

COMMERCIAL CANNABIS LICENSE BOND

Business and Professions Code Section 26051.5
California Code of Regulations, Title 17, Section 40129

Bond No: _____

The premium on this bond is \$ _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____
(Legal Name of Principal)

whose address for service of process is

as PRINCIPAL, and _____
(Name of Surety)

a corporate insurer organized under the laws of the State of _____,

whose address for service of process is
_____ and

who is admitted to transact a surety insurance in the State of California, as SURETY, are held
and firmly bound unto the State of California (Obligee) in the penal sum of

_____ Dollars (\$ _____) for the payment

of which well and truly be made we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

The conditions of the above obligation is such that:

WHEREAS, the provisions of the California Business and Professions Code section 26051.5 and California Code of Regulations, Title 17, section 40129, require that the Principal post a bond to cover the costs of destruction of cannabis or cannabis products if necessitated by a violation of the requirements in the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), contained in Division 10 of the California Business and Professions Code (§

26000 *et seq.*), or regulations adopted thereunder, contained in Chapter 13 of Division One of Title 17 of the California Code of Regulations (§ 40100 *et seq.*).

NOW THEREFORE, the Principal, and any and all agents and employees representing the Principal shall faithfully comply with the provisions of MAUCRSA and the regulations adopted thereunder, and properly and legally destroy all cannabis and cannabis products if necessitated by a violation of the requirements of MAUCRSA or said regulations.

PROVIDED HOWEVER, this bond is issued subject to the following express provisions:

1. This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding renewal period or periods, or until the bond is canceled by the Surety.
2. By executing this bond, Principal and Surety agree any action on this bond shall be instituted and prosecuted in the counties of the State of California, with service by U.S. mail as prescribed in California Code of Civil Procedure sections 417.10 and 417.20 and this bond shall be governed by the laws of the State of California.
3. This bond is executed by the Surety to comply with the provisions of MAUCRSA, contained in Division 10 of the California Business and Professions Code (§ 26000 *et seq.*), and said bond shall be subject to all of the terms and provisions thereof.
4. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of the bond in any event.
5. This bond shall be subject to the provisions of Chapter 2 (commencing with section 995.010) of Title 14 of Part 2 of the California Code of Civil Procedure.

6. The Surety may cancel this bond at any time by delivering thirty (30) days written notice of its desire to do so to the California Department of Public Health and to the Principal herein. The Surety shall not be liable for any loss or claim based upon transactions occurring subsequent to the effective date of such cancellation, but such cancellation shall not affect the liability of the Surety as to any matters occurring prior to the effective date thereof.
7. This bond to become effective _____ but not prior to its execution. If no date is written it shall take effect on the later of the two dates of execution below.

NAME OF SURETY: _____

ADDRESS: _____

I certify under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in _____ on _____
(City, State) (Date)

Signature of Attorney-in-Fact for Surety

Printed or Typed Name of Attorney-in-Fact

NAME OF PRINCIPAL: _____

ADDRESS: _____

Executed in _____ on _____
(City, State) (Date)

Signature of Authorized Representative

Printed or Typed Name and Title of Authorized Representative