

## CANNABIS BUSINESS OPERATING PERMIT APPLICATION

\_\_\_ New    \_\_\_ Renewal    \_\_\_ Modification    \_\_\_ Relocation

**Please fill out a separate application for each business type**

___ DISPENSARY		
___ <b>Storefront</b> (Renewals only)	___ <b>Delivery-Only</b>	
___ <b>Add Delivery</b>	___ Up to \$500,000 in gross receipts	___ Over \$500,000 in gross receipts

___ CULTIVATION			
___ <b>Class A</b> Up to 5,000 sq. ft. of canopy	___ <b>Class B</b> Up to 10,000 sq. ft. of canopy	___ <b>Class C</b> Up to 22,000 sq. ft. of canopy	___ <b>Nursery</b> For seeds, clones and immature plants only

___ MANUFACTURING			
<b>Select ONE from manufacturing types below:</b>			
___ <b>Type 1</b> All aspects of manufacturing. May engage in Type N and Type P activities.	___ <b>Type N</b> Infusing extracts or concentrates into edibles and topicals. May engage in Type P activities	___ <b>Type P</b> Packaging and labeling only	
<b>Select manufacturing class by gross receipts</b>			
___ <b>Class A</b> Up to \$500,000	___ <b>Class B</b> Up to \$1 million	___ <b>Class C</b> Up to \$3 million	___ <b>Class D</b> Over \$3 million

___ DISTRIBUTION		
___ <b>Tier 1</b> Up to \$5 million in gross receipts	___ <b>Tier 2</b> Up to \$20 million in gross receipts	___ <b>Tier 3</b> Over 20 million in gross receipts
___ <b>Self-distribution:</b> Available only to manufacturers holding a small manufacturing permit	___ <b>Transport-only:</b> transports cannabis and cannabis products without the other functions of a distributor	

___ TESTING LABORATORY
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___ MICROBUSINESS		
<b>Business activities (must be at least 3):</b>		
___ <b>Cultivation</b> (max. 10,000 sq. ft.)	___ <b>Manufacturing</b> Type: ___	___ <b>Distribution</b>
___ <b>Dispensary (Type: ___ *Storefront ___ Delivery-Only)</b> <i>This option is available to permitted storefront dispensaries only.</i>		

**I. PRIMARY CONTACT FOR APPLICATION**

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

24-Hour Contact: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. APPLICANT/PERMIT HOLDER**

*Please note that Business Operating Permit will be issued to the Business Entity or DBA*

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

Doing Business As (DBA Name): \_\_\_\_\_

Legal Structure:  Sole Proprietorship  General Partnership  Limited Partnership  
 Limited Liability Partnership  C Corp  S Corp  Limited Liability Company

**II. INTERESTED PARTIES**

*\*Interested parties, as defined under section 5.150.070 of the Sacramento City Code, are all persons with at least 20% interest in the cannabis business, which includes partners, officers, directors, and stockholders of every corporation, limited liability company, or general limited partnership that owns at least 20% of the stock, capital, profits, voting rights, or Membership interest of the cannabis business or that is one of the partners in the cannabis business; the managers of the cannabis business.*

**A. Owner(s): Please list all owners with at least 20% ownership**

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

Title: \_\_\_\_\_ %: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Fingerprinted:  Yes  No

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

Title: \_\_\_\_\_ %: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Fingerprinted:  Yes  No

*Attach additional sheets if necessary*

**B. Officers, Directors, Board Members, Managers and Other Interested Parties**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Fingerprinted: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Fingerprinted: \_\_\_ Yes \_\_\_ No

*Attach additional sheets if necessary*

**C. Management Company (if business is managed by persons/entities other than owner(s))**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**IV. INFORMATION ON PROPERTY**

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

Suite/Unit # \_\_\_\_\_ Zip Code: \_\_\_\_\_ District: \_\_\_\_\_

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

Property Owner/Landlord: \_\_\_\_\_

Please list all CUP file numbers including modifications associated with this application:

