

COMMERCIAL CANNABIS BUSINESS PERMIT INITIAL APPLICATION PACKET



CANNABIS PROGRAM
MONTEREY COUNTY

<http://www.co.monterey.ca.us/CannabisProgram>

County of Monterey

APPLICANT:

CBP NUMBER:

DATE:

Instructions: Completed Commercial Cannabis Business Permit Application and supporting documentation should be emailed to:

- AcevesN@countyofmonterey.gov
- HouseM@countyofmonterey.gov

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COMMERCIAL CANNABIS BUSINESS PERMIT INITIAL APPLICATION

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COUNTY OF MONTEREY CANNABIS PROGRAM COUNTY ADMINISTRATIVE OFFICE

168 West Alisal Street, 3rd Floor, Salinas, CA 93901
PHONE: 831-755-5457



COMMERCIAL CANNABIS BUSINESS PERMIT INITIAL APPLICATION FORM

This application is for license type (please check ALL that apply):

- Cultivation Nursery Processor Retailer
 Distributor Manufacturer Testing

DATE: _____

BUSINESS INFORMATION

1. Legal Business Name: _____

Trade Name (DBA): _____

Mailing Address	City	State	Zip Code
_____	_____	_____	_____

Business Premises Address	City	State	Zip Code
_____	_____	_____	_____

APPLICANT(S) INFORMATION

2. Application Name	Email Address	Phone Number
_____	_____	_____

Mailing Address	City	State	Zip Code
_____	_____	_____	_____

Applicant Name	Email Address	Phone Number
_____	_____	_____

Mailing Address	City	State	Zip Code
_____	_____	_____	_____

3. Seller's Permit Number: _____

4. Assessor's Parcel Number (APN): _____

5. PLN Number: _____

- 6. **Building Sq. Ft.:** _____
- 7. **Canopy Area Sq. Ft. (Cultivation Only):** _____
- 8. **Nursery Sq. Ft.:** _____
- 9. **Describe the proposed project:** _____

- 10. **EMPLOYEES:** Will this business have employees: YES NO
(If YES, complete Commercial Cannabis Business Employee Contact Information, Section 10)
- 11. **DISCRETIONARY PERMIT:** Does the property (where the business will be located) have an approved Cannabis Land Use Permit:
 YES NO

Disclaimer:

Be advised that, under the California Public Records Act (CPRA), the public has the right to inspect and/or copy non-exempt public records in the County’s possession. The contents of this application, with limited exceptions, are public records under the CPRA, and hence, may be subject to public disclosure, should the County receive a relevant records request.

Regardless, the County will not disclose certain private information, including personal identifying information such as social security numbers, site-specific security information, or any other information that is subject to an exception under the CPRA.

I understand that the Cannabis Business Permit issued by the Monterey County Cannabis Program is required for the privilege of conducting a commercial cannabis business within the unincorporated area of Monterey County pursuant to Monterey County Code (“MCC”) Chapter 7.90. While it is the goal of the Monterey County Cannabis Program to process business permit applications within 60 days, I understand this timeframe is dependent upon the submission of a completed application that addresses each of the requirements identified by MCC Chapter 7.90.

I understand and acknowledge that a land use entitlement for cannabis use, an annual cannabis business permit, an annual business license, and all State licenses are required prior to the commencement of business.

I/We state that as the owner[s] or agent for owner[s] for the development permit application, I/We have read the complete application and know the contents herein. I/We declare under penalty of perjury that the information contained in this application including the plans and documents submitted herewith are true and correct to the best of my/our knowledge.

Dated: _____ **at** _____ **, California**

Owner’s Name (Please Print or Type)

Agent’s Name (Please Print or Type)

Owner’s Signature

Agent’s Signature

The filing of an application for a commercial cannabis business permit, shall be accompanied by payment of such fees as established by the Board of Supervisors. Permit applicants and permittees are responsible for the costs of inspections, investigations, modifications, and any other fee-associated activity established pursuant to MCC Chapter 7.90.

Commercial Cannabis Permit Application Packet with pertinent information should be applied using the Accela on-line submittal process.

