

COMMERCIAL CANNABIS BUSINESS PERMIT RENEWAL APPLICATION PACKET - TEMPLATE



CANNABIS PROGRAM
MONTEREY COUNTY

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

County of Monterey

APPLICANT:	
CNB NUMBER:	
DATE:	

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

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

Packet Contents

COMMERCIAL CANNABIS BUSINESS PERMIT RENEWAL APPLICATION

	Renewal Application Form
Section 1	Applicant Name, Address, Email, Agent Declaration Form
Section 2	24-Hour Contact & Community Relations Contact
Section 3	Premise Location Address, APN, & GPS
Section 4	Proof of Ownership or Written Permission from Property Owner
Section 5	To Scale Site Plan
Section 6	Business Entity Information
Section 7	Property Owners & Business Owners Personal Information
Section 8	Fingerprints/Background check
Section 9	Permit Designation – Adult/Medicinal
Section 10	Age Verification and Employee Roster
Section 11	Description of Other Cannabis Operations
Section 12	Full Description of Proposed Activities
Section 13	Description of State Licenses
Section 14	Standard Operating Procedures [Items A – H]
Section 15	Proposed Hours of Operation
Section 16	Waste Disposal Plan
Section 17	Seller's Permit
Section 18	Employee Verification Statement
Section 19	Applicant Compliance Statement & Signature
Section 20	Authorization of Verification & Signature
Section 21	Certification Under Penalty of Perjury & Signature



MONTEREY COUNTY CANNABIS PROGRAM

COUNTY ADMINISTRATIVE OFFICE

168 West Alisal Street, 3rd Floor, Salinas, CA 93901

PHONE: 831-796-3049



COMMERCIAL CANNABIS BUSINESS PERMIT RENEWAL APPLICATION FORM

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

- | | | | |
|--------------------------------------|---------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cultivation | <input type="checkbox"/> Nursery | <input type="checkbox"/> Processor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Testing | |

DATE:

BUSINESS INFORMATION

1. Legal Business Name: _____
Trade Name (DBA): _____

_____	_____	_____	_____
Mailing Address	City	Sate	Zip Code
_____	_____	_____	_____
Business Premises Address	City	State	ZIP Code
_____	_____	_____	_____
Business Email Address	Business Phone		

APPLICANT(S) INFORMATION

2. Applicant Name _____ Email _____ Phone Number _____

_____	_____	_____	_____
Mailing Address	City	State	ZIP Code
_____	_____	_____	_____
Applicant Name	Email	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. **USE 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 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 can be submitted by email to:
UribeRG@co.monterey.ca.us, AcevesN@co.monterey.ca.us, & IwamotoJ@co.monterey.ca.us

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)(16)]:**

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

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

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

Physical Address: _____

City/State/Zip: _____

Assessor Parcel Number(s): _____

Global Positioning System (GPS) Coordinates: _____

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

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

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 | To Scale Site Plan

A "to scale" diagram of the premises, showing, without limitation, a site plan, building layout, a description of where each commercial cannabis activity will occur, all entryways 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
- ✓ Premises Diagram

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:	_____

NOTE: Attach additional pages as necessary

SECTION 7 | Property Owners and Business Owners Personal Information

The full name of all property owners and the full name, date of birth, social security number, present physical address, and telephone number for all owners having a 20% or more financial interest in the commercial cannabis activity that is the subject of the application.

Property Owner & Business Owner Personal Information

1. Property Owner Name:	_____
2. Property Owner Name:	_____
1. Business Owner Name:	_____
Title	_____
Percentage of Ownership	_____
Date Of Birth:	_____
Social Security Number:	_____
Present Physical Address:	_____
City/State/Zip:	_____
Phone:	_____
Email Address:	_____
2. Business Owner Name:	_____
Title	_____
Percentage of Ownership	_____
Date Of Birth:	_____
Social Security Number:	_____
Present Physical Address:	_____
City/State/Zip:	_____
Phone:	_____
Email Address:	_____
3. Business Owner Name:	_____
Title:	_____
Percentage of Ownership:	_____
Date Of Birth:	_____
Social Security Number:	_____
Present Physical Address:	_____
City/State/Zip:	_____
Phone:	_____
Email Address:	_____

NOTE: Attach additional pages as necessary

SECTION 8 | Fingerprints/Background Check

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

All owners, managers, employees, and persons having a 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 Licensed Fingerprint Agent and return to Monterey County Sheriff's Office for processing; call for detailed instruction.

SECTION 9 | Permit Designation

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

A statement of whether the applicant is applying for a commercial cannabis 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: _____

Name of other operation: _____

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

List all State license types (provisional or annual) applied for or currently held for all aspects of the commercial cannabis operations:

Cultivation License		# of Licenses	Total Sq. Ft.
<input type="checkbox"/>	Cottage Indoor (500 sq ft)		
<input type="checkbox"/>	Cottage Mixed Tier 1 (2,500 sq. ft)		
<input type="checkbox"/>	Cottage Mixed Tier 2 (2,500 sq. ft)		
<input type="checkbox"/>	Specialty Indoor (5,000 sq. ft)		
<input type="checkbox"/>	Specialty Mixed Tier 1 (5,000 sq. ft)		
<input type="checkbox"/>	Specialty Mixed Tier 2 (5,000 sq. ft)		
<input type="checkbox"/>	Small Indoor (10,000 sq. ft)		
<input type="checkbox"/>	Small Mixed Tier 1 (10,000 sq. ft)		
<input type="checkbox"/>	Small Mixed Tier 2 (10,000 sq. ft)		
<input type="checkbox"/>	Medium Indoor (22,000 sq. ft)		
<input type="checkbox"/>	Medium Mixed Tier 1 (22,000 sq. ft)		
<input type="checkbox"/>	Medium Mixed Tier 2 (22,000 sq. ft)		
<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 Non-Volatile Type – 6		
<input type="checkbox"/>	Manufacturing Volatile Type – 7		

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:

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

Detail procedures to be used 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 (DCC-LIC-017)
- D.** Manufacturing Methods
- E.** Transportation Process (DCC-LIC-015) (DCC-LIC-020)
- F.** Odor Prevention Plan
- G.** Security Plan and Diagram (Section 7.90.100, Item 14) (DCC-LIC-018)
- 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

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

Describe in detail the waste disposal plan per MCC section 7.90.110:

SECTION 17 | Seller's Permit

There are no changes since the last submittal Initials: _____

**** If no changes have occurred, stop here, and please continue to the next section.**

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: _____

Sellers Permit Number: _____

NOTE: Please attach a copy of the official permit.

SECTION 18 | Employee Verification Statement

A permittee shall keep a roster on the premises that contains the names and dates of birth of all employees.

I/We certify, to the best of my/our knowledge, that that there are no employees with felony convictions or drug related misdemeanor convictions reclassified by section 1170.18 of the California Penal Code (Proposition 47) within the past 10 years. [MCC section 7.90.100(A)(20)].

Dated: _____

Printed Name

Signed

Printed Name

Signed

Printed Name

Signed

SECTION 19 | Applicant Compliance Statement & Signature

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 20 | 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.

Dated: _____

Printed Name

Signed

Printed Name

Signed

Printed Name

Signed

SECTION 21 | 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.

Dated: _____

Printed Name

Signed

Printed Name

Signed

Printed Name

Signed