

Annual Renewal

City of Merced Commercial Cannabis Business Permit Application Package – All Types

Your 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 CD or DVD. Please complete all seven (7) sections.



Included

Please indicate CCBP Permit Number to be Renewed:

Section 1

- Annual Renewal Application Fee Per City Resolution #2017-67.
- Selection of Cannabis License Type Requested for Annual Renewal (only one type per application).

Section 2

- Any modifications to the approved Site Plan/Floor Plan, including any attachments
- IF NO CHANGES, PLEASE MARK HERE.**

Section 3

- Any modifications to the approved Business Operations and Security Plan, including any attachments.
- IF NO CHANGES, PLEASE MARK HERE.**

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. Also include mailing address, phone numbers, and other contact information here.
- 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. (*Only required if changed since original approval*).
- A list of types and numbers of licenses already received (or applied for) 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
- Signed Property Owner Affidavit(s). [*A Recent and Original "Wet" Signature is Required.*]

Section 6

- A complete list of every person with over 5% 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 CA.

Section 7

- Applicant Certification saying all information contained on all application documents is true and accurate.
Please attach additional pages as needed to provide the information requested.

Applications may be submitted in person or by U.S. Mail. (No email, please).

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 Merced Development Services Department.

	Cannabis Business Application (Annual Renewal)	RECEIPT NO:	DATE:	APP. NO:
	CITY OF MERCED PLANNING & PERMITTING 678 West 18th Street Merced, CA 95340 Phone: (209) 385-6858	TOTAL FEE:	CHECK NO:	RECEIVED BY:

This form is a part of the application to request authorization of a facility as described in the City of Merced Commercial Cannabis Activity Ordinance No. 2480. 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 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. Permit fees include a non-refundable application fee and an annual regulatory fee per Resolution No. 2017-67, as updated annually.

Section 1- Specific Activity Requested (Annual Renewal)

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

Cultivation:

- Indoor/Mixed Light, Commercial A - permitted canopy area: 0 to 5,000 square feet
- Indoor/Mixed Light, Commercial B – permitted canopy area: 5,001 to 10,000 square feet
- Indoor/Mixed Light, Commercial C – permitted canopy area: 10,001 to 22,000 square feet
- Nursery, Commercial D – permitted canopy area: 22,000 square feet

Distribution:

- Commercial Cannabis Distribution

Manufacturing:

- Commercial Cannabis Manufacturing – Non-Volatile or Volatile Extraction
- Commercial Cannabis Manufacturing – Limited to packaging or repackaging, labeling or relabeling only
- Commercial Cannabis Manufacturing – Limited to manufacturers that do not conduct extractions

Retail Sales/Dispensaries:

- Commercial Retail Medical Cannabis Sales with Delivery
- Commercial Retail Medical Cannabis Sales without Delivery
- Commercial Retail Adult Use Cannabis Sales with Delivery
- Commercial Retail Adult Use Cannabis Sales without Delivery
- Commercial Retail Combined Medical/Adult Use Cannabis Sales with Delivery
- Commercial Retail Combined Medical/Adult Use Cannabis Sales without Delivery

Testing:

- Commercial Cannabis Testing

Please indicate CCBP Permit Number to be Renewed _____

For the following sections, please only submit any modifications to the site plan or business operations from what was originally approved by the City or with any previous annual renewals. Attach a separate sheet with modifications, marked with Question #.

Section 2 - Site Plan/Floor Plan

- Any modifications to the approved project site plan or floor plan? If so, submit a copy of the modified site plan or floor plan with the changes clearly marked.
- IF NO CHANGES TO SITE PLAN/FLOOR PLAN, PLEASE MARK HERE.**

Section 3 – Business Operations and Security Plan

Any modifications to the following? (If so, please submit on separate sheet and attach):

General Description

- A) A description of the operating hours of the facility.
- B) A description of the hours/days of the week the facility is open to the public. **[RETAIL SALES ONLY]**
- C) Estimated number of employees (at start-up and at full build-out).
- IF NO CHANGES TO GENERAL DESCRIPTION, PLEASE MARK HERE.**

Any modifications to the following? (If so, please submit on separate sheet and attach):

