



COMMERCIAL CANNABIS BUSINESS APPLICATION

Applications shall be filed by appointment only and may not be filed by mail or email but must be filed in person. Please call (530) 642-5252 to make an appointment.

Applications accepted February 25 – April 29, 2019.

APPLICANT (BUSINESS) LEGAL NAME: _____

DBA: _____

Proposed Address/Location: _____

Assessor's Parcel Number (APN): _____

PRIMARY CONTACT: _____

Title: _____

Address: _____

Phone: _____ Email: _____

24-Hour Contact Information: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone: _____ Email: _____

PROPERTY LANDLORD NAME: _____

Address: _____

Phone: _____ Email: _____

Commercial Cannabis Business Permit Type: Select from one or more of the following categories. For each category, indicate whether you are applying for Adult-Use ("A") or Medicinal ("M"), and, when applicable, which type of license you are applying for per the State's license types.

- | | |
|--|---|
| <input type="checkbox"/> Microbusiness (A/M) With Retail Store Front and Delivery | <input type="checkbox"/> Microbusiness (A/M) With Non-Store Front Retail only |
| <input type="checkbox"/> Microbusiness (A/M) Retail Store Front | <input type="checkbox"/> Non Store Front (A/M) – Delivery Only(Located within City Limits) |
| <input type="checkbox"/> Retail Store Front (A/M) – Delivery | <input type="checkbox"/> Distribution (A/M) |
| <input type="checkbox"/> Retail Store Front (A/M) – Non – Delivery | |

For details about the information required as part of the application process, see the **Application Procedure Guidelines, Placerville Ordinance Nos. 1694**, and any additional requirements to complete the application process. All documents can be found online at: <https://www.cityofplacerville.org/development-services>

OFFICE USE ONLY	Fees Paid	Date Paid / Receipt #
Date submitted: _____	Phase 1: _____	_____/_____/_____
Application #: _____	Phase 2: _____	_____/_____/_____
Received by: _____	Phase 3: _____	_____/_____/_____
	Phase 4: _____	_____/_____/_____

Owner Background Information (Must be completed by all Owners)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Name: _____

Title: _____

Home Address: _____

Phone: _____

Email address: _____ Percentage of Ownership: _____

Signature: _____ Date: _____

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Name: _____

Title: _____

Home Address: _____

Phone: _____

Email Address: _____ Percentage of Ownership: _____

Signature: _____ Date: _____

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Name: _____

Title: _____

Home Address: _____

Email Address: _____ Percentage of Ownership: _____

Phone: _____

Signature: _____ Date: _____

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners.

Additional Information

List whether the applicant(s)/owner(s) has other licenses and/or permits issued to and/or revoked from the applicant/owner(s) in the three years prior to the year of the permit application, such other licenses and/or permits relating to similar business activities as in the permit application. If yes, list the type, current status, and issuing/denying agency for each license/permit. Please attach a separate document with an explanation, if necessary.

List any and all applicant(s)/Owners who have been convicted of a felony or have engaged in misconduct that is substantially related to the qualifications, functions or duties of a cannabis operator, applicant, owner or employee. A conviction within this section means a plea or verdict of guilty, or a conviction following a plea of no contest. Attach a separate document with an explanation, if necessary.

Describe the Commercial Cannabis Business' organizational status:

Name and address of school closest to proposed location:

Name and address of existing alcohol-related establishment closest to proposed location:

Have you received a Zoning Verification Letter? (Please check the appropriate response)

- Yes (include the letter in your application) No

Describe the neighborhood around the proposed location (i.e., surrounding uses; nearby sensitive uses such as schools, youth centers, churches, parks, daycare centers, or libraries; transit access to site; etc.):

APPLICANT CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Placerville permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and City Council Members, and other Agencies in order to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the Placerville Municipal Code and State law.

Name

Signature

Title

Date

PROPERTY OWNER CONSENT

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Section 5.28.240 of the Placerville Municipal Code. Only original signatures will be accepted.

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

Name

Signature

Title

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to before me this _____ day of _____, 20____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

PROPERTY MANAGER CONSENT (IF APPLICABLE)

If applicant is other than the property owner(s) and there is a Property Manager, both the Property Manager and the property owner must provide a signed statement consenting to filing pursuant to Section 5.28.240 of the Placerville Municipal Code. Only original signatures will be accepted.

I, as the property manager of the subject property, consent to the filing of this application and use of the property for the purposes described herein. I further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

Name

Signature

Title

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to before me this _____ day of _____, 20____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Application Submittal Requirements

The following items must be submitted with all applications (2 physical copies and 1 electronic copy). If an item is not submitted, the application will be considered incomplete and **will not be accepted**. *Applicant shall check each box indicating the information is included in application prior to submittal.*

STAFF

ONLY

- Commercial Cannabis Business Application
- Application filing fee(s) Phase I
- Limitations on City's Liability waiver
- Approved Zoning Verification Letter
- Live Scan/Background Check information for each Applicant/Owner/Principal (*see below for requirements*)
- Organizational structure documents (e.g., Articles of Incorporation, bylaws, partnership agreements, etc.)
- Organizational chart
- General Liability Policy (Required prior to issuance of permit)
- Calif. Dept. of Tax & Fee Admin. Sellers Permit (Required prior to issuance of permit)
- Photographs of existing site and buildings
- Vicinity map
- Site plan for each proposed location (*see below for requirements*)
- Floor plan for each proposed location (*see below for requirements*)
- Signage plan
- Supplemental evaluation criteria (*see below and Appendix A of the Application Procedure Guidelines for requirements*)
- Delivery-Proof of Compliance with state law and Placerville Municipal Code (5.28. 360)

Live Scan/Background Check information:

To be provided for each owner, principal and manager of the proposed business.

- Proof of submittal of Live Scan application and payment of fee to Placerville Police Department
- Cannabis Permit Employee/Owner Background Application
- Intelifi waiver form
- Two passport-quality photographs (2"x2")
- Copy of Social Security card or ITIN
- Color copy of Driver's License or other valid government-issued photo identification
- Proof of current address

Site Plan (¼" = 1' minimum scale)

Shall contain a minimum of the following information:

- North arrow, drawing scale, date of preparation and name of plan preparer
- Dimensions of subject property – including square footage
- Dimensions and names of all adjacent streets and public rights-of way
- Location and dimensions of all buildings and structures – including square footage

- Location and dimensions of landscaped areas
- Location of all parking areas and driveways and means of ingress and egress
- Location and dimensions of all handicap parking spaces, ramps, curb ramps and signs
- Location and dimensions of handicap-accessible Path of Travel to building entrance, sidewalks and interior walks
- Uses for all buildings and structures indicated on the site plan
- If any exterior alterations are proposed for the existing building(s), attach proposed building plans

Application Submittal Requirements (cont'd)

Floor Plan (¼" = 1' minimum scale)

Shall contain a minimum of the following information:

- North arrow, drawing scale, date of preparation and name of plan preparer
- Location and dimensions for means of ingress and egress
- Square footage of all interior spaces
- Proposed uses of all interior spaces

Supplemental Evaluation Criteria:

The following information shall be provided as required in Appendix A of the Application Procedure Guidelines. Applicant shall check each box indicating the information is included in application prior to submittal.

STAFF

ONLY

- Proposed Location
- Neighborhood Compatibility Plan
- Business Plan
- Safety Plan
- Security Plan
- Labor & Employment
- Local Enterprise
- Environmental Impact Mitigation
- Air Quality Plan
- Enhanced Product Safety
- Community Benefits

All sets of plans must be collated and folded to a minimum size of 8.5" x 11" and a maximum size of 8.5" x 14".