SECTION 1 | List of all Applicants' names, mailing addresses, e-mail addresses

1. Applicant Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

2. Applicant Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

3. Applicant Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

4. Applicant Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

5. Applicant Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

SECTION 2 | 24-Hour Contact

1. 24-Hour Contact

Primary Emergency Contact Name: _____
Title: _____
Physical Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

2. Alternate Emergency Contact (Optional)

Contact Name: _____
Title: _____
Physical Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

**3. Community Relations Contact for the public to provide notice of violations
[MCC section 7.90.100 (A)(15)]:**

Contact Name: _____
Title: _____
Physical Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

SECTION 3 | Premise Location Address & Assessor's Parcel Number (APN)

Physical Address: _____

City/State/Zip: _____

Assessor's Parcel Number(s) (APN or A): _____

Global Positioning System (GPS) Coordinates: _____

SECTION 4 | Proof of Ownership or Written Permission from Property Owner

Proof of ownership of premises, or if the premises on which the commercial cannabis operation is to occur is rented or leased, written permission from the property owner containing the property owner's notarized signature that authorizes the tenant or lessee to engage in commercial cannabis activities at the site.

Proof of ownership of premises

- Property Grant Deed

If the Property Owner is any form of entity, also provide all Business Formation Documents for each entity, including, without limitation:

- Organizational Structure
- Articles of Organization/Incorporation (as applicable)
- Statement of Information

NOTE: All entities in a multi-layer business structure disclosed as having a financial interest must disclose the identities of persons holding financial interests until only individuals remain.

SECTION 5 | Premises Diagram & Property Diagram

A premises diagram pursuant to Section 15006 of Title 4 of the California Code of Regulations, as it may be amended, showing, without limitation, a site plan, building layout, a description of where each commercial cannabis activity will occur, all entry ways and exits to the site, loading zones and all areas in which cannabis and cannabis products will be stored, grown, or dispensed. The diagram must include a description of the proposed total canopy area of any cultivation and/or nursery operation, including the maximum square footage to be cultivated for the annual term of the permit.

Submit a copy of the State (Department of Cannabis Control) approved:

- ✓ Property Diagram- A property diagram is an illustration of the entire property (the bird's-eye view) associated with the proposed premises. If the proposed premises span multiple parcels, all parcel numbers must be identified on the diagram.
- ✓ Premises Diagram- A premises diagram is a bird's-eye-view illustration of the proposed premises; requirements vary based on the type of license. Boundaries and dimensions (in feet) of the required areas must be identified, as specified below.

SECTION 6 | Business Entity Information (Part 1)

All business governance documents for each applicable entity, including, without limitation:

- Operating Agreement/Bylaws (as applicable)
- Articles of Organization/Incorporation (as applicable)
- Statement of Information
- Proof of ownership percentage (%) breakdown
- Fictitious Name Statement (as applicable)
- Official EIN Issuance
- Legal status
- Proof of registration with, or a certificate of good standing from, the California Secretary of State.

Name of Entity:

Address of Entity:

City/State/Zip Code:

Mailing Address of Entity (if different):

City/State/Zip Code:

Proof of its Legal Status Attached:

Yes No

Proof of Registration Attached:

Yes No

Certificate of Good Standing from the CA Secretary of State Attached

Yes No

SECTION 6 | Business Entity Information (Part 2)

NOTE: All entities in a multi-layer business structure disclosed as having a financial interest must disclose the identities of persons holding financial interests until only individuals remain.

List all Board Members, Directors, Managers, and General Partners

1.	Legal Name:	_____
	Business Title:	_____
	Email Address:	_____
	Telephone Number:	_____
2.	Legal Name:	_____
	Business Title:	_____
	Email Address:	_____
	Telephone Number:	_____
3.	Legal Name:	_____
	Business Title:	_____
	Email Address:	_____
	Telephone Number:	_____
4.	Legal Name:	_____
	Business Title:	_____
	Email Address:	_____
	Telephone Number:	_____

List all parties with a financial interest in the business and their percentage of ownership.
Must total 100%

1.	Legal Name:	_____
	Percentage of Ownership:	_____
2.	Legal Name:	_____
	Percentage of Ownership:	_____
3.	Legal Name:	_____
	Percentage of Ownership:	_____
4.	Legal Name:	_____
	Percentage of Ownership:	_____
5.	Legal Name:	_____
	Percentage of Ownership:	_____

SECTION 7 | Property Owners and Business Owners Personal Information

The full name of all property owners and the full name, date of birth, present address and telephone number for all owners, managers, employees, and persons having a twenty percent (20%) or more financial interest in the commercial cannabis activity that is the subject of the application