Records and Inventory

- D) A description of how and where inventory will be kept, including the specific manner of securing the inventory, and how records will be maintained.
- E) A description of how any transaction information including patient records, reports, manifests and any other documents will be stored. **[RETAIL SALES ONLY]**
- G) A description of the Track and Trace system the applicant will employ.
- H) A description of applicant's practices for ensuring all cannabis goods are properly packaged and labeled prior to retail sale.
- I) A description of applicant's practices for ensuring all cannabis products are tested by a licensed testing facility prior to retail sales. **[RETAIL SALES ONLY]**
- J) A description of applicant's practices for preventing deterioration of any cannabis goods held by applicant, including any practices for responding to product recalls.
- K) A description of applicant's practices for transfer/transport of cannabis products to/from premises.
- L) A description of method(s) that will be used to dispose of unused cannabis.
- M) A description of any environmentally friendly ("green") business practices relating to energy and climate, water conservation, and materials/waste storage. **[RETAIL SALES ONLY]**
- N) A description of applicant's air treatment system.
- O) A description of how applicant will maintain the premises and ensure that it remains free from trash and graffiti.
- IF NO CHANGES TO RECORDS AND INVENTORY, PLEASE MARK HERE.**

Any modifications to the following? (If so, please submit on separate sheet and attach):

Security

- P) A description of all security practices including but not limited to any panic buttons, dyes, bulletproof windows, or other.
- Q) A description of applicant's video surveillance system including camera placement and practices for maintenance of video surveillance equipment.
- R) A description of how applicant will ensure that all access points to the premises will be secured including the use of security personnel if applicable.
- S) A description of applicant's security alarm system.
- T) A description of applicant's practices for allowing individuals access to the licensed premises.
- U) A description of all employee training programs, including safety programs.
- IF NO CHANGES TO SECURITY, PLEASE MARK HERE.**

**THE FOLLOWING QUESTIONS ONLY APPLY TO THE SPECIFIED
CANNABIS BUSINESS TYPE:**

Any modifications to the following? (If so, please submit on separate sheet and attach):

Neighborhood/Community/Employee Relations [RETAIL SALES ONLY]

- V) A description of all public relations and neighborhood outreach/feedback programs. **[RETAIL SALES ONLY]**
- W) Will an employee be designated as a neighborhood liaison for the business? **[RETAIL SALES ONLY]**
 - If so, will that liaison be a resident of the City of Merced? **[RETAIL SALES ONLY]**
- X) A description of any community benefits, such as defined contributions or donating time to community organizations. **[RETAIL SALES ONLY]**
- Y) Does the business propose to provide health benefits to all employees or is there a timetable for providing them in the future? If so, provide details. Also include a description of hourly wages or salaries, if available. **[RETAIL SALES ONLY]**
- Z) A description of hiring practices, including incentives/preferences for City/County of Merced residents to be employed by the business. **[RETAIL SALES ONLY]**
 - IF NO CHANGES TO N/C/E RELATIONS, PLEASE MARK HERE.**

Any modifications to the following? (If so, please submit on separate sheet and attach):

Business Plan/Qualifications of Principals [RETAIL SALES ONLY]

- AA) A description of the Business Plan, including an operating budget (including startup costs, labor, utility, equipment, construction, operating costs, etc.), documented sources of capital, and a pro forma. **[RETAIL SALES ONLY]**
- BB) A description of any documented agreements with distributors to supply cannabis products to the business. **[RETAIL SALES ONLY]**
- CC) A description of the prior experience (including number of years) that the business owners have in operating a verified Mutual Benefit Non-Profit Corporation for cannabis in compliance with California law and with proof of payment of taxes. Please note if this experience was within the City of Merced, the County of Merced, or within 100 miles of the City of Merced. **[RETAIL SALES ONLY]**
- DD) A description of the prior experience that the business owners have in operating any legal retail facility (non-cannabis related) and/or any formal association between this business and a non-retail cannabis business in the City of Merced or a non-cannabis-related business in the City of Merced. **[RETAIL SALES ONLY]**
- EE) Are any of the owners...(check if yes): **[RETAIL SALES ONLY]**
 - 1) A military veteran with an honorable discharge? If so, what branch and how many years?
 - 2) A full-time resident of the City of Merced? If so, give most current address and for how many years
 - 3) A full-time resident of the County of Merced? If so, give most current address and for how many years
 - 4) Qualified as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation?
 - IF NO CHANGES TO BUSINESS PLAN/Q.O.P., PLEASE MARK HERE.**

