



CANNABIS BUSINESS PERMIT APPLICATION

FAIRFAX PLANNING AND BUILDING SERVICES

Please schedule an appointment with the Planning Department to submit an application

SECTION A – FEES AND DEPOSITS

- ☐ Application Fee \$2,800
☐ Consultant Deposit \$2,000 (Please note an administrative fee of 20% of the consultant cost is required if a consultant is used)

SECTION B – APPLICANT/BUSINESS INFORMATION

1. License Type:

- ☐ Delivery-Only Retailer
☐ Medicinal Retailer
☐ Medicinal Retailer/Adult Use Only Delivery

2. Business Organizational Structure: (Please check ONE)

- ☐ Sole Proprietorship ☐ Corporation (or foreign corporation) ☐ Limited Liability Company
☐ Limited Partnership ☐ General Partnership ☐ Limited Liability Partnership

3. Name (sole proprietor first and last, all other legal business name)		Doing Business As (DBA)	
4. Business Address	City	State	Zip Code
5. Mailing Address (if different from business)	City	State	Zip Code
6. Business Website	Phone Number	E-mail	
7. Social Security Number, Individual Taxpayer Identification Number or Business Federal ID Number			
SECTION C – PRIMARY CONTACT PERSON			
8. Name and Address	Title	Phone Number	E-mail
SECTION D – BUSINESS OWNER INFORMATION (Attach additional pages if needed)			
9. Name	Phone Number	Ownership %	Job Title
Mailing Address	City	State	Zip Code

Name	Phone Number	Ownership %	Job Title
Mailing Address	City	State	Zip Code
SECTION E – NON-OWNERS WITH A FINANCIAL INTERST IN THE BUSINESS (Attach additional pages if needed)			
9. Name	Phone Number	E-mail	
Mailing Address	City	State	Zip Code
Name	Phone Number	E-mail	
Mailing Address	City	State	Zip Code
Name	Phone Number	E-mail	
Mailing Address	City	State	Zip Code

SECTION F – FICTITIOUS BUSINESS NAMES (Attach additional pages if needed)			
10. Business Name			
Mailing Address	City	State	Zip Code
Business Name			
Mailing Address	City	State	Zip Code

SECTION G – REQUIRED INFORMATION

Please document how the proposed business will comply with each of the criteria below, which the Town will use to evaluate your business proposal.

Business Plan:

- ☐ Industry experience
- ☐ Financial capacity to start up and sustain business operations
- ☐ Business design/layout: secure, attractive, unobtrusive design
- ☐ Innovative or boutique business models consistent with the Fairfax community
- ☐ Additional information that demonstrates the ability to operate in a manner consistent with the values of the Town.

Operating Plan:

- ☐ Provide a copy of completed State licensing application (confidential information must be redacted by applicant). You do not have to submit the licensing application to the State until/unless you are approved for a Fairfax Cannabis Business Permit.
- ☐ Provide information on inventory controls and sales procedures that will be used to prevent diversion to illegal market and access to minors
- ☐ Employee training beyond that required by the State
- ☐ Parking, circulation and traffic plan, including truck and delivery parking if applicable, to ensure safe access and minimize traffic congestion
- ☐ Complaint response program
- ☐ Additional operational procedures demonstrating safety, commitment to community welfare and community responsiveness

Public Benefits:

- ☐ Describe anticipated employee wages and benefits (living wage)
- ☐ How will the business benefit patients beyond providing cannabis
- ☐ Describe planned business programs that will benefit low income medical patients
- ☐ Describe business practices and/or improvements that will result in the business being sustainable and/or “green”
- ☐ How will the business participate and support local youth-serving prevention and education programs, and/or adult addiction programs

Plans:

