



Temporary License Application: Cannabis Manufacturing

Application Instructions:

Complete one form for each premises in which you will be conducting commercial cannabis manufacturing. Please type or write legibly.

Submit the completed application and attachments via mail or email to:

MCLS@cdph.ca.gov

California Department of Public Health
Manufactured Cannabis Safety Branch
PO Box 997377, MS-7606
Sacramento, CA 95899-7377

If you have any questions, please visit our website, www.cdph.ca.gov/mcsb, or contact us at MCSB@cdph.ca.gov.

Privacy Statement:

The information requested on this form is required by the California Department of Public Health, Manufactured Cannabis Safety Branch (MCSB). Furnishing the information on this form is mandatory. MCSB collects the personal information on this application pursuant to Business and Professions Code section 26050.1 and the Information Practices Act (Civil Code section 1798 et seq.). The information will be used by MCSB authorized personnel for purposes of identification, to determine your eligibility for licensure, to maintain current licensee information, and for mailing purposes. Failure to provide the information will result in the application being deemed incomplete by MCSB.

MCSB sends all official correspondence to the mailing address provided on the application. This mailing address may be the owner's business address, residence, post office box, or mail drop. Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (PRA) (Government Code section 6250 et seq.). License information may be accessible on MCSB's website through the Licensee Lookup Tool or through a PRA request. Please consider this, especially when listing a mailing address.

MCSB makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another governmental agency as required by state or federal law, for law enforcement purposes, in response to a court or administrative order, a subpoena, or a search warrant, and as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.).

You may review the records maintained by the Department that contain your personal information unless access is exempt by law. For information or access to your records, you may contact the Manufactured Cannabis Safety Branch, California Department of Public Health, PO Box 997377, MS-7606, Sacramento, CA, 95814-7377, (855) 421-7887, MCSB@cdph.ca.gov.

Temporary License Application: Cannabis Manufacturing

SECTION A – LICENSE TYPE (Check all that apply)

Medicinal (M) Adult-Use (A)

SECTION B – APPLICANT INFORMATION

First Name	MI	Last Name	Job Title
------------	----	-----------	-----------

SECTION C – BUSINESS INFORMATION

Legal Business Name (as registered with the CA Secretary of State)	Trade Name (DBA)			
Federal EIN	Business Phone Number	Business Email Address		
Business Mailing Address	City	State	Zip	County

SECTION D – PREMISES INFORMATION

Physical Address of Manufacturing Premises	City	State	Zip	County
--	------	-------	-----	--------

SECTION E – OPERATIONAL ACTIVITIES (Check all that apply for the premises listed in Section D)

Product Types	M	A	Activities	M	A	Extraction Methods	M	A
Edibles			Extraction			Butane/Hexane/Propane		
Concentrates			Infusion			Ethanol		
Topicals			Packaging/Labeling			Carbon Dioxide (CO2)		
Capsules						Water/Food-grade Dry Ice		
Vape Cartridges						Food-grade Butter/Oil		
Tinctures						Mechanical		
Other:						Other:		

SECTION F – LOCAL AUTHORIZATION

Local Issuing Authority	Local Office Phone Number	Local Office Email Address
-------------------------	---------------------------	----------------------------

SECTION G – LOCAL AUTHORIZATION ATTACHMENT

A copy of a valid license, permit or other authorization issued by the local jurisdiction that enables the applicant to conduct commercial cannabis activity at the premises listed in Section D.

SECTION H – DECLARATIONS AND SIGNATURE

I declare under penalty that:

- The information contained within and attached to this application is complete, true and accurate. I understand a misrepresentation of fact is cause for rejection of this application, denial of license or revocation of an issued license.
- I understand that the temporary license is a conditional license that authorizes my business to engage in the commercial cannabis activity described in the application.
- I understand that refusal by the licensing authority to issue or extend a temporary license shall not entitle the business to a hearing or appeal of the decision.
- I understand that the issuance of a temporary license does not obligate the Department to issue a non-temporary license, nor does it create a vested right to either an extension of the temporary license or to the granting of a non-temporary license.
- I understand that I am responsible for knowing and complying with all state laws and regulations governing medicinal and adult-use cannabis manufacturing pursuant to MAUCRSA and all other applicable laws and regulations, upon issuance of my temporary license. I understand that I am responsible for compliance with subsequent updates to cannabis manufacturing laws and regulations.

Signature	Print Name	Date
-----------	------------	------