Commercial Cannabis Business Permit Application

Applications may be filed Monday through Thursday between the hours of 7:30 a.m. and 5:00 p.m. and Friday between the hours of 7:30 a.m. and 4:00 p.m.

Project Address / Location:

Assessor’s Parcel Number [APN]:

Zoning District: ___________________________ General Plan Designation: ___________________________

APPLICANT NAME: ___________________________

Address: ___________________________ Phone: ___________________________

City: ___________________________ State: _____ Zip Code: _______ Email: ___________________________

PROPERTY OWNER NAME: ___________________________

Address: ___________________________ Phone: ___________________________

City: ___________________________ State: _____ Zip Code: _______ Email: ___________________________

APPLICATION TYPE:

☐ New Business  ☐ Amended Application  ☐ Business Renewal  ☐ Change of Ownership

COMMERCIAL CANNABIS BUSINESS PERMIT TYPE (Please select from one or more of the following categories):

☐ Cultivation  ☐ Manufacturer  ☐ Retailer

☐ Distribution  ☐ Microbusiness

☐ Testing Lab

DESCRIPTION OF PROJECT:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OFFICE USE ONLY

Date Filed: ___________________________ Previous Case: ___________________________ Case Number: ___________________________

Receipt Number: ___________________________ Fees: ___________________________ Submitted To: ___________________________

Rev. 05/16/2018
PROJECT INFORMATION FORM

Property Information:
Square footage of subject property: ________________________________
Square footage of building: ________________________________
Hours of operation (proposed): ________________________________
Total number of employees (proposed): ________________________________

Business Information:
Business Name: _____________________________________________
Business Address: __________________________________________
Website Address (if applicable): ________________________________
Business E-mail Address (if applicable): __________________________

Community Relations Contact:
Name: ___________________________ Phone: ______________________
Title: ___________________________ Email: _______________________

Environmental Information (Attach additional sheets as necessary):
Describe how the proposed project complies with the requirements of the California Environmental Quality Act & CEQA Guidelines: ________________________________

Will any permits be required from agencies other than the City (including a Hazardous Materials Business Plan): ________________________________

Will the project use, store, or dispose of potentially hazardous chemicals, materials, toxic substances, flammables or explosives: ________________________________
PROJECT INFORMATION FORM

Other Required Information (Attach additional sheets as necessary):

List any person(s) who will be engaging in the proposed commercial cannabis business that have been convicted of a felony or have engaged in misconduct that is substantially related to the qualifications, functions or duties of a commercial cannabis business activity. Please keep in mind that a conviction within this section means a plea or verdict of guilty, or a conviction following a plea of no contest: 


List whether, the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant, 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, please list the type, current status, issuing/denying for each license/permit: 


Provide the name and address of the closest school(s) to proposed business location: 


Provide the name and address of the closest existing alcohol related establishment(s) to proposed business location: 


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


APPLICATION SUBMITTAL REQUIREMENTS

The following items shall be submitted with all applications (2 physical copies and 1 electronic copy):

- Copy of the completed Zoning Verification Letter issued by the City
- Completed Application Form
- Filing Fee
- Site Plan (see below for requirements)
- Floor Plan (see below for requirements)
- Elevations (photographs may be provided)
- Photographs of existing site
- Area Map (see below for requirements)
- Business Owner(s) Background Information (see below for requirements)
- Supplemental Evaluation Criteria (see below for requirements)
- Mailing list identifying all owners of property located within 600 feet of the proposed business location
- Mailing labels identifying all owners of property located within 600 feet of the proposed business location
- Community Relations submittal requirement: Mailing Labels identifying all businesses and owners of property located within 100 feet of the proposed business location

(Note: Incomplete applications will not be accepted)

Business Owner(s) Background Information:
(All owners, managers and supervisors of the proposed business shall provide the following information)

- Proof of submittal of Live Scan fingerprints to San Bernardino Police Department
- Photograph (2" x 2") – 2 Sets
- Copy of valid government issued photo identification
- Copy of Social Security Card
- Proof of current address

Supplemental Evaluation Criteria:
(All information shall be provided as required in Application Procedure Guidelines for Commercial Cannabis Businesses)

- Air Quality Plan
- Environmental Impact Mitigation Plan
- Inventory Control and Storage Practices
- Local Enterprise Plan
- Neighborhood Compatibility Plan
- Quality Assurance Practices
- Safety and Security Plan
- Sustainable Business Practices
- Organizational Structure (Including all owners, managers and supervisors) of the proposed business
- Copy of Articles of Incorporation, by-laws, partnerships agreements, and/or other documentation identifying the Organizational Structure of the proposed business
APPLICATION SUBMITTAL REQUIREMENTS

Supplemental Evaluation Criteria (Continued):
(All applicants proposing to establish a commercial cultivation business shall also provide the following information)

☐ Cultivation and operations plan that meets or exceeds minimum legal standards for water usage, conservation and use; drainage, runoff, and erosion control; watershed and habitat protection; and proper storage of fertilizers, pesticides, and other regulated products to be used on the parcel, and a description of the cultivation activities (indoor, mixed-light) and schedule of activities during each month of growing and harvesting, or explanation of growth cycles and anticipated harvesting schedules for all-season harvesting (indoor, mixed-light)

☐ Description of a legal water source, irrigation plan, and projected water use

☐ Identification of the source of electrical power and plan for compliance with applicable Building Codes and other related codes

☐ Plan for addressing odor and other public nuisances that may derive from the cultivation site

Site Plan [1/4” = 1’ minimum] (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

Floor Plan [1/4” = 1’ minimum] (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

Area Map (shall contain a minimum of the following information):

- Location of subject property
- Location of all highways, streets and alleys within a distance of 600 feet from the exterior boundaries of the subject property
- Location of all lots and parcels of land within a distance of 600 feet from the exterior boundaries of the subject property
- The Area Map shall identify the existing uses of all lots and parcels of land within a distance of 600 feet from the exterior boundaries of the subject property on the map

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”
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 San Bernardino 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 that agree that any business resulting from an approval
shall be maintained and operated in accordance with requirements of the City of San Bernardino 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 and notarized statement consenting to filing pursuant to Section 5.10.240 of the City of San Bernardino Municipal Code. Additional sheets may be attached if necessary. Original signatures only.

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.

________________________________________
Notary Public