1. **Property Owner Name:** _____

2. **Property Owner Name:** _____

1. **Business Owner Name:** _____
Title: _____
Percentage of Ownership: _____
Date of Birth: _____
Present Physical Address: _____
City/State/Zip: _____
Phone: _____
Email Address _____

2. **Business Owner Name:** _____
Title: _____
Percentage of Ownership: _____
Date of Birth: _____
Present Physical Address: _____
City/State/Zip: _____
Phone: _____
Email Address _____

3. **Business Owner Name:** _____
Title: _____
Percentage of Ownership: _____
Date of Birth: _____
Present Physical Address: _____
City/State/Zip: _____
Phone: _____
Email Address _____

NOTE: Add additional pages as needed

SECTION 8 | Fingerprints/Background Check

All owners and persons having a twenty percent (20%) or more financial interest must submit fingerprints and other necessary information for a criminal background check conducted by any entity authorized by the California Department of Justice to perform Live Scan fingerprinting services.

NOTE: Applicants outside of California must complete form FD258 through a Licensed Fingerprint Agent and return to the Monterey County Sheriff's Office for processing; call for detailed instruction.

SECTION 9 | Permit Designation

A statement of whether the applicant is applying for a commercial cannabis business permit with a M-designation, an A-designation, or both.

Designation of Permit Requested, check all that apply:

Medicinal

Adult

SECTION 11 | Description of Other Cannabis Operations

The names and addresses of any other commercial cannabis operations currently being operated by the applicant, or that had previously been operated by the applicant and a statement of whether the authorization for any such operation had been revoked or suspended and, if so, the reason, therefore.

NOTE: If the applicant is an entity or a multi-layered entity, describe any other commercial cannabis operations currently being operated by any persons holding financial interests in all entities involved.

Name of other operation: _____
Full Physical Address: _____
City/State/Zip Code: _____

Name of other operation: _____
Full Physical Address: _____
City/State/Zip Code: _____

Name of other operation: _____
Full Physical Address: _____
City/State/Zip Code: _____

Statement of whether the authorization had been revoked or suspended, and reasons:

NOTE: Add additional pages as needed

SECTION 12 | Full Description of Proposed Activities

A full description of the proposed activities and products of the commercial cannabis operation.

SECTION 13 | Description of State License

A description of the type of State license(s) that will be required for the proposed operations pursuant to California Business and Professions Code Section 26000, et seq. If a State provisional license(s) is held pursuant to California Business and Professions Code Section 26050.2, a photocopy of all applicable State provisional licenses.

Cultivation License		# of Licenses	Total Sq. Ft.
<input type="checkbox"/>	Cottage Indoor (max 500 Sq Ft)		
<input type="checkbox"/>	Specialty Indoor (max 5,000 Sq Ft)		
<input type="checkbox"/>	Small Indoor (max 10,000 Sq Ft)		
<input type="checkbox"/>	Medium Indoor (max 22,000 Sq Ft)		
<input type="checkbox"/>	Large Indoor		
<input type="checkbox"/>	Cottage Mixed-Light Tier 1 (max 2,500 Sq Ft)		
<input type="checkbox"/>	Specialty Mixed-Light Tier 1 (max 5,000 Sq Ft)		
<input type="checkbox"/>	Small Mixed-Light Tier 1 (max 10,000 Sq Ft)		
<input type="checkbox"/>	Medium Mixed-Light Tier 1 (max 22,000 Sq Ft)		
<input type="checkbox"/>	Large Mixed-Light Tier 1		
<input type="checkbox"/>	Cottage Mixed-Light Tier 2 (max 2,500 Sq Ft)		
<input type="checkbox"/>	Specialty Mixed-Light Tier 2 (max 5,000 Sq Ft)		
<input type="checkbox"/>	Small Mixed-Light Tier 2 (max 10,000 Sq Ft)		
<input type="checkbox"/>	Medium Mixed-Light Tier 2 (max 22,000 Sq Ft)		
<input type="checkbox"/>	Large Mixed-Light Tier 2		
<input type="checkbox"/>	Specialty Cottage Outdoor (up to 25 mature plants)		
<input type="checkbox"/>	Specialty Outdoor (max 2,500 Sq Ft)		
<input type="checkbox"/>	Small Outdoor (10,000 Sq Ft)		
<input type="checkbox"/>	Medium Outdoor (max 10,001 Sq Ft)		
<input type="checkbox"/>	Large Outdoor		
<input type="checkbox"/>	Nursery (specify total canopy in square feet)		
Total:			
<input type="checkbox"/>	I am not cultivating cannabis or operating a cannabis nursery		
<input type="checkbox"/>	Processor		
Distribution			
<input type="checkbox"/>	Distributor (Type 11)	<input type="checkbox"/>	Distributor – Transport Only (Type 13)
<input type="checkbox"/>	Retailer (Type 10)	<input type="checkbox"/>	Retailer – Non-Storefront (Type 9)
Manufacturing			
<input type="checkbox"/>	Manufacturing Infusion Type – N		
<input type="checkbox"/>	Manufacturing Non-Volatile Type – 6		
<input type="checkbox"/>	Manufacturing Packaging and Labeling Type – P		
<input type="checkbox"/>	Manufacturing Shared-Use Facility Type – S		
<input type="checkbox"/>	Manufacturing Volatile Type – 7		
Testing			
<input type="checkbox"/>	Testing Laboratory		

