

**COMMERCIAL CANNABIS LICENSE APPLICATION  
Part A – License Type/Business Information**

<b>LEGAL BUSINESS NAME:</b>			
<b>BUSINESS PHYSICAL ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>
<b>BUSINESS MAILING ADDRESS</b>		<b>CITY:</b>	<b>STATE:</b>
<b>ZIP CODE:</b>			
<b>APPLICATION TYPE (One application required for each license)</b>			
<input type="checkbox"/> New Application	<input type="checkbox"/> Annual Renewal	<input type="checkbox"/> Change in Operations	<input type="checkbox"/> Change in License/Ownership
<b>LICENSE TYPE (Check one)</b>			
<b>Cultivation – any activity involving the planting, growing, harvesting, drying, curing, grading, or trimming of cannabis.</b>			
<input type="checkbox"/>	Cultivator-Specialty Cottage - Indoor (Type 1C-Canopy up to 500 ft <sup>2</sup> )		PE 3410
<input type="checkbox"/>	Cultivator-Specialty - Indoor (Type 1A-Canopy 500 ft <sup>2</sup> - 5,000 ft <sup>2</sup> )		PE 3411
<input type="checkbox"/>	Cultivator-Small - Indoor (Type 2A-Canopy 5,001 ft <sup>2</sup> - 10,000 ft <sup>2</sup> )		PE 3412
<input type="checkbox"/>	Cultivator-Medium - Indoor (Type 3A-Canopy 10,001 ft <sup>2</sup> - 22,000 ft <sup>2</sup> )		PE 3413
<input type="checkbox"/>	Cultivator-Specialty Cottage - Mixed Light (Type 1C-Canopy up to 2,500 ft <sup>2</sup> )		PE 3420
<input type="checkbox"/>	Cultivator-Specialty - Mixed Light (Type 1B-Canopy 2,501 ft <sup>2</sup> - 5,000 ft <sup>2</sup> )		PE 3421
<input type="checkbox"/>	Cultivator-Small - Mixed Light (Type 2B-Canopy 5,001 ft <sup>2</sup> - 10,000 ft <sup>2</sup> )		PE 3422
<input type="checkbox"/>	Cultivator-Medium - Mixed Light (Type 3B-Canopy 10,001 ft <sup>2</sup> - 22,000 ft <sup>2</sup> )		PE 3423
<input type="checkbox"/>	Processor		PE 3430
<input type="checkbox"/>	Nursery (Type 4) clones, immature plants, seeds		PE 3435
<b>Distribution – the procurement, sale, and transport of cannabis and cannabis products between licensees.</b>			
<input type="checkbox"/>	Distributor-wholesale (Type 11-Warehouse/Transport)		PE 3440
<input type="checkbox"/>	Distributor-wholesale (Type 11 – Transport Only)		PE 3441
<input type="checkbox"/>	Distributor-wholesale (Type 11 – Transport Only Self-Distribution)		PE 3442
<b>Manufacturing – the extraction process, infusion process, packaging and labeling processes; processing, preparing, holding, and storing of cannabis products. Processing, preparing, holding, or storing of components and ingredients.</b>			
<input type="checkbox"/>	Manufacturer 1-Nonvolatile Extraction (Type 6) Uses nonvolatile solvents only (Carbon dioxide, ethanol).		PE 3470
<input type="checkbox"/>	Manufacturer 2-Volatile Extraction (Type 7) Uses volatile solvents (propane, butane).		PE 3471
<input type="checkbox"/>	Manufacturer-Shared Use		PE 3472
<b>Retailer – for the retail sale and delivery of cannabis or cannabis products to customers from a licensed premise.</b>			
<input type="checkbox"/>	Retailer-Non-Storefront Delivery (Type 9)		PE 3480
<input type="checkbox"/>	Microbusiness (Type 12) 3 or More Different License Types (Select Types)		PE 3490
	<input type="checkbox"/> Cultivation area <10,000 square feet <input type="checkbox"/> Distributor <input type="checkbox"/> Level 1 Manufacturer <input type="checkbox"/> Non-Storefront Retailer		
<input type="checkbox"/>	Testing Laboratory (Type 8)		PE 3495

