



# CITY OF SAN LUIS OBISPO

Community Development Department  
919 Palm Street, San Luis Obispo, CA 93401  
805.781.7170

## Commercial Cannabis Business Operator Permit Application 7/1/19

### A. Business Information

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

### B. Business Type (Check all that apply)

<input type="checkbox"/> Cultivation - Specialty (Up to 5,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation - Small (5,001 - 10,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation – Nursery (Up to 10,000 Sq. Ft. Max)
<input type="checkbox"/> Manufacture (Non-volatile Raw Product Extraction)	<input type="checkbox"/> Manufacture (Cannabis Infusion)	<input type="checkbox"/> Manufacture (Itinerant – No permanent facility)
<input type="checkbox"/> Manufacturer (Research and Development)	<input type="checkbox"/> Distributor	<input type="checkbox"/> Testing Laboratory
<input type="checkbox"/> Transporter	<input type="checkbox"/> Microbusiness (No more than 50% gross receipts from cultivation, distribution and manufacturing)	<input type="checkbox"/> Microbusiness (More than 50% gross receipts from cultivation, distribution and manufacturing)

### C. Definitions

**Applicant** - The entity petitioning for the Cannabis Business Operator Permit.

**Principal(s)** - The individual members of the applicant team.

**Primary Principal** - An individual who has a 10% or greater ownership stake of the applicant business, which includes partners, officers, directors, and stockholders of every corporation, limited liability company, or general limited partnership that owns at least 10% of the stock, capital, profits, voting rights, or membership interest of the commercial cannabis business or that is one of the partners in the commercial cannabis business; the managers of the commercial cannabis business.

**Operator** - An applicant that has been licensed and conducts or conducted active cannabis operations.

**Majority** - A greater number; more than half. An equal number does not constitute a majority.

### D. Applicant Information

Name of Primary Responsible Party Completing the Application: \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security No: \_\_\_\_\_

*If applicant is a not for profit, corporation, partnership or other business entity, please identify:*

Name of Business Entity: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Start Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Alt. Phone No: \_\_\_\_\_

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Email Address:

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Preferred method of contact (check one)     Mail     Phone     Email

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**E. Additional Responsible Party Information**

Name:

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Title: \_\_\_\_\_ DOB: \_\_\_\_\_

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Social Security No:

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Mailing Address:

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Primary Phone No: \_\_\_\_\_ Alt. Phone No: \_\_\_\_\_

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Email Address:

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Preferred method of contact (check one)     Mail     Phone     Email

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*Please attach additional sheets if there are more than 2 Responsible Parties.*

**F. Information on Property Owner or Landlord**

Name:

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Mailing Address:

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Primary Phone No: \_\_\_\_\_ Alt. Phone No: \_\_\_\_\_

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Email Address:

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Preferred method of contact (check one)     Mail     Phone     Email

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*If the applicant is not the legal owner of the property, the application must be accompanied by a notarized Owner's Statement of Consent to operate a commercial cannabis business on the property.*

**G. Related License Information**

The applicant and/or responsible parties has been associated with a commercial cannabis business permit in the past 10 years.

Yes     No (If yes, please provide the following information)

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Name:

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City or County: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

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*Please attach additional sheets if necessary.*

## Required Submissions (Please check the box for each attachment)

Please submit the following documents as they pertain to your business type in bound form with a copy of this application in the front, a table of contents, and dividers for each section. Please provide one hard copy and a digital copy in a readable PDF form.

Please keep all explanations and descriptions brief; concise information, spreadsheets, and bullet pointed information is encouraged. The total submittal shall not exceed more than 75 pages. For any items that do not apply, please provide a brief explanation as to why they do not apply.

**Copy of the Application**

**Table of Contents**

- Base the table of contents in the order of the Evaluation Criteria for your business type. The Criteria can be found online [here](#).
- Additional information below that is not directly linked to the Evaluation Criteria shall also be listed in the table of contents. (This is a list of supporting documentation that can be used to address the items listed in the Evaluation Criteria).

**Business Operations Plan**

- **Business Plan:** A plan describing how the commercial cannabis business will operate in accordance with City code, state law, and other applicable regulations. The business plan must include plans for handling cash and transporting cannabis and cannabis products to and from the site.
- **Products and Services:** A list/description of the general products and services the business will provide (recommend that products/services be listed within a spreadsheet format).
- **Community Relations Plan:** A plan describing who is designated as being responsible for outreach and communication with the surrounding community, including the neighborhood and businesses, and how the designee can be contacted.
- **State Licenses:** Copies of the state licenses relating to the commercial cannabis business licenses, the applicant holds (when available).
- **Proof of Corporation Status:** Provide proof of valid corporation status and doing business as (DBA), which includes the identification of an agent of service.
- **Tax Compliance:** A current copy of the applicant's city business operations tax certificate, state sales tax seller's permit, and the applicant's most recent year financial statement and tax return (for first time applicants, the business operations tax account will be set up in-house after the application has been submitted).
- **Insurance:** The applicant's certificate of commercial general liability insurance and endorsements and certificates of all other insurance related to the operation of the cannabis business. **Financial Capacity:** Financial information such as bank balances, available loans and other sources of funding the enterprise.
- **Budget:** A copy of the applicant's most recent annual budget for operations (if available).

**Community Benefit:** The applicant shall demonstrate to the satisfaction of the City of its intent to local hiring and community support (maximum 2 pages).

**Education Plan:** A plan describing the type of cannabis education and prevention efforts that will be provided by the business to the community (maximum 2 pages).

