



County of Santa Cruz  
Cannabis Licensing Office  
701 Ocean Street, Room 520  
Santa Cruz, CA 95060  
831-454-3833  
[Cannabisinfo@santacruzcounty.us](mailto:Cannabisinfo@santacruzcounty.us)



## Equity Grant Eligibility Application

### **Instructions to the Applicant**

The information you provide in this application will be used to determine your eligibility to apply for equity grant funding under County Code Section 7.136.

- It is your responsibility to complete this form, provide all required information, and cooperate with all required field investigations.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions within the section related to eligibility. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- The County may ask for additional information in order to process your application.
- If you need more space for any response, attach additional sheets and identify the additional information by the question number.
- Email or send the completed form to the Office of Cannabis Licensing listed above. Email submittals should have a subject line of, "Equity Grant Eligibility Application for (INSERT BUSINESS NAME HERE)"

### **Disqualification**

***Deliberate misstatements or omissions*** will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

**You are responsible for providing complete, accurate, and truthful responses.**

a. NAME (PRINT)	(Note: Applicant must currently hold or be in the process of obtaining a County License)
b. BUSINESS NAME AND DBA (PRINT)	
c. CORPORATE NAME – IF DIFFERENT THAN BUSINESS NAME (PRINT)	
d. MAILING ADDRESS (Street number and name, city, state, zip code)	
e. CONTACT PHONE NUMBER	
f. E-MAIL	
g. WEB SITE	
h. County License Number	State License Type(s) and License Number(s)

i. State Tax ID #	State BOE Sellers Number	Federal Tax ID # (EIN)
j. Type of Current Ownership or Corporate Structure		APN
<p>k. Please provide a brief description of why the Company is eligible for equity grant funding as defined by County Code Chapter 7.136.070? Eligibility is restricted to those which can demonstrate that they, their employees, or their customers have been negatively impacted in a disproportionate way by cannabis criminalization and who can further demonstrate what they have done and will do to address those negative impacts, including but not limited to supporting compassionate care programs within the community. Please attach any documentation needed to verify eligibility as a separate file / document to this application form.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>l. What type of assistance is your Company seeking from the eligibility program? Please check all that apply and provide additional information on services/funding types you may be looking for.</p> <p><input type="checkbox"/> Workshops to gain a better understanding of various technical aspects of compliance with local and State regulations</p> <p><input type="checkbox"/> Direct technical assistance with State and Local licensing issues</p> <p><input type="checkbox"/> Fee waivers for use permits and cannabis business licenses</p> <p><input type="checkbox"/> Direct assistance paying for State licensing and regulatory fees</p> <p><input type="checkbox"/> Assistance from the County Economic Development Department with securing business locations prior to or during the use permit and cannabis business license process</p> <p><input type="checkbox"/> Other (Please provide a brief description below):</p> <hr/> <hr/> <hr/>		

**Acknowledgement & Signature**

- This Commercial Cannabis Equity Grant Eligibility Application is submitted only after reviewing the Instruction Form.

**I declare under penalty of perjury of the laws of the State of California that the information provided herein is true and correct.**

Signature of Owner / Agent	Print Name and Title	Date