- ☐ Vicinity map – show distance to nearest school, youth center, daycare, and tutoring center properties
- ☐ Site plan including scale and graphic scale, north arrow (orient all sheets the same direction), dimensioned property lines, footprint of all buildings and structures on the site, location, configuration, and setbacks for all existing and proposed buildings on the site, adjacent streets, buildings and uses, openings on adjacent buildings, parking areas, driveways and sidewalks, zoning setback lines, site contours, exterior light fixture type and location, bicycle and vehicle parking, fences, trash and recycling enclosures, easements/encumbrances, trees, creeks/waterways
- ☐ Floor plans indicating the dimensioned square-footage and use of all areas of the structure(s) showing window and door locations, limited access areas, walls, partitions, entrances, exits and proposed use of each room
- ☐ Signage Plan fully dimensioned and showing all proposed signage, materials, colors, location on building (full building elevation), type of illumination, width of building frontage, width of lot street frontage
- ☐ Existing/proposed building elevations of all sides of the building including the maximum height limit, maximum building height, all windows, doors, eaves, skylights, chimneys, roof equipment and screens and other appurtenances on the building exterior, type, finish, material and color of all surfaces (existing and proposed). If no exterior changes proposed, photos of all elevations are acceptable. If exterior changes are proposed, a Design Review application must also be submitted
- ☐ Signage/lighting plans Fully dimensioned elevations showing all proposed signage and lighting, including location on the building or site. Signage information must include type of lettering, materials If illuminated, whether internal or external, with fixture types and location
- ☐ Landscaping and Irrigation Plans Include all existing and proposed plant materials by species, size, quantities, and location. Verification concerning compliance with Marin Municipal Water District Code Title 13 – Water Conservation
- ☐ Parking Plan Fully dimensioned parking plan with number of vehicular parking spaces, disabled parking and path of travel, loading zones, signage, main points of entry and exit and traffic flow, vehicular and pedestrian circulation paths

Security Plan:

- ☐ Provide a written security plan and incorporate any applicable information into the plan set. Document compliance with all State regulations, and describe security measures that go beyond State regulations
- ☐ In a separate floor plan include security equipment locations (and fields of view for any cameras, sensors, etc.)

SECTION H: CERTIFICATIONS

I declare under penalty of perjury that the foregoing information is true and correct and I am aware that if I present any material matter as true which I know to be false, I may be subjected to penalties prescribed for perjury under the Penal Code of the State of California.

Executed at _____ California, this _____ day of _____, 20__

_____ Applicant's Printed Name	_____ Signature
_____ Applicant's Printed Name	_____ Signature
_____ Applicant's Printed Name	_____ Signature
_____ Applicant's Printed Name	_____ Signature
_____ Applicant's Printed Name	_____ Signature

Applicant shall notify the Planning Director in writing within ten (10) calendar days of any changes to any item listed in the application and upon transfer of any portion of the ownership or title of the original entity that filed this application. The notification shall be signed and dated by the property owner.

Proposed Cannabis Operation Location and Property Ownership

To submit an application you must schedule an appointment with the Planning Department

Street Address of Proposed Business	Assessor's Parcel Number(s)	Floor (1 or 2)
-------------------------------------	-----------------------------	----------------

Is the applicant the owner of the property?

☐ Yes

☐ No

Note: If the Applicant is not the legal owner of the property, the property owner must complete and sign the Property Owner Authorization below; or this application must be accompanied with a signed acknowledgment from the property owner indicating that the named applicant may seek permits to operate a Cannabis Operation of the type indicated in the application on his/her/its property.

SECTION I – PROPERTY OWNER AUTHORIZATION

Property Owner Name	Title	Phone Number ()	
Property Owner Mailing Address	City	State	Zip Code
E-mail			

Declaration: As owner (or an authorized representative of the owner) of the property indicated above, I authorize the Applicant to seek permits to operate a Cannabis Operation (of the Type identified below) at my property:

☐ Medical Cannabis Retail Operation

☐ Adult/Medicinal Cannabis Delivery Only

☐ Combined Medical Cannabis Retail and Adult/Medicinal Cannabis Delivery

Print Property Owner Signature Below

Property Owner Signature

Date:_____