SECTION 13 | Description of State License

The following is a true and accurate statement of the maximum square footage of commercial cannabis operations to be conducted during the period that the Commercial Cannabis Business Permit is active.

I authorize the County of Monterey to use the maximum square footage provided below to determine the annual commercial cannabis cultivation/nursery tax.

Cultivation total square feet: _____ **Nursery total square feet:** _____

-
- I am not engaged in a commercial cannabis activity other than cultivation/nursery
 - I acknowledge that pursuant to section 7.100.050(D) of the Monterey County Code a gross receipt tax is required to be paid by all non-cultivation/nursery cannabis businesses.
 - Initials: _____

NOTE: Please attach copies of **ALL** applicable State Licenses.

SECTION 14 | Standard Operating Procedures for items A – H:

A detail of the procedures to be utilized at the premises including a description of how chemicals, pesticides, and fertilizers will be stored, handled, used, and disposed of; and if applicable, manufacturing methods, odor control methods and devices, how odor control devices will be maintained, the transportation process, inventory procedures, and quality control procedures.

- A.** Storage, Handling, Use, and disposal plan for chemicals, pesticides, and fertilizers
- B.** Inventory Procedures including Track and Trace (Section 7.90.050, Item 14) (DCC-LIC-016)
- C.** Quality Control Procedures
- D.** Manufacturing Methods
- E.** Transportation Process
- F.** Odor Prevention Plan, only if required.
- G.** Security Plan and Diagram (Section 7.90.100 (A)(13)-Each permittee shall comply with the applicable security requirements of Sections 15042 through 15047 of Title 4 of the California Code of Regulations, as they may be amended
- H.** Theft Prevention Plan and Diagram (Section 7.90.100, Item 12)

SECTION 15 | Proposed Hours of Operations

List Days of Operations: _____

List Hours of Operations: _____

SECTION 16 | Waste Disposal Plan

Describe in detail the waste disposal plan per MCC section 7.90.050(c)14.

SECTION 17 | Seller's Permit

If applicable, provide the applicant's seller's permit number issued pursuant to Part 1 (commencing with section 6001) of Division 2 of the California Revenue and Taxation Code or indicate that the applicant is currently applying for a seller's permit.

Name of Sellers Permit: _____

Number of Sellers Permit: _____

NOTE: Please attach copy of official permit.

SECTION 18 | Applicant Compliance Statement

I/We are able to comply with all laws regulating businesses in the state of California and that I/we shall maintain compliance during the term of the permit.

In addition, I/We acknowledge reviewing and agreeing to adhere to Monterey County Code, Chapter 7.90 – Commercial Cannabis Permits.

Dated: _____

Printed Name

Signed

Printed Name

Signed

Printed Name

Signed

SECTION 19 | Authorization of Verification & Signature

I/We authorize the County of Monterey, its agents, and its employees to seek verification of the information contained in the Commercial Cannabis Business Permit application and packet. Owners must complete and update an agent authorization form, as needed.

Dated: _____

Printed Name

Signed

Printed Name

Signed

Printed Name

Signed

SECTION 20 | Certification Under Penalty of Perjury & Signature

I/We certify, under penalty of perjury, that all the information contained in this application is true and correct. If applicable, an agent authorization form must be completed and updated by the applicant.

Dated: _____

Printed Name

Signed

Printed Name

Signed

Printed Name

Signed