



CITY OF OAKLAND
OAKLAND FIRE DEPARTMENT, FIRE PREVENTION BUREAU
250 FRANK H. OGAWA PLAZA, SUITE 3341
OAKLAND, CA 94612-2032

E-mail: ofdcannabis@oaklandca.gov



CANNABIS INSPECTION IN-TAKE REQUEST FORM

DATE: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

TYPE OF INSPECTION (CHECK WHAT APPLIES):

NEW/INITIAL APPLICATION

CANNABIS ANNUAL

CANNABIS OTHER (FILL IN BLANK) _____ (I.E. DISPENSARY, DISTRIBUTION,
CULTIVATION, EXTRACTION, DELIVERY, ETC.)

☐ SECTION 1:

LICENSE TYPE: _____

NAME OF BUSINESS/COMPANY: _____

NAME OF COMPANY REPRESENTATIVE: _____

SITE ADDRESS: _____

POINT OF CONTACT PHONE NUMBER: _____

PREFERRED EMAIL: _____

EQUITY VERIFICATION: ARE YOU AN EQUITY APPLICANT? ☐ YES ☐ NO (CHECK ONE)

If you answered **YES**, please provide the Equity Verification email from Nancy Marcus.

If you are **NOT** an equity applicant, there will be a \$381 per hour charge for the inspection, in which we offer a payment over the phone option for credit card transactions (Visa and Master Card only). **Once we have verified that you meet all the qualifying criteria**, a representative from the Fire Prevention Bureau will reach out to you for payment, prior to scheduling the inspection.

NAME OF CONTACT FOR PAYMENT: _____

PAYMENT CONTACT PHONE NUMBER: _____

PAYMENT CONTACT EMAIL: _____

The option to pay by check is available by mailing a payment for the invoiced amount to: **Fire Prevention Bureau- Cannabis Payment Processing** 250 Frank H. Ogawa Plaza Ste.3341 Oakland, CA 94612. Make checks payable to Fire Prevention Bureau. Include the Reference # in the memo section of the check for accurate account placement.

☐ INSPECTION SCHEDULING – SECTION 2:

COMPANY'S MAILING ADDRESS (IF DIFFERENT FROM SITE ADDRESS):

ON-SITE CONTACT: _____

ON-SITE CONTACT CELL PHONE NUMBER: _____ AS OF 09/12/2025