



Salinas City Attorney's Office

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Salinas City Attorney's Office

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DATE STAMP HERE

COMMERCIAL CANNABIS BUSINESS APPLICATION FORM

Business Name: _____

Business Contact (Principal): _____

Contact Title: _____

Contact's Mailing Address: _____

Phone #: _____ **E-mail:** _____

24-Hour Contact Information: _____

Type of Permit to be Issued: _____

Please select from one of the following categories for which you are applying for a Commercial Cannabis Application. A separate application must be completed for each type of the category in which you are submitting for consideration along with a separate fee. (Dispensary, Cultivation Facility, Delivery Service or Commercial Cannabis Manufacturing Business.)

- Dispensary
- Cultivation Facility
- Delivery Service
- Commercial Cannabis Manufacturing Business
- Please check this box to indicate whether there are other related applications

For details about the information required as part of the application, please see the Request for Permit Application Guidelines to Operate a Commercial Cannabis Business in Salinas, Ordinance No. 2566 and additional requirements in order to complete the application process. All these documents can be found on the City of Salinas webpage: www.ci.salinas.ca.us/services/cityattorney.

Phase II

Section A: Principal Background Information (to be signed by all Principals)

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 in Section C, is public information and subject to disclosure upon request.

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

___ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

___ Receipt from Live Scan check

___ Picture of applicant (two passport quality photographs)

___ Copy of Social Security Card

___ Copy of Driver's License, DMV issued ID Card or Passport

___ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

___ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

___ Receipt from Live Scan check

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___ Copy of Social Security Card

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Staff use only: Pass background check

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check

Add more pages as necessary to accommodate signatures of all Commercial Cannabis Business Principals.

Section B: Commercial Cannabis Business Organization Status

1. Describe the Commercial Cannabis Business organizational status

Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section C: Commercial Cannabis Business Description and Location

1. Statement of Purpose of Commercial Cannabis Business (a separate sheet may be attached):

2. Proposed Location of Business: _____

3. Name and address of property owner: _____

4. Name and address of school closest to Proposed Location: _____

5. Name and address of existing alcohol related establishment closest to Proposed Location:

6. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or libraries), transit access to site, etc. A separate sheet may be attached.

7. Site plan must be dimensioned and show the entire parcel including parking and additional structures. In addition, please, show elevations and photos of proposed location (Attach to application). If any exterior alterations are proposed for the existing building, also attach proposed site plans and elevations.

8. Floor Plans (Attach to application). If any interior alterations are proposed for the existing building, also attach proposed floor plans.

9. Signage Plan.

10. Vicinity Map.

11. Photos of the site and building(s).

Section D: Required supplemental information

This information is required for this application to be considered complete. Attach the following reports to the application. For information about the information required, see the Application Guidelines handout and/or Ordinance 2566, Section 16B-30.150 (Application Procedures and Application Requirements; Permittee Selection Process; Criteria for Review; Renewal, Suspension or Revocation of a Permit; Appeals).

- Business Plan
- Neighborhood Compatibility Plan
- Safety and Security Plan

PHASE III

Section E: Final Location Information

Only one site per application can be considered at this point. Attach proof of ownership of the site OR signed and notarized statement from the owner.

Section F: Essential Supplemental Information

This information is required and you must submit this as part of meeting the requirements for a completed application. Check the box evidencing that you have read the Description of Evaluation Criteria related to these specific categories in the Application Guidelines and attach the relative report(s) to the application.

Enhanced Product Safety

Environmental Benefits

Community Benefits

Labor and Employment

Local Enterprise

Qualifications of Principals

Staff use only:

Date of initial application: _____

Number assigned to application: _____

Date fee received for Phase II: _____

Date application reviewed for Phase II: _____

Points Awarded in Phase II: _____

Continued to Phase III Denied

Date fee received for Phase III: _____

Date Proof of ownership was verified or a signed and notarized statement from the property owner was received for Phase III: _____

Date application reviewed for Phase III: _____

Approved Denied