

# City of Shasta Lake Commercial Cannabis Business Application Package - Retail Sales Only

Your initial application packet must include two (2) hardcopies of everything required below plus any attachments required. You must also have all documents in PDF format on a flash drive.

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Included

## Section 1

- Confirmation of License Type Requested (one per application).

## Section 2

- Site Plan, including all requested attachments.

## Section 3

- Operations and Security Plan, including all requested attachments.

## Section 4

- The name of the applicant. If the applicant is an individual, both first and last name of the individual. For applicants that are business entities, the legal business name of the applicant.
- A copy of all documents filed with the California Secretary of State including but not limited to: business formation documents. If applicant is a foreign corporation, a certificate of qualification issued by the California Secretary of State pursuant to Section 2105 of the Corporations Code.
- The mailing address of the applicant.
- The physical address of the premises.
- The phone number of the premise.
- The contact information for the designated primary contact person including the name, title, address, phone number and e-mail address of this individual.
- A list of types and numbers of licenses already received by the applicant from the California Bureau of Cannabis Regulation including the date the license was obtained and the licensing authority that issues the license.

## Section 5

- Evidence of Legal Right to Occupy.

## Section 6

- Signed Affidavit(s)
- A complete list of every person with over 10% interest in the proposed business including the full name, title within the entity, birthdate and place of birth, social security or tax identification number, phone number, e-mail, the date owner acquired interest in entity, the percentage of ownership interest, and if applicable the number of shares owned, any financial interest in any other cannabis business licensed by the State of California.
- For each owner a completed Live Scan check or receipt from Live Scan check.

## Section 7

- Applicant Certification Letter saying all information contained on all application documents is true and accurate (Section 7).

Please attach additional pages as needed to provide the information requested.

**All applications must be submitted in person.**

### NOTE:

INCOMPLETE OR INCORRECT APPLICATIONS WILL BE REJECTED AND REQUIRE RESUBMITTING

It is the responsibility of the applicant to ensure that all pages are included in the application package and that the application is complete when returned to the City of Shasta Lake Development Services Department.



This form is a part of the application to request authorization of a facility as described in the City of Shasta Lake Commercial Cannabis Activity Ordinance. The facilities in this questionnaire are for cannabis related facilities only. All requested items and authorizations listed on this form must be completed and submitted or the application will be rejected.

An application is restricted to one facility in one location. The applicant must meet any additional standard criteria and fulfill any additional standard requirements typically associated with obtaining a Use Permit in the City. Requirements shall conform to the State licensing requirements as set forth by the California Business and Professions Code, Division 8, Chapter 3.5. Use Permit fees include a non-refundable application fee and an annual regulatory fee.

### **Section 1- Specific Activity Requested**

The facility must be proposed in the allowable zone in order for the application to be filed. It is the applicant's responsibility to confirm the location selected is in the correct zone. For applicants seeking licensure please select from the choices below:

- Commercial Retail Cannabis Sales with Delivery
- Commercial Retail Cannabis Sales without Delivery

### **Section 2 - Site Plan**

- 1) Using a separate sheet of 18" X 24" plain white paper submit a scaled premises diagram showing the boundaries of the property and proposed premises with all boundaries, dimensions, entrances and exits, interior partitions, walls, rooms, windows and common or shared entryways. If the proposed premise consists of only a portion of the property, the diagram shall be labeled indicating which part of the property is the proposed premises and what the remaining property is used for.
- 2) The plan shall include the assessor's parcel number and shall be to scale and include all the following:
  - Designated holding area for cannabis designated for destruction
  - Designated processing area(s) if licensee will process on site
  - Designated packaging area(s) if licensee will package on site
  - Designated composting area if licensee will compost plant waste on site
  - Designated refuse areas
  - Designated area(s) for harvested cannabis storage
  - Designated parking spaces
  - Photographs of the exterior of the building including the entrance(s), exit(s), street frontage(s), signage, and parking area.
  - Zoning Verification from the City of Shasta Lake Planning Department – either a Zoning Verification Letter (ZVL) or a receipt showing payment for Use Permit.
  - Evidence of appropriate buffer from sensitive uses (per City of Shasta Lake Regulatory Ordinance).

### **Section 3 – Operations and Security Plan**

- A description of Applicant's practice for transfer of cannabis products from premises.
  - Check if additional documentation is attached
  
- Estimated number of employees.
  
