



City of Merced
Cannabis Business Application - Zoning Verification Form

You must obtain an approved Zoning Verification Form for the proposed location of your business before proceeding with Phase 2 of the application process. City staff will confirm the information on this form when the application is deemed complete. (A Fee of \$92 applies in 2018, subject to annual increases.)

Property

Street Address _____ Merced, CA Zip: _____

Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____

Existing Use of Property: _____

Proposed Use

Trade Name of Establishment (dba): _____

Description of proposed use: (including proposed use and summarize type of activity, as applicable):

Premises

Attach a site plan, indicating (1) the lot, (2) all existing and proposed buildings, and (3) distances from the buildings(s) to all property lines.

Attach a floor plan, drawn to scale indicating dimensions. Total square footage: _____

Use Category

- Commercial Cultivation
- Commercial Distribution
- Commercial Manufacturing
- Commercial Medicinal Retail Sales
- Commercial Non-Medicinal Retail Sales
- Commercial Testing

Contact Information

Name of Owner or Contact Person: _____

Business Mailing Address: _____
(if different from physical address)

Business phone: _____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____



Cannabis Business Application - Zoning Verification Form (continued)

Map Required

Attach a street map that is drawn to scale. Indicate the proposed premise, at the center of a circle with a labeled 600-foot radius and a 1,000 foot radius (if a dispensary), such that the setback restrictions below may be verified by the Planning Department.

Staff Use Only

According to the map provided by the applicant, the proposed premise complies with the following setback restrictions:

- 600 feet from a commercially licensed day care facility, youth center, library or public park
- 600 feet from a public or private school (Non-Dispensaries Only)
- 1,000 feet from a public or private school (Dispensaries Only)

Zoning District: _____ Use Category: _____

Previous Reviews: _____

Reason for denial:

Further Discretionary Review Required: _____

Application reviewed by: _____ Date: _____
Print Name

Signature: _____

Fee Paid (Receipt No.): _____