

City of
SACRAMENTO
Cannabis Policy & Enforcement

915 I Street, Second Floor, Sacramento, CA 95814

CANNABIS DISPENSARY PERMIT APPLICATION

New: _____ Renewal: _____ Modification: _____ Relocation: _____

Medical: _____ Adult: _____ Delivery: _____

A. Information on Dispensary

Dispensary Name: _____

Location Address: _____ Zip: _____

Phone #: _____ Assessor Parcel Number: _____

Zoning Designation: _____ Sq. Ft: _____

Characteristics of the neighborhood or surrounding area:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Contact: _____

Email Contact: _____

24-Hour Emergency Contact Information:

Contact Name: _____ Title: _____

Contact Phone #: _____ Alternate Phone #: _____

Alternate Contact: _____ Title: _____

Contact Phone #: _____ Alternate Phone #: _____

B. Applicant Information

Applicant Name: _____ DOB: _____

Title: _____

Mailing Address: _____ City/State/Zip _____

Primary Phone No: _____ Alt. Phone No: _____

Email address: _____

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

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.

**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.*

C. Information on Owner(s)

Name: _____

Title: _____ DOB: _____

Mailing Address: _____ City/State/Zip _____

Primary Phone No: _____ Alt. Phone No: _____

Email address: _____

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

Name: _____

Title: _____ DOB: _____

Mailing Address: _____ City/State/Zip _____

Primary Phone No: _____ Alt. Phone No: _____

Email address: _____

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

Please attach additional sheets if necessary

D. Information on Management

Name: _____

Title: _____ DOB: _____

Mailing Address: _____ City/State/Zip _____

Primary Phone No: _____ Alt. Phone No: _____

Email address: _____ Fingerprinted: Yes _____ No _____

Name: _____

Title: _____ DOB: _____

Mailing Address: _____ City/State/Zip _____

Primary Phone No: _____ Alt. Phone No: _____

Email address: _____ Fingerprinted: Yes _____ No _____

E. Information on Property Owner or Landlord

Name: _____

Mailing Address: _____

Phone No: _____

*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 manufacturing business on the property.*

F. Conditional Use Permit

Conditional Use Permit Application Number: _____

Final Notice of Decision received: Yes _____ No _____

Have all conditions of the CUP been met: Yes _____ No _____

Neighborhood Responsibility Plan: A plan to address the adverse impacts of the cannabis business on the surrounding area, as required for a Conditional Use Permit (CUP) for a cannabis business. 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 business on the property or agree to pay a fee that will be established by a development impact fee. ****Required if adding Adult Use***
(Provide copy of the Neighborhood Responsibility Agreement submitted with CUP application.)

G. Required Submissions

Please attach the following documents to your application:

Applicant:

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.

Interested Parties: The name, address, telephone number, title, and function of each of the interested parties described in section 5.150.070.

All Owners and Managers Must Be Fingerprinted

Business Site:

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.

Site Plan: A scaled site plan of the cannabis business 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.

Conditional Use Permit: A copy of a valid conditional use permit approved by the city for the proposed location, including all conditions and related documents, such as neighborhood responsibility plans.

Statement of Owner's Consent: Written consent of the owner or landlord of the proposed site to operate a cannabis business, specifying the street address and parcel number.

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 a qualified professional.

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

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.

Business Operations:

Business plan: A plan describing how the cannabis 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 site. The plan must include the following:

- Patient verification procedures
- Technology for product inventory controls
- Financial Management
- Point of Sale Systems
- Track-and-trace software

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 that the applicant holds.

Tax Compliance: A copy of the following:

- Applicant’s city business operations tax certificate
- State sales tax seller’s permit
- Most recent year’s financial statement – Income and/or Profit and Loss statement
- Most recent year’s tax return

Insurance Certificate: The applicant’s certificate of commercial general liability insurance, endorsements, and certificates of all other insurance related to the operation of the cannabis business.

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.

Vehicle Information – Additional Requirements for Delivery:

Security Plan: Detailed vehicle security plans outlining the measures that will be taken to ensure the safety of persons and property.

Proof or Documentation Showing:

- Vehicles are less than 10 years old
- Vehicles are fully insured with a minimum coverage of ??
- Vehicles have a dedicated GPS device permanently or temporarily affixed to the vehicle with ability to identify geographic location of all delivery vehicles on delivery route.

Cannabis Permit Program Fees (Non-Refundable):

Permit Type	Fee	
	New	Renewal
Dispensary	\$23,610	\$20,800
Permitted Dispensary Adding Delivery	\$2,810	
Dispensary – Delivery Only	\$23,610	\$20,800
Dispensary - Delivery Only – Less than \$500k	\$9,760	\$8,580
Business Operations Permit Modification	\$1,000	
Relocation Fee	\$1,000	

H. License Revocation

Has the applicant or any of its managers been associated with a business that has had its cannabis permit revoked:

Yes _____ (if yes, please provide the following information) No _____

City or County: _____ Date: _____

Please attach additional sheets if necessary

I. 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.

J. 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 marijuana cultivation, and;
 - (b) any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws;
2. 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 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.

K. 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 in this document is subject to disclosure under the Public Records Act.