  
- Where inventory will be kept and how records will be maintained.
  - Check if additional documentation is attached
  
  
  
- A description of how any transaction information including patient records, reports, manifests and any other documents will be stored.
  - Check if additional documentation is attached
  
  
  
  
  
  
  
  
  
  
- A description of Applicant's practices for preventing deterioration of any cannabis goods held by Applicant.
  - Check if additional documentation is attached
  
  
  
  
  
  
  
  
  
  
- A description of all security practices including but not limited to any panic buttons, dyes, bulletproof windows, or other.
  - Check if additional documentation is attached

A description of Applicant's practices for ensuring all cannabis goods are properly packaged and labeled prior to retail sale.

Check if additional documentation is attached

The applicant's practices for ensuring a licensed testing laboratory samples and analyzes cannabis goods held by the applicant.

Check if additional documentation is attached

Description of applicant's video surveillance system including camera placement and practices for maintenance of video surveillance equipment.

Check if additional documentation is attached

How applicant will ensure that all access points to the premises will be secured including the use of security personnel if applicable.

Check if additional documentation is attached

A description of the Applicant's security alarm system.

Check if additional documentation is attached

A description of how inventory will be stored.

Check if additional documentation is attached

A description of the operating hours of the facility.

A description of how any records, reports, manifests and any other documents will be stored.

Check if additional documentation is attached

A description of the auditing methods for product and financial transactions.

Check if additional documentation is attached

A description of the Track and Trace system the Applicant will employ.

Check if additional documentation is attached

Method(s) that will be used to dispose of unused cannabis.

Check if additional documentation is attached

A description of practices for transport of cannabis goods.

Check if additional documentation is attached

A description of all employee training programs.

Check if additional documentation is attached

The Applicant's practices for allowing individuals access to the licensed premises.

Check if additional documentation is attached

How the applicant will ensure that all access points to the premises will be secured including the use of security personnel.

Check if additional documentation is attached

**For applicants who choose to conduct retail delivery services, the following application requirements apply:**

The Applicant's process to ensure driver and patient safety.

Check if additional documentation is attached

The Applicant's process to verify delivery is to a qualified purchaser and to a qualified location.

Check if additional documentation is attached

The Applicant's process to track and maintain communication with the delivery person at all times.

Check if additional documentation is attached

The Applicant's process to verify deliveries and provide accurate manifests for audit purposes.

Check if additional documentation is attached

**Section 4 – Owner and Contact Information**

Proposed Name of Business: \_\_\_\_\_

1. Applicant Entity Structure: (**attach proof of status** such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports status).

Corporation

Unincorporated Association

Other (describe): \_\_\_\_\_

Cannabis Facility Address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Business Applicant (Print Name): \_\_\_\_\_

Business Applicant Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Business Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

Primary Contact (Print Name): \_\_\_\_\_

Primary Contact Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Attach photocopy of:

Copy of Board of Equalization Seller's Permit

Proof of address (DMV –issued ID/driver's license, and/or recent utility bill under Primary's name)

Proof of Bond (\$5,000)

Proof of General Liability Policy

A list of types and numbers of licenses already received by the applicant from the California Bureau of Cannabis Regulation including the date the license was obtained and the licensing authority that issues the license.

A copy of all documents filed with the California Secretary of State including but not limited to: business formation documents. If applicant is a foreign corporation, a certificate of qualification issued by the California Secretary of State pursuant to Section 2105 of the Corporations Code.



**Section 5 – Property Owner Affidavit**

I, \_\_\_\_\_, authorize the Commercial Cannabis activity entitled \_\_\_\_\_, to use this property as a Commercial Cannabis facility, as those terms are defined in the City of Shasta Lake Municipal Code, should this facility obtain the appropriate Use Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property.

**Legal Property Owner:** \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Name (Please print) Title: \_\_\_\_\_  
\_\_\_\_\_  
Signature

**Legal Building Owner:** \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Please print) Title: \_\_\_\_\_  
\_\_\_\_\_  
Signature

**Management:** \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Please print) Title: \_\_\_\_\_  
\_\_\_\_\_  
Signature

**Attach:**

- Proof of possession of the premises and approval of use (deed, lease, lease assignment)



**Section 7 - Applicant Certification**

Under penalty of perjury, I hereby declare that the information contained within and attached to this application is complete true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the license or revocation of a license issued. By submitting this application, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of state law or City ordinance, or for incomplete, late or inaccurate applications/attachments, and that all fees paid in connection with this application are non-refundable.

Signature of Applicant

\_\_\_\_\_

Date \_\_\_\_\_

Date and Initials Received by the City of Shasta Lake Staff Member \_\_\_\_\_

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**Staff use only: Application Complete**

**Staff use only: Application Incomplete**