

Section 7 - Applicant Certification

Under penalty of perjury, I hereby declare that the information contained within and attached to this application is complete true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the license or revocation of a license issued. By submitting this application, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of state law or City ordinance, or for incomplete, late or inaccurate applications/attachments, and that all fees paid in connection with this application are non-refundable.

Signature of Applicant

Date _____

Date and Initials Received by the City _____

Staff use only: Application Complete

Staff use only: Application Incomplete

Section 5 – Property Owner Affidavit

Property Owner Affidavit

I, _____, authorize the Commercial Cannabis activity entitled _____, to use/purchase this property as a Commercial Cannabis facility, as those terms are defined in the City _____ : Municipal Code, should this facility obtain the appropriate Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property if leasing the property to the applicant.

Legal Property Owner: _____ **Date:** _____

Name (Please print)

Title:

Signature

Legal Building Owner: _____ **Date:** _____

Name (Please print)

Title:

Signature

Attach:

- Proof of possession of the premises and approval of use (deed, lease, lease assignment, agreement showing willingness to sell property if applicant obtains permit)

Notary Use Only:

State of California
County of Tulare

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the he/she executed the same for the purpose therein contained.

I witness hereof, I hereunto set my hand and official seal.

Notary Public

Section 4 – Owner and Contact Information

Proposed Name of Business: _____

Applicant Entity Structure: (attach proof of status such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports status)

Corporation

Unincorporated Association

Other (describe): _____

Tax Identification Number: _____

Business Applicant (Print Name): _____

Business Applicant Address: _____

Telephone: _____

Email: _____

Mobile: _____

Previous Business/Employment History (to cover 5 years): _____

Business Applicant:	_____	Date:	_____
	Name (Please Print)	Title:	_____

Signature

Primary Contact (Print Name): _____

Primary Contact Address: _____

Telephone: _____

Email: _____

Mobile: _____

Previous address(es) (to cover 5 years): _____

Cannabis Business Application - Zoning Verification Form

You must obtain an approved Zoning Verification Form for the proposed location of your business before proceeding with the application process

Property

Street Address _____ Zip: _____

Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____

Existing Use of Property: _____

Assessor Parcel Number: _____

Proposed Use

Trade Name of Establishment (dba): _____

Description of proposed use: (including proposed use and summarize type of activity, as applicable):

Premises

Attach a site plan, indicating (1) the lot, (2) all existing and proposed buildings, and (3) distances from the buildings(s) to all property lines.

Attach a floor plan, drawn to scale indicating dimensions. Total square footage: _____

Use Category

- Commercial Cultivation
- Commercial Distribution
- Commercial Manufacturing
- Commercial Medicinal Retail Sales
- Commercial Non-Medicinal Retail Sales
- Commercial Testing

Contact Information

Name of Owner or Contact Person: _____

Business Mailing Address: _____

(if different from physical address)

Business phone: _____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____

Cannabis Business Application - Zoning Verification Form (continued)

Map Required

Attach a street map that is drawn to scale. Indicate the proposed premise, at the center of a circle with a labeled 1,000-foot radius, such that the setback restrictions below may be verified by the Planning and Building Department.

Staff Use Only

According to the map provided by the applicant, the proposed premise complies with the following setback restrictions:

. feet from a public or private school

Zoning District: _____ Use Category: _____

Previous Reviews: _____

Reason for denial:

Further Discretionary Review Required: _____

Application reviewed by: _____ Date: _____

Section 3 – Operations and Security Plan

- A description of applicant's practice for transfer of cannabis products to and from premises.
 - Check if additional documentation is attached

- Estimated number of employees.

- Where inventory will be kept and how records will be maintained and reconciled.
 - Check if additional documentation is attached

- A description of all security practices including but not limited to any panic buttons, dyes, bulletproof windows, or other.
 - Check if additional documentation is attached

- A description of applicant's practices for preventing deterioration of any cannabis goods held by applicant.
 - Check if additional documentation is attached

A description of applicant's practices for ensuring all cannabis goods are properly packaged and labeled prior to retail sale.

Check if additional documentation is attached

The applicant's practices for ensuring a licensed testing laboratory samples and analyzes cannabis goods held by the applicant.

Check if additional documentation is attached

Description of applicant's video surveillance system including camera placement and practices for maintenance of video surveillance equipment.

Check if additional documentation is attached

How applicant will ensure that all access points to the premises will be secured including the use of security personnel if applicable.

Check if additional documentation is attached

A description of the applicant's security alarm system.

Check if additional documentation is attached

A description of how inventory will be stored.

Check if additional documentation is attached

A description of the operating hours of the facility.

A description of the Track and Trace system the applicant will employ.

Check if additional documentation is attached

Method(s) that will be used to dispose of unused cannabis.

Check if additional documentation is attached

A description of practices for transport of cannabis goods.

Check if additional documentation is attached

Proof of ownership or a valid lease for all commercial vehicles that will be used to transport all cannabis goods.

Check if additional documentation is attached

The year, make, model, license plate number, and numerical vehicle identification number for all commercial vehicles that will be used to transport cannabis goods and update the information within 30 days of any changes.

Check if additional documentation is attached

Proof of insurance in the amount of \$1,000,000 for any and all commercial vehicles being used to transport cannabis goods.

Check if additional documentation is attached

Commercial Cannabis Permit Application Acknowledgement Form

- ✓ I/we have read, fully understand and agree to operate within the regulations identified in The City Ordinance's and all other applicable state laws and regulations as it relates to commercial cannabis operations and further understand that my permit(s) may be revoked for not operating in compliance with said regulations.
- ✓ I/we understand the City reserves the right to reduce the size of area allowed for cultivation under any clearance or license issued, in the event that environmental conditions, such as a sustained drought or low flows in the watershed will not support diversions for irrigation.
- ✓ I/we understand that it is our responsibility as the applicant to obtain will serve letters from all utility companies that will be serving my development. I/we understand that we will bear the sole cost of any upgrades, transmission improvements needed to serve my development as required by the utility companies.
- ✓ I/we agree that all structures utilized for Commercial Cannabis Businesses will be planned and built in accordance with applicable Building Codes and to the satisfaction of the City.
- ✓ I/we understand that the information I provide with my application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
- ✓ I/we agree to defend, indemnify, and hold harmless the City from any defense costs, including attorneys' fees or other loss connected with any legal challenge brought as a result of the City's review and/or approval of this license issuance. I/we agree to execute a formal agreement to this effect on a form provided by the City and available for my inspection.
- ✓ I/we understand that the application fee is non-refundable even if I cancel my application or it is denied during the process.
- ✓ I/we acknowledge that without a complete application package my application may be delayed.
- ✓ I/we recognize that the Community Development Department and Police Chief reserves the right to request additional information if necessary to complete review or processing of the application, and confirm or promote conformance to ordinance-specific requirements and standards.
- ✓ I/we authorize the City, its agents, and employees to seek verification of the information contained within the application including a background check of the applicant and all employees and independent contractors.

Printed Name

Signature

Date

Printed Name

Signature

Date

Business Name: _____

If storefront sign is different, please indicate that name here: _____

Exact Business Address (include Unit #): _____

Codes/Passwords: _____

Local Business Phone #: _____

Please circle one: Landline Cell VOIP

Type of Business: _____ Hours of Operation: _____

Alarm Company: _____ Phone: _____

Alarm System (please circle all that apply): Silent Holdup Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are on-site 24 hours, hazardous materials stored on-site) _____

Signature

Print Name

Date