



GEM of the DESERT

# Application for Medical Cannabis Delivery Service License

**Businesses interested must complete the attached application and submit with all supporting documents to The Hub (Located in City Hall).**

All applicants should read and must comply with Chapters 5.90 and 5.91 of the La Quinta Municipal Code (Ord. 555, adopted Mar. 21, 2017) as may be amended from time to time, in addition to any other applicable federal, state, and local laws, with respect to the delivery of medical cannabis within the City. The La Quinta Municipal Code and Ordinance 555 may be accessed online, and copies may be obtained from the City Clerk’s Office upon request for these public records.

The applicant shall provide the following information, under penalty of perjury, and shall sign and affirm the minimum standards of qualifications for a permit to deliver medical cannabis to a qualified patients or primary givers within the City of La Quinta.

- Name and address of the applicant.
- Business name and address. (Must remain current on file)
- Copy of State Medical Cannabis License.
- Copy of public liability and property damage insurance covering each Delivery Vehicle with required amounts.
- Listing of all vehicles with copies of current registration for each vehicle to be used for the delivery of medical cannabis to a qualified patient or primary caregiver.
- Copy of Drivers License of all persons who will deliver medical cannabis on behalf of the dispensary to qualified patients located in the City of La Quinta. Individuals must be at least 21 years of age at the time of submittal of the application.
- Read and signed Municipal Code 5.91.090 Grounds for Denial, Revocation or Suspension of Medical Cannabis Delivery Service License.
- Background check application for each applicant. EACH DRIVER MUST SUBMIT A CITY APPLICATION AND DEPARTMENT OF JUSTICE APPLICATION.
- Application fee of \$461\* (includes \$5 technology enhancement fee)



GEM of the DESERT

# Application

Applicants Name: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the Applicant been cited or fined by any other city or county for a violation of that city's or county's municipal code regulations concerning cannabis related uses or commercial cannabis activities: Yes - If Yes, please explain: No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personnel/Employees For additional personnel/employees, please include on the back of this form. All personnel/employees must complete a background check form application and submit with the application packet.

Full Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Full Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Full Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Full Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_



GEM of the DESERT

## Application

### Delivery Vehicles

For additional vehicles, please complete an additional page and include with the application packet.

---

Make	Model	Year	License Plate No.
------	-------	------	-------------------

---

Make	Model	Year	License Plate No.
------	-------	------	-------------------

---

Make	Model	Year	License Plate No.
------	-------	------	-------------------

---

Make	Model	Year	License Plate No.
------	-------	------	-------------------

The information provided 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. The City shall incur no liability for the inadvertent or negligent disclosure of such information. Medical cannabis delivery permits are not transferrable. The City reserves the right to seek additional information from the applicant(s).

I certify that all of the information contained within this application, and supporting documents as required by the City of La Quinta, is truthful and factual to the extent of my knowledge.

Signature

Print Name

Date

---

## Medical Cannabis Delivery Service License

### 5.91.090 Grounds for Denial, Revocation or Suspension.

A. A Medical Cannabis Delivery Service License (or renewal thereof) may be denied, and an existing license may be revoked or suspended, if a Delivery Driver, license holder, or applicant:

1. Has knowingly made a false statement in a material matter either in his or her application (or renewal of a license) or in any reports or other documents furnished by him or her to the city.
2. Does not maintain and operate a Delivery Vehicle and other equipment in the manner and in the condition required by law and applicable state and city regulations.
3. Is or has been required to register as a sex offender under the provisions of Section 290 of the California Penal Code.
4. Within 5 years immediately preceding the application submittal date (or renewal of a license), has been convicted of any offense relating to the unlawful use, sale, possession or transportation of narcotics or habit-forming drugs, other than Cannabis, prohibited by any federal or state law.
5. Within 5 years immediately preceding the application submittal date (or renewal of a license), has been convicted of any offense punishable as a felony or has been convicted of the crime of theft in any degree.
6. Within 3 years immediately preceding the application submittal date (or renewal of a license), has been under suspension, revocation or probation by the California Department of Motor Vehicles for a cause involving the safe operation of a motor vehicle, or has been convicted of driving under the influence involving bodily injury or reckless driving involving bodily injury.



GEM of the DESERT

7. Within 3 years immediately preceding the application submittal date (or renewal of a license), has been found responsible for a motor vehicle accident causing death or personal injury.

8. Within 1 year immediately preceding the application submittal date (or renewal of a license), has been involved in three or more motor vehicle accidents unless evidence shows that none of the accidents were caused by or the fault of the Delivery Driver, license holder, or applicant.

9. Has been convicted of any felony offense involving moral turpitude, “depraved conduct,” or similar vile conduct that “shocks the public conscience.”

10. Has failed to pay the required license fees.

11. Has violated any condition of a Medical Cannabis Delivery Service License issued to a Delivery Driver, license holder, or applicant.

12. Has violated any provision of this chapter, Chapter 5.90, or any other provisions of the city’s code or any state law concerning the regulation of Cannabis.

B. The grounds for denial identified above are based on the powers of the city under its general police power and obligation to protect and promote the public health, safety, and welfare. Nothing in this section shall preclude the police chief or other city or law enforcement official from providing a grounds for the denial of an application, or a revocation or suspension of an existing license, based on relevant facts and circumstances that affect the ability of Delivery Driver or Delivery Service to comply with this chapter.

Signature

Print Name

Date

---



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A0861  
ORI (Code assigned by DOJ)

LICENSE CERT/PERMIT  
Authorized Applicant Type

MEDICAL CANNABIS DELIVERY  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

CITY OF LA QUINTA  
Agency Authorized to Receive Criminal Record Information

22064  
Mail Code (five-digit code assigned by DOJ)

78495 CALLE TAMPICO  
Street Address or P.O. Box

CHRISTOPHER ESCOBEDO  
Contact Name (mandatory for all school submissions)

LA QUINTA CA 92253  
City State ZIP Code

(760) 777-7010  
Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed