

For Official City Use ONLY

Office of the City Manager · 555 Santa Clara Street · Vallejo · CA · 94590 · 707.648.4576

#### CANNABIS LOCAL REGULATORY PERMIT APPLICATION

The purpose of this application is to request a local regularity permit to operate a facility as described in the City of Vallejo Municipal Code (VMC) Chapter 7.200, to follow the Minor Use Permit application requirements in VMC Title 16.

All requested items and authorizations listed on this form must be submitted in totality or the application will be rejected for incompletion. All applications shall be submitted to the City of Vallejo City Manager's office. A checklist is included in the application packet to assist all applicants and help ensure complete applications.

Only businesses issued a local regulatory permit authorizing cannabis business activity pursuant to VMC Sub-section 7.100.050 in Vallejo may apply for and receive one permit to conduct Cannabis business Retailer (CR), Cannabis Cultivation (CC), Cannabis Distribution (CD), and/or Cannabis Manufacturing (CM). New business entities may apply for Cannabis Testing Laboratory (CT). The name of the business and the name of the owner (or principal) must be identical on the local regulatory permit(s), land use permit(s) and state license(s).

The applicant must meet any additional standard criteria and fulfill any additional standard requirements typically associated with obtaining a business permit in the City. Permit fees, application fees, annual regulatory fees and any other fees are adopted by the City Council and are non-refundable.

This application is valid until June 30, or one year from the date of issuance, whichever is sooner, unless otherwise revoked, abandoned or deemed invalid. All renewal applications are to be submitted to the City Manager or designee by May 1 pursuant to VMC Sub-Section 7.200.060.

The facility must be in the allowable zone in order for the application to be filed. It is the applicant's responsibility to confirm that the location selected is in the correct zone. Please select all that apply:

Cannabis business Retailer, (CR)
Cannabis Cultivation, (CC)
Cannabis Distribution, (CD)
Cannabis Manufacturing, (CM)
Cannabis Testing Laboratory, (CT

usiness Name:		Prop	erty Address: _			
lame of Owner (individual):_		Owl	ner's Telephone	Number:		
Owner's Email Address:				<u>.</u>		
. A complete list of every policition, social security of percentage of ownership in	or tax identification	number, phone num	ber, e-mail, the	e date owner	acquired inter	est in entity, t
Name	Title	Birth Date and Location	SSN or Tax ID#	Date of acquired interest	Percent of ownership	Other Information
	erson holding a mana	agement role includin	g name, person	al address and	phone number	er, title and dution
		Phone			phone number	er, title and dution
		Phone			phone number	er, title and dution
		Phone			phone number	er, title and dution
		Phone			phone number	er, title and dution
. A complete list of every pe		Phone			phone number	er, title and duti

## Section 1- Cannabis Business Information (continued)

- 3. For each owner and manager, a fully legible copy of one (1) valid government-issued form of photo identification, such as a driver's license, shall be submitted. (attach and label #1.3)
- 4. For each owner and manager, a summary criminal history (Live-Scan), dated not more than two weeks prior to the date of this application, has been processed through an authorized operator. The City will receive results of the Live-Scan directly. The Live-Scan form is accessible <a href="here">here</a> and guidelines for completing the form <a href="here">here</a>. (attach proof of Live-Scan for each owner and manager and label #1.4)

Pursuant to Chapter 7.200.060.C.1, operators engaged in cannabis business activity (excluding CT) the following must be provided in this application (view the full the Municipal Code for exceptions):

- 5. A copy of the limited immunity authorization letter issued by the City of Vallejo on or before August 22, 2017. (attach and label #1.5)
- 6. A copy of the tax certificate issued by the City to the cannabis business when it operated as a medical marijuana dispensary, before April 23, 2013. (attach and label #1.6)
- 7. A statement of whether edible cannabis is prepared onsite and, if so, evidence of approval from the applicable regulatory agency pursuant to state law. (attach and label #1.7)

## Section 2 – Cannabis Application Requirements and Business Regulations

Pursuant to Sub-Sections 7.200.060.C.2 and 7.200.070, operators engaged in cannabis business activity or for cannabis laboratories, the following must be provided in this application:

1.	The name, telephone number, and address of the applicant's current agent for service of process.					
	Name:		ohone Number:			
	Address:					
2.	filed articles of incorporation charter, constitution etc.	ding changes in principals, on with the Secretary of Sta If applicant is a foreign co Secretary of State pursuan	changes to the inco ate, statements of in orporation, a certific	orporation status, its nformation, by-laws, cate of qualification		
3.	An approved land use permit(s) with the conditions of approval authorizing the applicable cannabis business activity for which a local regulatory permit is being sought. If such permit(s) is under review by the Planning Division, submit evidence of submission (see VMC Sub-section 7.200.090) and a Zoning Verification Letter. (attach and label #2.3)					
4.	A copy of the Bureau of Cannabis Control license(s) for the applicable cannabis business for which a local regulatory permit is being sought. If such license(s) is under review by the BCC, submit evidence of submission. (attach and label #2.4)					
5.	A list of types and number State of California, includi	`	eady received by thas obtained, the lice	ensing authority that		
В	usiness Name	Location	License/Permit Authority	Permit/License Number		
6.	A valid seller's permit from and label #2.6)	ı the California Department	of Tax and Fee Ad	ministration. (attach		
7.	A copy of documents sho label #2.7)	wing current taxes paid to	the City and to the	e State. (attach and		
8.		allejo as the point of sale. have designated the City of permitted and licensed in V	- ·	as my point of sale		
S	ignature of Owner:		Date:			
Р	rint Name:					

## Section 2 – Cannabis Application Requirements and Business Regulations (continued)

9. A description of the Point of Sale system and how it will be integrated with the other permitted business activities. Provide evidence of software subscription or license agreement or other evidence of use. (attach and label #2.9)

The System shall include but is not limited to:

- Documentation (identify and file customers to track their purchases, ensure validity of their ID and medical cards)
- Inventory Control (track inventory on hand in real time and update records after physical inventory counts)
- Reports (sales reports daily, weekly, monthly, quarterly, annually, and inventory reports)
- Security (all users must have their own login, rights and password)
- Traceability (a system designed to record, track, report and present data to regulatory agencies to ensure compliance with enforcing transparency, accountability, and accurate record keeping)

## Section 3 – Manager's Certification

Under penalty of perjury, each Cannabis Business Owner and Manager shall read the regulations set forth in Vallejo Municipal Code Chapter 7.200 and Title 16 as they pertain to Cannabis Business, and sign this application that they have read, understand and shall ensure compliance with the City of Vallejo regulations and conditions of approval. (Attach and Label #3 – Attach and label additional copies as needed)

Manager / Owner (circle all that apply)	
Name:	Title:
Signature:	Date:
Manager / Owner (circle all that apply)	
Name:	Title:
Signature:	Date:
Manager / Owner (circle all that apply)	
Name:	Title:
Signature:	Date:
Manager / Owner (circle all that apply)	
Name:	Title:
Signature:	Date:
Manager / Owner (circle all that apply)	
Name:	Title:
Signature:	Date <sup>.</sup>

## Section 4 - 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 no cannabis business activity of any kind other than as described in the corresponding local regulatory permit application and the local regulatory permit may be conducted on the cannabis business site. Further, I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit or revocation of a permit 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 Owner:	Date:
Print Name:	
COV use only: Application Complete	
COV use only: Application Incomplete	