

City of SACRAMENTO

OFFICE OF CANNABIS POLICY & ENFORCEMENT | 915 I STREET SACRAMENTO, CA 95814 | 916-808-8955

CANNABIS CULTIVATION PERMIT APPLICATION

New Application Renewal

All application forms must be submitted with a City of Sacramento Police Department Permit Application Form (SPD 384), City of Sacramento Police Department Applicant's Descriptive Information Form (SPD 950) and a State of California Department of Justice Request for Live Scan Service Form (BCII 8016) to be completed by ALL interested parties* (forms are available and to be completed at Revenue Division). All interested parties must also pay a non-refundable fingerprinting fee of \$88.00 per person.

A. Information on Cultivation Site

Cultivation Site/Business Name: _____

Property Location: _____

Assessor Parcel Number: _____ Zoning Designation: _____

Characteristics of the neighborhood or surrounding area:

Canopy Size of Indoor Cultivation Site: _____ Class A (No more than 5,000 sq. ft.) and nurseries of any size
_____ Class B (Up to 10,000 sq. ft.) _____ Class C: (Up to 22,000 sq. ft.)

B. Information on Applicant

Name of Person Completing the Application: _____

Title: _____ DOB: _____

If applicant is a not for profit, corporation or other business entity, please identify:

Name of Business Entity: _____

Type of Ownership: _____

Mailing Address: _____

Primary Phone No: _____ Alt. Phone No. _____

Email address: _____

Preferred method of contact (check one): Mail _____ Phone _____ Email _____

**Interested parties, as defined under section 5.150 of the Sacramento City Code, are all persons with at least 20% interest in the cannabis cultivation 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 cultivation business or that is one of the partners in the cannabis cultivation business; and the managers of the cannabis cultivation business.*

C. Information on Co-Applicant(s)

Name: _____

Title: _____ DOB: _____

Mailing Address: _____

Primary Phone No: _____ Alt. Phone No. _____

Email address: _____

Preferred method of Contact (check one): Mail Phone Email _____

Please attach additional sheets if there are more than 2 applicants.

D. Information on Property Owner or Landlord

Name: _____

Mailing Address: _____

Telephone Number: _____

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 cultivation business on the property.

E. Conditional Use Permit

Conditional Use Permit Application Number: _____

Final Notice of Decision received: Yes _____ No _____

(if Final Notice of Decision has been received, please attach a copy with application)

- Neighborhood Responsibility Plan:** A plan to address the adverse impacts of cannabis cultivation on the surrounding area, as required for a Conditional Use Permit (CUP) for cannabis cultivation. This requirement may be satisfied with a neighborhood responsibility agreement in which the property owner agrees to either contribute 1% of the gross receipts of the cannabis cultivation businesses on the property or agree to pay a fee that will be established by a development impact fee.

(Submit copy of the Neighborhood Responsibility Plan submitted with CUP application.)

F. Required Submissions

Please attach the following documents to your application:

- Security Plan:** A detailed security plan outlining the measures that will be taken to ensure the safety of persons and property on the cultivation site. The security plan must be prepared by a qualified professional.
- Floor Plan:** A scaled floor plan for each level of each building that makes up the cultivation site, including the entrances, exits, walls and cultivation areas. The floor plan must be professionally prepared by a licensed civil engineer or architect.
- Site Plan:** A scaled site plan of the cultivation site, including all buildings, structures, driveways, parking lots, landscape areas and boundaries. The site plan must be professionally prepared by a licensed civil engineer or architect.

Lighting Plan: A detailed lighting plan showing existing and proposed exterior and interior lights that will provide adequate security lighting for the cultivation site.

Water Efficiency Plan: A detailed plan describing how the cultivation site will conform to all design guidelines, promote water conservation, and avoid or minimize any potential adverse environmental effects of operating a cultivation site.

Odor Control Plan: A detailed plan describing how the applicant will prevent all odors generated from the cultivation and storage of cannabis from escaping from the buildings on the cultivation site, such that the odor cannot be detected by a reasonable person of normal sensitivity outside the buildings.

Energy Efficiency Plan: Documentation that the BOP applicant has contacted SMUD Cannabis Operations at cannabisoperations@smud.org or 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 contacted SMUD and the name of the SMUD representative.

Business Operations Plan

- **Business Plan:** A plan describing how the cannabis cultivation business will operate in accordance with this code, state law, and other applicable regulations. The business plan must include plans for handling cash and transporting cannabis and cannabis products to and from the cultivation site.
- **Community Relations Plan:** A plan describing who is designated as being responsible for outreach and communication with the surrounding community, including the neighborhood and businesses, and how the designee can be contacted.
- **State Licenses:** Copies of the state licenses relating to cannabis, including cultivation licenses, the applicant holds (when available).
- **Tax Compliance:** A current copy of the applicant's city business operations tax certificate, state sales tax seller's permit, and the applicant's most recent year's financial statement and tax returns (for first time applicants, the business operations tax account will be set up in-house after the application has been submitted).
- **Insurance:** The applicant's certificate of commercial general liability insurance and endorsements and certificates of all other insurance related to the operation of the cultivation business. For non-registered cultivation sites, an insurance quote will be accepted, but an insurance certificate will be required prior to the issuance of a BOP.
- **Budget:** A copy of the applicant's most recent annual budget for operations.
- **Price List:** A list of the most recent prices for all products and services provided by the applicant. For non-registered sites, a projected price list will be accepted.

Owner's Statement of Consent: A notarized written consent form signed by the owner or the landlord of the proposed site to operate a cannabis cultivation business, specifying the street address and parcel number.

Schedule of Fees as follows:

| Permit Type | Initial/Start-Up Permit | Renewal |
|--|-------------------------|----------|
| Class A (Up to 5,000 sq. ft.); Nurseries | \$9,700 | \$8,240 |
| Class B (Up to 10,000 sq. ft.) | \$20,210 | \$17,230 |
| Class C (Up to 22,000 sq. ft.) | \$28,910 | \$24,630 |

G. License Revocation

The applicant or any of its managers has been associated with a business that has had its cultivation permit revoked.

Yes No (If yes, please provide the following information)

City or County: _____ Date: _____

Please attach additional sheets if necessary.

H. City Authorization

I, the applicant, provide authorization and consent for the City Manager or his/her designee to seek verification of the information contained on this application.

I. Indemnification

I, the applicant, release the City of Sacramento, its agents, officers, elected officials, 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 cultivation, and (b) any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws; and I 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 cultivation site, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of cannabis produced at the cultivation site.

J. Applicant's 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.

Signature: _____ Date: _____

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

City of
SACRAMENTO

OFFICE OF CANNABIS POLICY & ENFORCEMENT | 915 I STREET SACRAMENTO, CA 95814

**CANNABIS CULTIVATION BUSINESS PERMIT APPLICATION
OWNER'S STATEMENT OF CONSENT**

If the applicant is not the owner of record of the subject site, the following Statement of Consent must be completed by the owner or the owner's authorized representative, granting the applicant permission to apply for a cannabis cultivation business permit. This form must be notarized.

To: City of Sacramento
Office of Cannabis Policy & Enforcement
915 I Street
Sacramento, CA 95814

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ Phone: _____

Mailing Address: _____

to operate a cannabis cultivation business on the property described below.

The subject property is located at: _____

Assessor's Parcel Number: _____

Printed Name of Owner of Record: _____

Address of Owner of Record: _____

Phone: _____ Email address: _____

Signature of Owner of Record: _____ Date: _____