Any modifications to the following? (If so, please submit on separate sheet and attach):

Additional Information

- FF) Any additional information about the proposed cannabis business that was not covered in any of the other questions. **[ALL BUSINESS TYPES]**
 - IF NO CHANGES, PLEASE MARK HERE.**

Any modifications to the following? (If so, please submit on separate sheet and attach):

Additional Questions for Delivery Services [RETAIL SALES ONLY]

- GG) The applicant's process to ensure driver and patient safety. **[RETAIL SALES ONLY]**
- HH) The applicant's process to verify delivery is to a qualified purchaser and to a qualified location. **[RETAIL SALES ONLY]**
- II) The applicant's process to track and maintain communication with the delivery person at all times. **[RETAIL SALES ONLY]**
- JJ) The applicant's process to verify deliveries and provide accurate manifests for audit purposes. **[RETAIL SALES ONLY]**
 - IF NO CHANGES TO DELIVERY SERVICES, PLEASE MARK HERE.**

Any modifications to the following? (If so, please submit on separate sheet and attach):

The Following Questions Only Apply to the Specified Cannabis Business Type:

- KK) A description of the cannabis cultivation process, operating hours of the facility, and the size of the maximum cannabis cultivation area being requested under this permit?. **[CULTIVATION ONLY]**
- LL) A description of the cannabis distribution business, operating hours of the facility, and maximum area of cannabis storage proposed. **[DISTRIBUTION ONLY]**
- MM) Proof of ownership or a valid lease for all commercial vehicles that will be used to transport all cannabis goods. **[DISTRIBUTION ONLY]**
- NN) The year, make, model, license plate number, and numerical vehicle identification number for all commercial vehicles that will be used to transport cannabis goods and update the information within 30 days of any changes. **[DISTRIBUTION ONLY]**
- OO) Proof of insurance in the amount of \$1,000,000 for any and all commercial vehicles being used to transport cannabis goods. **[DISTRIBUTION ONLY]**
- PP) A description of the type of activity conducted (extraction, infusion, packaging, labeling) including a description of extraction and infusion methods. **[MANUFACTURING ONLY]**
- QQ) A description of applicant's types of products that will be manufactured, packaged, or labeled. **[MANUFACTURING ONLY]**
- RR) A description of all necessary and ongoing equipment certification and maintenance processes methods and procedures. **[MANUFACTURING & TESTING ONLY]**
- SS) A Material Safety Data Sheet formatted to include routine inspections. **[MANUFACTURING & TESTING ONLY]**
- TT) The applicant's process to notify authorities of a product failure to pass any test. **[TESTING ONLY]**
 - IF NO CHANGES TO ITEMS KK THROUGH TT, PLEASE MARK HERE.**

Building Permit Question (Not on Original Application)

- Please indicate here if you have applied for any building permits. If so, when? _____
- Please indicate here if you have received any building permits. If so, when? _____

Section 4 – Owner and Contact Information

Please complete the following information, even if it has not changed since the original application:

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 and designates who is authorized to sign on behalf of the entity).

- Corporation
- Unincorporated Association (i.e. LLC, LP, etc.)
- Other (describe): _____

Proposed Cannabis Facility Address: _____

Assessor's Parcel Number: _____

Business Applicant (Print Name): _____

Business Applicant Address: _____

Telephone: _____

*Email: _____

*Mobile: _____

Business Applicant: _____
Name (Please Print)

Title: _____

Signature: _____
(Original "Wet" Signature Required)

Date: _____

Primary Contact (Print Name): _____

Primary Contact Address: _____

Telephone: _____

*Email: _____

*Mobile: _____

IF CHANGED SINCE ORIGINAL APPLICATION, PLEASE MARK HERE AND CLEARLY INDICATE WHAT INFORMATION HAS CHANGED.

