City of Yreka
Planning Department
701 4th Street
Yreka, CA 96097
(530) 841-2386

MEDICINAL NON-STOREFRONT RETAIL CANNABIS BUSINESS PERMIT APPLICATION

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name:_____ DBA:_____

Physical Address:_____ City:_____ State:_____ Zip:_____

Primary Contact:_____

Title:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Select one or more of the following categories:

☐ Retail Non-Storefront (Medicinal)

Business Formation Documentation (Describe how the business is organized):

☐ Sole Partnership ☐ Corporation ☐ S-Corporation ☐ Limited Liability Company ☐ Limited Partnership

☐ Other:_____

SOCIAL EQUITY APPLICANT ELIGIBILITY

Are you applying as a Social Equity Applicant? ☐ Yes ☐ No

If yes, please confirm and <u>provide supporting documentation</u> for the following:

1. Has the applicant or their immediate family member (parent. sibling. spouse. Or child), been arrested for, convicted of, or adjudged to be a ward of the juvenile court for a cannabis-related offense under the laws of California or any other jurisdiction prior to November 8, 2016? ☐ Yes ☐ No
2. In the last year, was your household income at or below sixty percent (60%) of the Siskiyou County Area Median Income (AMI) adjusted for family size or were you eligible to get financial aid through a program like CalFresh, MediCal, CalWORKS, Supplemental Security Income, or Social Security Disability?
   ☐ Yes ☐ No
3. Do you own at least 50% of the business? ☐ Yes ☐ No

PROPOSED LOCATION

Property Owner Name: _____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Email: _____

Assessor's Parcel Number (APN): _____

Proposed Location Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

☐ One printed hard copy of a complete and signed Cannabis Business Permit Application Form (This form).

☐ A signed Financial Responsibility, Indemnity and Consent to Inspect Terms Agreement form (Pages 1-3) and Limitations of City Liability and Indemnification to City form (Pages 4-6).

☐ Background Check Forms for each Owner and Fee Payment.

☐ Business Plan.

☐ Security Plan.

☐ Social Equity Eligibility Supporting Documentation (If Applicable)

☐ Complete Universal Planning Application (for more information visit: https://www.ci.yreka.ca.us/330/Planning-Application-Center)

☐ Cannabis Business Permit Application Fee and Background Check Fee.

☐ Business License Application (for more information visit: https://www.ci.yreka.ca.us/244/Business-Licenses)

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Yreka permission to reproduce submitted materials for distribution to staff, Commissions, Boards and City Council Members, and other Agencies to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Yreka Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this application, denial of a permit or revocation of an issued permit.

_____	_____
Name	**Signature**
_____	_____
Title	**Date**

For questions, please contact the Planning Department at (530) 841-2386 or planning@yrekaca.gov.

OWNER INFORMATION

Owner Information must be completed by all owners. The total ownership percentage should equal 100%. "Owner" means any of the following, or a group or combination of any of the following, acting as a unit: A person owning in the aggregate equity interests representing ten percent or more of the voting power of all outstanding equity in the applicant or a commercial permittee; the president, chief executive officer, secretary, treasurer, or chief financial officer of a nonprofit applicant or permittee; or a member of the board of directors of a nonprofit applicant or permittee.

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % ______________________

Name:____Title:________________________________

Address:____City:______________________State:_________Zip:___________

Background Check Form Included as required? ☐ Yes ☐ No

Signature:____Date: ________________________

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % ______________________

Name:____Title:________________________________

Address:____City:______________________State:_________Zip:___________

Background Check Form Included as required? ☐ Yes ☐ No

Signature:____Date: ________________________

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % ______________________

Name:____Title:________________________________

Address:____City:______________________State:_________Zip:___________

Background Check Form Included as required? ☐ Yes ☐ No

Signature:____Date: ________________________

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership % ______________________

Name:____Title:________________________________

Address:____City:______________________State:_________Zip:___________

Background Check Form Included as required? ☐ Yes ☐ No

Signature:____Date: ________________________

***Add more pages as necessary to accommodate all Medicinal Cannabis Business Owners**