CITY OF
CHULA VISTA

City of Chula Vista Cannabis License Application

REQUEST TO APPEAL NOTICE OF DECISION

Applicant Name: _____

Submitter ID: _____

Basis for Appeal:

I hereby appeal the Notice of Decision issued to me. My appeal request is based on the following issues (Please note: You must list each independent reason for rejection identified in the Notice of Decision that you seek to appeal. Reasons not listed will result in a waiver of appeal as to those issues. Moreover, failure to list any reasons will result in waiver of the entire appeal.)

_____

_____

_____

Attachments:

_____ I have attached documents to this request. The number of pages attached is: _____.

Waiver or Request for Hearing (choose one option):

_____ I hereby waive my right to an in-person appeal hearing. I will instead submit my appeal in writing only. I understand that I must submit my evidence and argument within 30 calendar days of the date noted on my Notice of Decision in accordance with Cannabis Regulations §0501(P).

_____ I hereby request an in-person hearing. I understand that notice of the date, time, and place for the hearing will be sent by email and/or first-class mail to the addresses I list below. I understand that if I fail to appear at the hearing, I forfeit my appeal fee and waive my right to appeal. I understand that if I am more than 15 minutes late, the hearing officer may determine that I have failed to appear, forfeited my appeal fee, and waived my right to appeal.

NOTE: An appeal fee in the amount of $3,276.00 is due upon submission of request to appeal. A request to appeal must be received by the City Clerk no later than 15 days from the date noted on the Applicant's Notice of Decision. All information regarding appeal rules and procedures are contained in Cannabis Regulations §0501(P).

Date:_____ Signature:_____

Printed Name: _____

Appellant Address: _____

Appellant Email: _____