Attach photocopy of [ONLY IF MODIFIED FROM PREVIOUS APPLICATION]:

- Copy of Seller's Permit issued by appropriate State of California Agency (if available).
- Proof of Bond (\$5,000) for destruction of product (if available, will be required prior to permit issuance).
- Proof of General Liability Policy (if available, will be required prior to permit issuance).
- A list of types and numbers of licenses already received (or applied for) 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.

Please attach additional sheets if necessary to list all owners and applicants.

Section 5 – Property Owner Affidavit

Please complete the following information, even if it has not changed since the original application:
A Recent and Original “Wet” Signature Is Required (No Electronic Signatures) to Ensure that the Property Owner Still Consents to the Cannabis Business at this Location.

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

Legal Property Owner: _____ Date: _____

Name (Please print) Title

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Legal Property Owner: _____ Date: _____

Name (Please print) Title

- IF CHANGED SINCE ORIGINAL APPLICATION, PLEASE MARK HERE AND CLEARLY INDICATE WHAT INFORMATION HAS CHANGED.
- IF NO CHANGES SINCE ORIGINAL APPLICATION, CHECK HERE

Attach [ONLY IF MODIFIED FROM PREVIOUS APPLICATION]:

- Proof of possession of the premises and approval of use (deed, lease, lease assignment)
- If the property is owned by an entity, please attach documentation that shows that the person signing on behalf of the entity above is authorized to sign on its behalf.

Please attach additional sheets if necessary to list all owners and applicants.

Section 6 – Ownership Information

Please complete the following information, even if it has not changed since the original application:

- A complete list of every person with over 5% 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, and any financial interest in any other cannabis business licensed by the State of California.
 - IF CHANGED SINCE ORIGINAL APPLICATION, PLEASE MARK HERE AND CLEARLY INDICATE WHAT INFORMATION HAS CHANGED. IF NEW OWNERS ARE ADDED, LIVE SCANS AND A BACKGROUND CHECK WILL BE REQUIRED. OTHER INFORMATION MAY ALSO BE REQUESTED PER THE TERMS OF MMC 20.44.170(L)(4).**
 - CHECK HERE IF NO CHANGES SINCE THE ORIGINAL APPLICATION**

Name	Title	DOB*	SS#/ Tax ID#*	Contact Phone Number	Date of acquired interest	Percent of ownership

If the property is owned by an entity, please attach documentation that shows that the person signing on behalf of the entity above is authorized to sign on its behalf. **Please attach additional sheets if necessary.**

Section 7 - Applicant Certification

NOTE: Your application is public record and information regarding your application is available at the Development Services Department at the Merced Civic Center. All references to names, addresses, telephone numbers, email addresses and project information are part of this public record, and subject to disclosure pursuant to the Public Records Act. However, home addresses, home telephone numbers, cell phone numbers, and tax ID information will be redacted (such items are noted with an “*”). All applications must be filed under the property owner's name and address of the property that is the subject of the application; however, you may use an alternate contact address and telephone number.

The Federal Controlled Substances Act (codified as 21 U.S.C. sections 801 et seq.) is a regulatory system designed to combat recreational drug abuse by making it unlawful to manufacture, distribute, dispense, or possess any controlled substance. The Act lists marijuana as a controlled substance, classifying it as a Schedule I Drug, which is defined as a drug or other substance that has a high potential for abuse, that has no currently accepted medical use in treatment in the United States, and that has not been accepted as safe for use under medical supervision. The Federal Controlled Substances Act makes it unlawful, under federal law, for any person to cultivate, manufacture, distribute or dispense, or possess with intent to manufacture, distribute or dispense, marijuana. By signing below, applicant acknowledges the foregoing and participates in cannabis related activities pursuant to state and local law at its own risk.

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.

I, _____, acknowledge that I have read and understood the above paragraphs.

Signature of Applicant: _____
(Original "Wet" Signature Required)

Date: _____

Determination by City Staff Member (Name, Date, & Initials) _____

Staff Use Only: Application Complete

Staff Use Only: Application Incomplete