City of Dunsmuir Commercial Cannabis Business Application Package - Cultivation Only

Your initial 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 flash drive.

☑ *Included*

Section 1

- ☐ Confirmation of License Type Requested (one per application).

Section 2

- ☐ Site Plan, including all requested attachments.

Section 3

- ☐ Operations and Security Plan, including all requested attachments.

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.
- ☐ The mailing address of the applicant.
- ☐ The physical address of the premises.
- ☐ The phone number of the premise.
- ☐ The contact information for the designated primary contact person including the name, title, address, phone number and e-mail address of this individual.
- ☐ A list of types and numbers of licenses already received 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.

Section 5

- ☐ Evidence of Legal Right to Occupy.

Section 6

- ☐ Signed Affidavit(s)
- ☐ A complete list of every person with over 10% 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 California.
- ☐ For each owner a completed Live Scan check or receipt from Live Scan check.

Section 7

- ☐ Applicant Certification Letter saying all information contained on all application documents is true and accurate.

Please attach additional pages as needed to provide the information requested.

All applications must be submitted in person.

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 Dunsmuir.

CITY OF DUNSMUIR
5915 Dunsmuir Ave., Dunsmuir, CA 96025 | Phone: (530) 235-4822

This form is a part of the application to request authorization of a facility as described in the City of Dunsmuir Cannabis Activity Ordinance. 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 Use 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. Use Permit fees include a non-refundable application fee and an annual regulatory fee.

Section 1- Specific Activity Requested

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

- ☐ A O – Commercial Outdoor/ 1 – 25 Plants
- ☐ B O – Commercial Outdoor/ 26 Plants and Up: 5,001 to 10,000 square feet
- ☐ C O – Commercial Outdoor/ 26 Plants and Up: 10,001 square feet and larger
- ☐ A I – Commercial Indoor/ 0 – 5,000 square feet Permitted Cultivation Area
- ☐ B I – Commercial Indoor/ 5,001 to 10,000 square feet Permitted Cultivation Area
- ☐ C I – Commercial Indoor / 10,000 to 22,000 square feet Permitted Cultivation Area

Section 2 - Site Plan

1. Using a separate sheet of 18" X 24" plain white paper submit a scaled premises diagram showing the boundaries of the property and proposed premises with all boundaries, dimensions, entrances and exits, interior partitions, walls, rooms, windows and common or shared entryways. The diagram shall show the areas in which all commercial cannabis activities will take place, including but not limited to, areas listed in the cultivation plan. If the proposed premise consists of only a portion of the property, the diagram shall be labeled indicating which part of the property is the proposed premises and what the remaining property is used for.

2. The plan shall include the assessor's parcel number and shall be to scale and include all the following:

- ☐ Canopy area(s) which shall contain all mature plants on the premises
- ☐ Propagation area(s) which shall contain only immature plants
- ☐ Designated pesticide and other agricultural chemical storage area(s)
- ☐ Designated holding area for cannabis designated for destruction
- ☐ Designated processing area(s) if licensee will process on site
- ☐ Designated packaging area(s) if licensee will package on site
- ☐ Designated composting area if licensee will compost plant waste on site
- ☐ Designated parking spaces
- ☐ Designated refuse areas
- ☐ Designated area(s) for harvested cannabis storage.
- ☐ Location, type and capacity of each water storage and waste receptacle to be used for cultivation
- ☐ Photographs of the exterior of the building including the entrance(s), exit(s), street frontage(s), signage, and parking area.
- ☐ Evidence of appropriate buffer from sensitive uses (per City of Dunsmuir Regulatory Ordinance).
- ☐ Zoning Verification from the City of Dunsmuir Planning Department – Proof of a Conditional Use Permit issued by the Dunsmuir Planning Commission.

Section 3 – Operations and Security Plan

- ☐ Applicant's practices for transfer of cannabis products from premises.
  - ☐ Check if additional documentation is attached

- ☐ Estimated number of employees.

- ☐ Description of applicant's video surveillance system including camera placement and practices for maintenance of video surveillance equipment.
  - ☐ Check if additional documentation is attached

- ☐ How applicant will ensure that all access points to the premises will be secured including the use of security personnel if applicable.
  - ☐ Check if additional documentation is attached

- ☐ A description of the applicant's security alarm system.
  - ☐ Check if additional documentation is attached

☐ A description of how inventory will be stored.

☐ Check if additional documentation is attached

☐ A description of the operating hours of the facility.

☐ Check if additional documentation is attached

☐ A description of how any records, reports, manifests and any other documents will be stored.

☐ Check if additional documentation is attached

☐ A description of the Track and Trace system the Applicant will employ.

☐ Check if additional documentation is attached

☐ Method(s) that will be used to dispose of unused cannabis.

☐ Check if additional documentation is attached

Section 4 – Owner and Contact Information

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).

   - ☐ Corporation
   - ☐ Unincorporated Association
   - ☐ Other

     (describe): _____

Cannabis Facility Address: _____

Assessor's Parcel Number: _____

Business Applicant (Print Name): _____

Business Applicant Address: _____

Telephone: _____

Email:_____

Mobile: _____

Business Applicant: _____ Date: _____

Name (Please Print) Title: _____

_____

Signature

Primary Contact (Print Name): _____

Primary Contact Address: _____

Telephone: _____

Email:_____

Mobile: _____

Attach photocopy of:

- ☐ Copy of Board of Equalization Seller's Permit
- ☐ Proof of address (DMV –issued ID/driver's license, and/or recent utility bill under Primary's name)
- ☐ Proof of Bond ($5,000)
- ☐ Proof of General Liability Policy
- ☐ A list of types and numbers of licenses already received 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.

Section 5 – Property Owner Affidavit

Property Owner Affidavit

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

Legal Property Owner: _____ Date: _____

_____ _____

Name (Please print) Title: _____

_____

Signature

Legal Building Owner:_____ Date: _____

Name (Please print) Title: _____

_____

Signature

Management: _____ Date: _____

Name (Please print) Title: _____

_____

Signature

Attach:

☐ Proof of possession of the premises and approval of use (deed, lease, lease assignment)

Section 6 – Building Owner Affidavits

Building Owner Affidavit

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

Property Manager Affidavit

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

Please complete the following information:

☐ A complete list of every person with over 10% 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 California, a detailed version of any convictions as defined in §8102 or as it may be amended in the California Code of Regulations, Food and Agriculture Department.

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

Section 7 - Applicant Certification

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.

Signature of Applicant

_____

Date _____

Date and Initials Received by the City of Dunsmuir Staff Member _____

Staff use only: Application Complete

Staff use only: Application Incomplete