

OCAL MANUFACTURED CANNABIS PRODUCT REGISTRATION APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

See Page 3 for Instructions

Ocal Registration Number (if not New): _____**Cannabis License Number:** _____☐ **NEW APPLICANT** ☐ **RENEWAL APPLICANT** ☐ **OWNERSHIP CHANGE**☐ **RELOCATION**—Previous Address: _____

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (list additional DBAs on separate sheet if necessary)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. City	State	ZIP Code
4. Facility Address (continued)			9. E-mail Address		
5. City	State	ZIP Code	10. Website (URL)		

11. Interstate Commerce

☐ Product Shipped ☐ Product or Raw Materials Received ☐ NA

12. Type of Ownership

☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Nonprofit
☐ Other _____

13. Owner's Name / Corporate Name (if applicable)

State of Incorporation

14. Owners' or Officers' Names and Titles

Owners' or Officers' Names and Titles

15. OCal Cannabis Product Type

☐ Human Consumption/Use ☐ Cosmetics/Personal Care Products16. ☐ Attach a copy of the Cannabis License issued by the cannabis licensing authority17. Annual gross revenue from manufacturing OCal cannabis products at this facility (*required* for renewal applications only):
\$ _____

18. Certification organization(s) certifying these product(s) as OCal:

Certifier Name:

Certification Number:

☐ Attach a copy of the certification document☐ Check here if you intend only to claim OCal or organic ingredients (exempt from certification)**By checking this box**, you acknowledge that OCal and organic ingredients can **ONLY** be claimed in the ingredients statement on the information panel and in no other labeling or advertising.

19. Payment Codes (check only one payment code box A-I)

New Applicant Fee ONLY ☐ A—\$350**Renewal** (see page 4 for fee schedule)☐ B—\$50 ☐ C—\$100 ☐ D—\$200☐ E—\$300 ☐ F—\$400☐ G—\$500 ☐ H—\$600 ☐ I—\$700

20. Registration Fees

New Applicant Fee Due \$ 350.00

or

Renewal Fee Due \$ _____

Penalty on Registration Fee \$ _____

(1.5% per month if over 30 days)

Total Payment Due \$ _____

MAKE CHECKS PAYABLE TO:**CA DEPARTMENT OF PUBLIC HEALTH**

See Page 4 for Mailing Address

California Code of Regulations Section 22125: If any information on this application is not provided, the application **will not be processed**. The applicant will have 30 calendar days from the date of notification from the department to submit all required information and fees or the application will be deemed **abandoned**.

21. THIS SECTION IS REQUIRED FOR RENEWAL APPLICANTS ONLY. OCal Registration Number: _____
***** THE COMMODITIES MUST BE INCLUDED IN TOTAL POUNDS PER COMMODITY *****

Check all That Apply	Commodity Number	Commodity (Finished Products Only)	Total Quantity Manufactured	Measure
<input type="checkbox"/>	10	Soft Drinks, Carbonated and Noncarbonated; Water		Pounds
<input type="checkbox"/>	20	Beverage Bases, Liquid and Dry		Pounds
<input type="checkbox"/>	30	Coffee and Tea		Pounds
<input type="checkbox"/>	50	Bread, Rolls, Buns, Sweet Goods, and Crackers		Pounds
<input type="checkbox"/>	70	Macaroni and Noodle Products		Pounds
<input type="checkbox"/>	80	Breakfast Cereals, Ready to Eat		Pounds
<input type="checkbox"/>	90	Whole Grain and Beans, Bulk		Pounds
<input type="checkbox"/>	100	Pretzels, Chips, Tortillas, and Specialty Items		Pounds
<input type="checkbox"/>	110	Processed Grains and Starch Products for Human Use		Pounds
<input type="checkbox"/>	120	Prepared Mixes (Flour or Meal Based) Dry		Pounds
<input type="checkbox"/>	130	Candy, Chewing Gum, Chocolate and Cocoa Products		Pounds
<input type="checkbox"/>	140	Syrups, Sugars, Honey		Pounds
<input type="checkbox"/>	150	Butter and Butter Products		Pounds
<input type="checkbox"/>	240	Spices and Salt		Pounds
<input type="checkbox"/>	250	Extracts and Flavors		Pounds
<input type="checkbox"/>	260	Dressings and Condiments		Pounds
<input type="checkbox"/>	270	Fresh Fruits and Juices		Pounds
<input type="checkbox"/>	280	Frozen Fruits and Juices		Pounds
<input type="checkbox"/>	290	Canned Fruits, Juice Concentrates, and Nectars		Pounds
<input type="checkbox"/>	310	Jams, Jellies, Preserves, and Butters		Pounds
<input type="checkbox"/>	320	Fruit Products including Olives		Pounds
<input type="checkbox"/>	430	Cured and Processed Vegetable Products, Tofu		Pounds
<input type="checkbox"/>	440	Dry Dessert and Pudding Mixes		Pounds
<input type="checkbox"/>	910	Cosmetics		Pounds
<input type="checkbox"/>	1500	Personal Care Products		Pounds
<input type="checkbox"/>	1501	Infused Pre-rolls		Pounds
<input type="checkbox"/>	1502	Dab, Shatter, Wax		Pounds
<input type="checkbox"/>	1503	Cannabis Oils, Concentrates, or Extracts		Pounds
<input type="checkbox"/>	1504	Jerky (no other meat products allowed)		Pounds

