



CANNABIS PERMIT APPLICATION

This application pertains to a discretionary permit. However, unlike typical discretionary permits, this application process is a competitive process with a limit on the number of applications that will be selected. All fees paid are nonrefundable regardless of outcome.

A Commercial Cannabis Agreement will need to be agreed upon in order to receive a permit. This Commercial Cannabis Agreement will replace the existing Development Agreement.

Due to City staffing constraints, applicants are directed to schedule appointments with the Planning Division to submit applications. Otherwise, there is no guarantee that a city planner will be available to take in applications. Applications may not be dropped off without review from a city planner. Further, no mailed or e-mailed applications will be accepted.

Business Name: _____

Business Contact (Individual): _____

Business Contact Title: _____

Business Contact Mailing Address: _____

Primary Phone No.: _____

Emergency Contact Name & Phone No.: _____

E-mail: _____

Permit Being Requested: Please mark all applicable boxes below to identify which cannabis operations permits you are seeking through this Cannabis Permit Application. A separate application and fee is not necessary for each category type in which you are submitting an application for consideration. One application and application fee suffices for all categories (e.g., Cultivation and Manufacturing). However, you must include in your application package all the information requested for each category you seek to operate. For example, if you are seeking to manufacture AND cultivate, you will need to include both uses in your Business Plan, Neighborhood Plan, Security Plan, etc.

☐ Cultivation: Square Footage: _____

☐ Manufacturing: Square Footage: _____

☐ Testing: Square Footage: _____

☐ Distribution (Transportation) _____

Section A: Primary Background Information (Must be signed by all Principals)

Under penalty of perjury, and the laws of the State of California, I hereby declare and acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true and correct. I also understand that the information provided in this application, except the Safety and Security Plan in Section C and certain confidential information such as driver's license and social security number which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

- ____ Receipt of background check and Live Scan
- ____ Pictures (2) of applicant (two passport quality photographs 2" x 2")
- ____ Copy of Social Security Card
- ____ Copy of Valid Driver's License, Valid DMV issued ID Card or Valid Passport
- ____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check ☐

Add more pages as necessary to include signatures of all Cannabis Permit Principals (and Landlord, if applicable).

1. List whether the applicant(s) has/have other licenses and/or permits issued to and/or revoked from the applicant in the three years prior to the year of the permit application. This list should include such other licenses and or permits relating to similar business activities as in the permit application. If applicable, please list the type, current status, issuing/denying for each license/permit. Please attach a separate document to fully explain, if necessary.

2. List any and all partners or principals who have been found guilty of (a) a violent felony, (b) a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or (c) the illegal use, possession, transportation or distribution (or similar activities) related to controlled substances, as defined in the Federal Controlled Substance Act, with the exception of medical cannabis-related

offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996. Please attach a separate document to fully explain, if necessary.

Section B: Business Organizational Structure/Status

1. Describe the commercial cannabis business organizational structure/status:

2. Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section C: Commercial Cannabis Business Description and Location

1. Statement of Purpose of Commercial Cannabis Business (a separate sheet may be attached):

2. Proposed Location of Business (include APN's): _____

3. Name and Address of Property Owner: _____

4. Name and Address of School Closest to Proposed Location: _____

5. Description of neighborhood around the proposed location (i.e., surrounding uses, nearby sensitive uses such as churches, schools, parks, or libraries) and transit access to site. A separate sheet may be attached.

Required Plan Submittals (Plans shall be drawn to scale):

1. Site Plan for each potential location. The Site Plan must be dimensioned and show the entire parcel, including parking and additional structures.
2. Conceptual Building Elevations if new construction. If existing buildings, include any proposed exterior building alterations if applicable.
3. Floor Plans, including any proposed interior alterations.
4. Vicinity Map. It is the Applicant's responsibility to prove to the City that the cannabis operation's location is at least 600 feet from all sensitive uses and 50 feet from all residential zones. The measurement is from property line to property line on each lot. However, in the case of commercial condominiums, measurement is taken from the airspace property line.
5. Photos of the site and building(s) from all sides/directions.

Section D: Required Supplemental Information

This information is required for this application to be considered complete. Attach the following reports to the application.

- ☐ Neighborhood Compatibility Plan
- ☐ Safety and Security Plan
- ☐ Air Quality Plan
- ☐ Business Plan
- ☐ Traffic/Circulation Plan (Required for Cannabis Distribution only)
- ☐ Radius Map Package: 300 foot radius ownership map (from property lines), 1 copy of the property owner and occupants list for properties with 300 feet, 2 copies of property owner/occupant list prepared on gummed labels, and notarized Affidavit of Accuracy of Property Owner's List.
- ☐ Development Agreement Attachments: Legal Description of the property and a Vicinity Map
- ☐ Background Check Authorization Form and Live-Scan Request and Receipt *

* Both must be submitted for State Clearance:

- ☐ State Clearance by Baldwin Park Police Department

Section E: Final Location Information

Multiple sites per application can be considered. Attach proof of ownership of the site or signed statement from the owner. A signed lease document will also suffice.