1. \_\_\_\_\_ Record of Decision Received: \_\_\_ Y \_\_\_ N

If yes, please state date on ROD: \_\_\_\_\_

2. \_\_\_\_\_ Record of Decision Received: \_\_\_ Y \_\_\_ N

If yes, please state date on ROD: \_\_\_\_\_

*Attach additional sheets if necessary*

\_\_\_ Property is CUP Exempt. If this box is checked, please select basis for exemption below:

\_\_\_ Small Manufacturer      \_\_\_ Self-distribution (for small manufacturers only)

\_\_\_ Transport-only distributor      \_\_\_ Testing Laboratory

**Property Condition:**

- Has a Certificate of Occupancy (Please attach copy)**
- Tenant Improvements in Progress. Building Permit (COM#)** \_\_\_\_\_
- Needs Tenant Improvements, But Have Not Submitted Plans**
- No Tenant Improvements Needed**
- Other. Please state below:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. INFORMATION ON PROPERTY OWNER OR LANDLORD**

**Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*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 cannabis business on the property.*

**VII. REQUIRED SUBMISSIONS FOR ALL BUSINESS TYPES**

**A. Information About Applicant(s):**

- 1. Authorization to Apply:** If applicant is not a majority owner, a board resolution or letter from partners authorizing applicant to submit an application on behalf of the entity.
- 2. Business Structure:** A description of the statutory entity or business form that will serve as the legal structure for the applicant and a copy of its formation and organizing documents, including, but not limited to, articles of incorporation, certificate of amendment, statement of information, articles of association, bylaws, partnership agreement, operating agreement, and fictitious business name statement.
- 3. Neighborhood Responsibility Plan (NRP):** A copy of the Neighborhood Responsibility Plan signed by property owner submitted as part of CUP application. Testing lab, small manufacturers as defined in Sacramento City Code section 17.120, and applicants under the Cannabis Opportunity Reinvestment and Equity (CORE) Program classifications 1,2,3, and 5 do not need to submit an NRP.
- 4. Background Check:** Completion of Live Scan (fingerprinting) is required for all interested parties and drivers for distribution and storefront and delivery-only dispensary applicants. Live Scan forms are available and are to be completed at City of Sacramento Permits Division. Live Scans are strictly by appointment only. Fees are \$88.00 per person and are non-refundable. To make an appointment or questions about fingerprinting at an alternate location, please contact Permits Division at 916-808-5852.

## **B. Information About Business Site (Premises):**

- 1. Owner's Statement of Consent:** Written consent of the owner or landlord of the proposed site to operate a cannabis business, specifying the street address and parcel number.
- 2. Floor Plan:** A scaled floor plan for each level of each building that makes up the cannabis business site, including the entrances, exits, walls and operating areas. The floor plan must be professionally prepared by a licensed civil engineer or architect. Please limit submission to one page per floor that comprising the specific business type.
- 3. 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 plans must be prepared by qualified professional.
  - If business has a delivery activity, the security plan must include security measures for drivers and vehicles.
- 4. Lighting Plan:** A detailed lighting plan showing existing and proposed exterior and interior lights that will provide adequate security lighting for the use.
- 5. Odor Control Plan:** A detailed plan describing the air treatment system, or other methods that will be implemented to prevent cannabis odors from being detected outside the buildings on the business site.
- 6. Energy Efficiency Plan:** Documentation that the applicant has contacted SMUD Strategic Accounts at [cannabisoperations@smud.org](mailto:cannabisoperations@smud.org) or 1-916-732-7682 for help finding the best way to provide reliable and efficient energy solutions for their business. The applicant must provide the date they met with SMUD and the name of the SMUD representative.
- 7. Certificate of Occupancy:** A copy of the site's Certificate of Occupancy specific to the business type applied for. If tenant improvements are in progress, please provide the COM#

## **C. Information About Business Operations:**

- 1. Business Plan:** A plan describing how the cannabis business will operate in accordance with the Sacramento City Code, state law, and other applicable regulations. The business plan must include the proposed business' Standard Operating Procedures including cash handling and transporting cannabis and cannabis products to and from the site. The plan must include the following:
  - Technology for product inventory controls
  - Financial Management
  - Point of Sale Systems
  - Track-and-trace software
  - Electronic Shipping Manifests
- 2. Community Relations Plan:** The name and contact information of the person designated as being responsible for outreach and communication with the surrounding community, including the neighborhood and businesses.
- 3. State Licenses:** Copies of the state licenses (or proof of application) specific to the

business type applied for.