**Security Plan:** A detailed security plan outlining the measures that will be taken to ensure the safety of persons and property on the business site. The security plan must be prepared by a qualified professional.

**Lighting Plan:** A detailed lighting plan showing existing and proposed exterior and interior lights that will provide adequate security lighting for the business site (maximum 2 pages).

**Site and Floor Plans:** A dimensioned site plan of the business site, including all buildings, structures, driveways, parking lots, landscape areas and boundaries. Also provide dimensioned floor plans for each level of each building that makes up the business site, including the entrances, exits, walls and cultivation areas, if applicable. The plans shall also include the following information about the site: current zoning, parking requirements, consistency with development standards for the zone, if new development planned for the site, and any other site development information (maximum 5 pages).

**Water Efficiency Plan:** The applicant shall demonstrate to the satisfaction of the City that sufficient water supply exists for the use (maximum 1 page).

- Odor Control Plan:** A detailed plan describing how the applicant will prevent all odors generated from the cultivation, manufacturing and storage of cannabis from escaping from the buildings on the business site, such that the odor cannot be detected by a reasonable person of normal sensitivity outside the buildings (maximum 2 pages).
- Hazardous Materials Plan:** To the extent that the applicant intends to use any hazardous materials in its operations, the applicant shall provide a hazardous materials management plan that complies with all federal, state and local requirements for management of such substances (maximum 2 pages).
- Energy Efficiency Plan:** Documentation that the applicant has identified the best way, including carbon free power sources to provide reliable and efficient energy solutions for their business (maximum 2 pages).

## **H.**

- I, the applicant, provide authorization and consent for the City Manager or his/her designee to seek verification of the information contained on this application.

## **I. Indemnification**

- I, the applicant, agree to the fullest extent permitted by law, any actions taken by a public officer or employee under the City of San Luis Obispo regulations for Commercial Cannabis Businesses, shall not become a personal liability of any public officer or employee of the City. To the maximum extent permitted by law, the permittee shall defend (with counsel acceptable to the City), indemnify and hold harmless the City of San Luis Obispo, the San Luis Obispo City Council, and its respective officials, officers, employees, representatives, agents and volunteers from any liability, damages, actions, claims, demands, litigations, loss (direct or indirect), causes of action, proceedings, or judgments (including legal costs, attorneys' fees, expert witness or consultant fees, City Attorney or staff time, expenses or costs) against the City to attach, set aside, void or annul, any cannabis-related approvals and actions and strictly comply with the conditions under which such permit is granted, in any. The City may elect, in its sole discretion, to participate in the defense of said action and the permittee shall reimburse the City for its reasonable legal costs and attorneys' fees.

## **J. Nonrefundable Filing Fee**

- I, the applicant, understand and accept that the nonrefundable filing fee must be submitted with the completed Commercial Cannabis Business Operators Permit Application and will be retained by the City regardless of the outcome of the application review.

## **K. Background – Request for Live Scan Services**

- I, the applicant, understand that a completed and processed Request for Live Scan Service, State of California Form BCIA 8016, as determined by the City of San Luis Obispo, by a duly authorized business must be provided for the applicant and all interested parties. All applicable fees and charges are the responsibility of the applicants and interested parties.

## **L. Disqualification**

- Application was received late.
- Application is incomplete or inaccurate.
- Facility does not meet City business licensing standards.
- More than one application is received for the same cannabis business type on one property (stacking of applications).

## **M. Applicant's Certification**

I agree to abide by and conform to the conditions of the permit and all provisions of the San Luis Obispo Municipal Code pertaining to the establishment and operation of the commercial cannabis business. I acknowledge that the approval of the Commercial Cannabis Business Operators Permit shall, in no way, permit any activity contrary to the San Luis Obispo Municipal Code, or any activity which is in violation of any applicable law.

I certify under penalty of perjury under the laws of the State of California, that I have personal knowledge of the information contained in this application, and that the information contained herein is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***The information contained on this document is subject to disclosure under the Public Records Act.***

*Applicants providing false or misleading information in the permitting process will result in rejection of the application and/or nullification or revocation of any issued permit. All commercial cannabis permits must be approved by the City Council. The City may attach conditions to the permit. A commercial cannabis permit may be denied if any of the following findings are made:*

- (i) The application does not meet all requirements of the commercial cannabis ordinance; or*
- (ii) Approval would very likely result in harm to public safety, health, or welfare; or*
- (iii) Potential negative impacts of the use cannot be mitigated with conditions or through the ordinance requirements.*

*Applicants will be notified regarding application completeness.*

**COMMERCIAL CANNABIS BUSINESS OPERATORS PERMIT APPLICATION**

**OWNER'S STATEMENT OF CONSENT**

If the applicant is not the owner of record of the subject site, the following Statement of Consent must be completed by the owner or the owner's authorized representative, granting the applicant permission to apply for a cannabis business operator permit.

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

To operate a commercial cannabis business on the property described below. I agree to abide by and conform to the conditions of the permit and all provisions of the San Luis Obispo Municipal Code pertaining to the establishment and operation of the commercial cannabis business. I acknowledge that the approval of the Commercial Cannabis Business Operator Permit shall, in no way, permit any activity contrary to the San Luis Obispo Municipal Code, or any activity which is in violation of any applicable law.

The subject property is located at: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Printed Name of Owner of Record: \_\_\_\_\_

Address of Owner of Record: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature of Owner of Record: \_\_\_\_\_ Date: \_\_\_\_\_