



CITY OF THOUSAND OAKS

CANNABIS DELIVERY BUSINESS REGISTRATION FORM

2100 E Thousand Oaks Blvd, Thousand Oaks, CA 91362-2903
 Phone (805) 449-2201 · Fax (805) 449-2289 · Email businesslicenses@toaks.org

New Application
 Renewal
 Update

BUSINESS INFORMATION	
Name of Business	
Business Address	
Business Mailing Address	
Business Phone Number	
Business Email Address	
Owner's Name	

VEHICLE(S) INFORMATION					
Make	Model	Year	VIN Number	License Plate No	For Updates Only
					<input type="checkbox"/> Added <input type="checkbox"/> Removed
					<input type="checkbox"/> Added <input type="checkbox"/> Removed
					<input type="checkbox"/> Added <input type="checkbox"/> Removed

List additional vehicle(s) information on a separate sheet if applicable.

DRIVER'S INFORMATION		
Name Of Each Delivery Driver Who Works For Your Company	Employment Status	For Updates Only
	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Added <input type="checkbox"/> Removed
	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Added <input type="checkbox"/> Removed
	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Added <input type="checkbox"/> Removed

List additional driver's information on a separate sheet if applicable.

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that the information is subject to verification. I understand that acceptance of payment by the City shall not be interpreted to authorize or permit any business activity that would not otherwise be legal or permissible under laws

Signature: _____ Title _____ Date _____

For Office Use Only:					
Account #:	License #	CSR	Amount Paid	Date	Receipt #