Section F: Essential Supplemental Information

This information is required and you must submit this as part of meeting the requirements for a completed application. Check the box evidencing that you have submitted and attached to this Application the items described below.

- ☐ Suitability of the proposed property: Applicant must demonstrate that the proposed location(s) exceeds all buffer zones established in the Cannabis Ordinance.
- ☐ Suitability of security plan: The Applicant's security plan must include the presence of security personnel on premises or patrolling the premises twenty-four (24) hours per day. The Applicant's security plan must demonstrate a method to track and monitor inventory so as to prevent theft or diversion of cannabis. The Applicant's security plan must describe the enclosed, locked facility that will be used to secure or store cannabis when the location is open and the steps taken to ensure cannabis is not visible to the public. The Applicant's security plan must include measures to prevent the diversion of cannabis to persons under the age of twenty-one (21).
- ☐ Suitability of business plan and financial record keeping: The Applicant must describe a staffing plan that will provide and ensure safe dispensing, adequate security, theft prevention, and the maintenance of confidential information.
- ☐ Criminal history: Applicant must state that no Manager or Principal of an applicant has any violent or serious felony conviction(s) as specified in Sections 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit or embezzlement. Applicant must identify any pending criminal complaint(s). The Applicant must certify, as a condition of maintaining the permit, that it will not employ any person with any type of violent or serious felony conviction(s) as specified in Sections 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit or embezzlement. Applicants must certify as a condition of maintaining the permit that they will not employ as managers or employees any person with any controlled substance related misdemeanor conviction.
- ☐ Regulatory compliance history: Where an Applicant, its principal or managers own or operate other businesses, including medical cannabis facilities in other jurisdictions, Applicant must provide a record of any citations, sanctions, investigations, suspensions or any time in which Applicant has had their license, permit, registration or authorization revoked for any reason, including criminal, patient safety, workplace safety, wage and hour, discrimination. Applicant must identify whether it has had a permit or license revoked by any city or the State of California. Applicants must also identify any administrative penalties assessed against their business.
- ☐ Good legal standing: Applicant must certify that the proposed cannabis business, including its principals and managers acting in their own official capacities, have not violated any local, state or federal tax, environmental, consumer protection, food safety, workplace safety, discrimination, human rights, employment, labor or other laws relevant to the operation of a cannabis business in the state.
- ☐ Community engagement: Applicants should identify any involvement in the community, other non-profit association, or neighborhood association. Applicant should identify the percentage of employees it guarantees will be hired from the City of Baldwin Park, if any. Applicant should identify if it is a minority-owned business. Applicant should have a comprehensive strategy to recruit, hire, promote and train a diverse workforce, including women, people of color, veterans, people with disabilities, LGBTQ individuals and immigrants.

- ☐ Environmental impact: Application should indicate if the business uses renewable energy sources.
- ☐ Labor relations: Applicant shall state whether it provides employer-paid health insurance benefits for its employees as required by state and/or federal law. Applicant must establish that it provides equipment, standards and procedures for the safe operation of its facilities and engages employees on best practices. Applicant should identify if it provides training and educational opportunities for employee development. Applicant must certify that neither it nor its Principals have any previous record of violating federal or state laws relating to workplace safety, wages and compensation, discrimination, or union activity.
- ☐ Mitigation fees: The mitigation fee the business is willing to pay to the City must be included in the Development Agreement. A separate fee shall be identified for each cannabis operation category (i.e., Cultivation, Manufacturing, Testing, and Distribution/Transportation). The fee for cultivation will be calculated based on square footage. The fee for other categories shall be proposed by each applicant.

Section G: Fees

Please attach a cashier's check or money order made payable to the "City of Baldwin Park" for the following fees:

- ☐ LiveScan fee: \$48.00
- ☐ Background check fee: \$937.50
- ☐ Cannabis Permit Application/Development Agreement Fee: \$50,000.00

Staff use only:

Date of initial application: _____

Number assigned to application: _____

Date fee received: _____

Date application reviewed: _____

Date Proof of ownership was verified or a signed and notarized statement from the property owner was received: _____

Planning Division

- ☐ Incomplete Application
- ☐ Complete Application

Cannabis Subcommittee

- ☐ NOT In Compliance with Cannabis Ordinance Locational Criteria
- ☐ In Compliance with Cannabis Ordinance Locational Criteria

☐ Not Recommended for Council Consideration

☐ Recommended for Council Consideration