**4. Financial Documents:** A copy of the following:

- a. Most recent year's financial statement (Income and/or Profit and Loss statement)
- b. Most recent year's signed and filed tax return.

**5. Insurance Certificate:**

- For Cultivation, Manufacturing, Testing, Storefront Dispensary, Delivery-Only Dispensary and Microbusinesses without a Distribution Activity:
  - Certificate of commercial general liability insurance with coverage of a minimum of \$1,000,000.
- For Distribution or Microbusinesses with Distribution Activity:
  - Certificate of commercial general liability insurance with coverage of a minimum of \$2,000,000 plus \$1,000,000 for each loss.

**6. Budget:** A copy of the applicant's most recent annual budget for operations.

**VIII. ADDITIONAL REQUIREMENTS SPECIFIC TO BUSINESS TYPE:**

**A. DISTRIBUTION**

- 1. Motor carrier permit:** Copy of motor carrier permit issued by the California Department of Motor Vehicles (DMV) for each vehicle.
- 2. Vehicle registration:** Copy of vehicle registration listing applicant as owner, or lessee.
- 3. Vehicle insurance:** Proof of insurance coverage, if vehicle(s) is/are not covered under the business' general commercial liability insurance.

**B. DELIVERY** (includes storefront dispensaries with delivery, delivery-only dispensaries and microbusinesses with delivery activity):

- 1. Vehicle information checklist:** A completed checklist providing information about each driver (driver's license and completion of Live Scan) and vehicles (VIN, vehicle registration and proof of insurance coverage).

**IX. LICENSE OR PERMIT REVOCATION, SUSPENSION OR SURRENDER**

Has the applicant or any of its directors and managers been associated with a cannabis business whose State license or cannabis permit revoked, surrendered or suspended?

\_\_\_ Y \_\_\_ N If yes, please provide the following information(s):

Licensing Agency or Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

Licensing Agency or Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

Licensing Agency or Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach additional sheets if necessary*

**X. CITY AUTHORIZATION**

\_\_\_ I, the applicant, provide authorization and consent for the City Manager or his/her designee to seek verification, including conducting an in-person visit to confirm the validity of the information provided on this application.

**IX. INDEMNIFICATION**

I, the applicant:

- \_\_\_\_\_ 1. Release the City of Sacramento, its agents, officers, elected officials, and employees from any and all claims, injuries, damages, or liabilities of any kind arising from:
  - (a) any repeal or amendment of chapter 5.150 of the Sacramento City Code or any provision of the Planning and Development Code relating to cannabis businesses, and;
  - (b) any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws;
- \_\_\_\_\_ 2. Will defend, indemnify, and hold harmless the city and its agents, officers, elected officials, and employees from and against any and all claims or actions:
  - (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the cannabis business site;
  - (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of marijuana produced or processed by the cannabis business site.

**X. ACKNOWLEDGMENT & CERTIFICATION**

- \_\_\_\_\_ 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.
- \_\_\_\_\_ I acknowledge that this application is valid only for 180 days from the date it is signed, and failure to complete the requirements will render this application inactive.
- \_\_\_\_\_ I acknowledge that as an applicant for a Business Operating Permit, I am subject to the provisions of the City of Sacramento City Code, including administrative penalties under Chapter 5.150 of the Business License Regulations and Chapter 8.132 of the Health and Safety Code.
- \_\_\_\_\_ I acknowledge that until I have received my Business Operating Permit, I will not commence operations at the proposed site or at any other site.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title/Relationship to Applicant**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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