

# City of SACRAMENTO

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

## CANNABIS TESTING LABORATORY 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 Testing Laboratory Site

Testing Laboratory Site/Business Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

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

Characteristics of the neighborhood or surrounding area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 24-Hour Emergency Contact Information:

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

Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### B. Information on Applicant

Name of Person Completing the Application: \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Primary Phone No: \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_

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

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

### 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 \_\_\_\_\_

### D. Information on Management

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 \_\_\_\_\_

### E. 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 testing laboratory on the property.*

### G. Required Submissions

**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**

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

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 testing laboratory 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 testing laboratory site, including the entrances, exits, walls and testing laboratory areas. The floor plan must be professionally prepared by a licensed civil engineer or architect.
- Site Plan:** A scaled site plan of the testing laboratory 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 testing laboratory site.
- Water Efficiency Plan:** A detailed plan describing how the testing laboratory 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 testing laboratory and storage of cannabis from escaping from the buildings on the testing laboratory site, such that the odor cannot be detected by a reasonable person of normal sensitivity outside the buildings.
- Energy Efficiency Plan:** Documentation that the applicant has contacted SMUD 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 contacted SMUD and the name of the SMUD representative.
- Business Operations Plan**
  - o **Business Plan:** A plan describing how the cannabis testing laboratory 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 testing laboratory site.
  - o **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.
  - o **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.
- **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.
- **Budget:** A copy of the applicant's most recent annual budget for operations (if available).
- **Price List:** A list of the most recent prices for all products and services provided by the applicant.

**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.

**Non-refundable fees as follows:**

Permit Type	Initial/Start-Up Permit	Renewal
Testing Laboratory	\$14,270	\$12,570

### 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, 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 testing laboratory, 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 testing laboratory 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 tested at the testing laboratory 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 TESTING LABORATORY BUSINESS OPERATING 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 landlord of the proposed site, granting the applicant permission to operate a cannabis testing laboratory on the site. 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 testing laboratory 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: \_\_\_\_\_