Under penalties of perjury, I, The Owner, declare that the information included with this application and all attachments are true, correct, and complete. I, The Owner, also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

22.Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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Authorized representatives and/or signatories:

23.Business Operator (name/title)	Business Phone	24-Hour Emergency Phone	Business Operator E-mail
24.Correspondent (name/title)	Correspondent Phone	Alternate Phone	Correspondent E-mail

Please do not write below this line

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Instructions for Completing the OCal Manufactured Cannabis Product Registration Application

Please Type or Print Your Application

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for an OCal Registration at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained an OCal Registration for this location and you are renewing that license. If this firm has changed location or received a new cannabis license number, please submit a new application for registration of that facility. **Call the Food and Drug Branch at (800) 495-3232 if you have additional questions about this application.**

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address or P.O Box.
9. **E-mail:** Enter a contact email for the firm.
10. **Website:** Enter the website address for your business, if applicable.
11. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **Product Type:** Place an (X) in the box(s) that best describes the product category manufactured by the firm.
16. **Cannabis License:** Attach a copy of the Cannabis License to this application.
17. **Annual Gross Revenue from OCal Cannabis Products:** Required for renewal applicants only. Enter the amount in dollars of revenue from the past 12 months based on an arm's length transaction.
18. **Certification Organization:** Enter the certification organization name, your certification number, and attach a copy of your certification document. If exempt, check the exemption box.
19. **Payment Codes:** Place an (X) in the box to indicate the payment code based on the fee schedule below.
20. **Registration Fees:** New applicants pay \$350 for initial registration. Renewal applicants enter the registration fee due based on the chart below. A penalty of 1.5 percent per month is due if the payment is submitted more than 30 days after the due date.
21. **Commodity Codes:** Required for renewal applicants only. Check all finished commodities that apply and enter the amount in pounds manufactured for the previous 12 months.
22. **Owner's Signature:** This section must be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.

23.–24. **Authorized Representative and/or Signatories:** Enter contact information for the business operator and correspondent.

REGISTRATION FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LICENSES, LOCATIONS, OR ENTITIES

Payment Code	Initial Registration Fee	Fee Due
A	New applicants only	\$350

Renewal Fees (use fee schedule below if you are a renewing applicant)

Payment Code	Gross Annual Revenue	Annual Registration Fee
B	\$0-\$5,000	\$50
C	\$5,001-\$50,000	\$100
D	\$50,001-\$125,000	\$200
E	\$125,001-\$250,000	\$300
F	\$250,001-500,000	\$400
G	\$500,001-\$1,500,000	\$500
H	\$1,500,001-\$2,500,000	\$600
I	\$2,500,001-and above	\$700

Please make all checks payable to: <u>CA Department of Public Health</u> Mail application and checks to:			
Regular Mail:	California Department of Public Health Food and Drug Branch – Cashier MS 7602 P.O. Box 997435 Sacramento, CA 95899-7435	Overnight Mail:	California Department of Public Health Food and Drug Branch – Cashier 1500 Capitol Avenue, MS-7602 Sacramento, CA 95814