MARIJUANA) DELIVERY APPLICATION

Campbell Municipal Code Section 8.38 – Medical Marijuana

- New
- Annual renewal of proof that the Marijuana Dispensary’s license is current and in effect

Important Information – Read Before Completing Application

Businesses/Persons interested in applying for a permit for medical cannabis (marijuana) delivery within the City of Campbell must complete this application and submit all supporting documents to:

City of Campbell
Police Department
Attn: Permits
70 N First Street
Campbell, CA 95008

The information provided in this application shall be confidential, and shall not be subject to public inspection or disclosure, except as may be required by federal, state or local law or pursuant to valid subpoena or court order. Disclosure of information shall not be deemed a waiver of confidentiality by the applicant or any individual named in the application. The City shall incur no liability for the inadvertent or negligent disclosure of such information. Issued permits for medical cannabis (marijuana) delivery are not transferrable.

The Police Chief reserves the right to seek additional information from the applicant(s) as allowed under applicable law.

Medical cannabis (marijuana) dispensaries that operate lawfully in neighboring jurisdictions are allowed to deliver marijuana to qualified patients or their primary caregivers located in Campbell. The applicant shall provide the following information, under penalty of perjury, and shall sign and affirm the minimum standards of qualification for a permit to delivery marijuana to a qualified patient of primary caregiver within Campbell.

Business Location Information

Business Name:	Business Physical Address:
Business Owner Name:	Business Mailing Address: <input type="checkbox"/> Same
Business Phone:	Alternate Phone:
Describe the nature of your business:	

Applicant Information
(Use additional pages if necessary)

Applicant #1

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	California Driver's License #:	
Home Phone #:	Work Phone #:	
Cell Phone #:	Email Address:	

Applicant #2

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	California Driver's License #:	
Home Phone #:	Work Phone #:	
Cell Phone #:	Email Address:	

Applicant #3

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	California Driver's License #:	
Home Phone #:	Work Phone #:	
Cell Phone #:	Email Address:	

Delivery Driver Information

**Identity of all drivers who will deliver marijuana on behalf of the
dispensary to qualified patients located in Campbell
Driver must be at least 21 years old
Notify the Campbell Police Department within 24 hours of any changes
in the identities of delivery personnel
(Use additional pages if necessary)**

Name	DL #	Contact Information

Delivery Vehicle Information (Use additional pages if necessary)

Make	Model	Year	License Plate #

New Application Checklist (not for Renewals)

- Copies of applicable authorizing state and local licenses and permits issued to applicant allowing it to operate a marijuana dispensary in another location.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true, correct, complete and accurate.
- I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension, or revocation of a Medical Cannabis (Marijuana) Business License

Signature: _____ Date _____

Turning in the New Application (not for Renewals)

Contact the Permits office for an appointment at 408-866-2188. Bring with you the completed application and any attachments that apply to you. Once your application is processed, you will be contacted to apply for your City of Campbell Business License with the Finance Department.

Police Department Signature: _____ Date _____