<b>SERVICE REQUEST ID:</b>		<b>FACILITY ID:</b>	
<b>PROGRAM ELEMENT CODE:</b>		<b>PROGRAM RECORD ID:</b>	

<b>BUSINESS INFORMATION</b>			
LEGAL BUSINESS NAME:			
BUSINESS PHYSICAL ADDRESS:	CITY:	STATE:	ZIP CODE:
BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
BUSINESS LOCATION PHONE:	BUSINESS LOCATION EMAIL ADDRESS:	ASSESSOR'S PARCEL NUMBER:	PLANNING APPLICATION NUMBER:
LAST NAME (SOLE PROPRIETORSHIP ONLY):		FIRST NAME (SOLE PROPRIETORSHIP ONLY):	
BUSINESS TITLE (SOLE PROPRIETORSHIP ONLY):			
BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:		
BUSINESS ENTITY STRUCTURE:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Trust
<input type="checkbox"/> Sovereign Entity	<input type="checkbox"/> Other (specify):		
Is this applicant business entity a foreign corporation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Attach Foreign Corporation's Certificate of qualification issued by the California Secretary of State per Corporations Code, Section 2105.	
Is this applicant business entity a cannabis cooperative association per Business and Professions Code, Chapter 22?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Attach List of members of the cannabis cooperative association. Name of Association:	

<b>DESIGNATED RESPONSIBLE PARTY</b>			
DESIGNATED RESPONSIBLE PARTY LAST NAME:	RESPONSIBLE PARTY FIRST NAME:	RESPONSIBLE PARTY BUSINESS TITLE:	
RESPONSIBLE PARTY MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
RESPONSIBLE PARTY RELATIONSHIP TO BUSINESS:	PHONE NUMBER:	EMAIL ADDRESS:	
<b>CONTACT #1</b>			
CONTACT LAST NAME:	CONTACT FIRST NAME:	CONTACT BUSINESS TITLE:	
CONTACT MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT RELATIONSHIP TO BUSINESS:	PHONE NUMBER:	EMAIL ADDRESS:	
<b>CONTACT #2</b>			
CONTACT LAST NAME:	CONTACT FIRST NAME:	CONTACT BUSINESS TITLE:	
CONTACT MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT RELATIONSHIP TO BUSINESS	PHONE NUMBER:	EMAIL ADDRESS:	

**COMMERCIAL CANNABIS LICENSE APPLICATION  
PART B – OWNER INFORMATION**

<b>LEGAL BUSINESS NAME:</b>			
<b>BUSINESS PHYSICAL ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>

<b>OWNER INFORMATION</b>	
Complete the information below for each owner as defined in 4-10005(o).	Total Number of Legal Owners:

<b>OWNER # _____ of _____</b>			
<b>OWNER LEGAL LAST NAME:</b>	<b>OWNER LEGAL FIRST NAME:</b>	<b>BUSINESS TITLE:</b>	
<b>PHONE NUMBER:</b>	<b>EMAIL ADDRESS:</b>	<b>DATE OWNER ACQUIRED INTEREST:</b>	<b>% OF OWNERSHIP:</b>

<b>OWNER CANNABIS FINANCIAL INTERESTS - List all state issued cannabis license(s) the owner holds an ownership or financial interest in. Attach additional.</b>					
TYPE OF LICENSE	LICENSE NUMBER	ISSUED BY	TYPE OF LICENSE	LICENSE NUMBER	ISSUED BY

<b>DISCLOSURES</b>		
Provide the information below for all convictions and attach a detailed description of the offense for which you were convicted. (4-10011(a)(b))		
Date of Conviction:	Code Section:	Type of Conviction: (felony or misdemeanor)
Date(s) of Incarceration:	Date(s) of Probation:	Date(s) of Parole:
Date of Conviction:	Code Section:	Type of Conviction: (felony or misdemeanor)
Date(s) of Incarceration:	Date(s) of Probation:	Date(s) of Parole:

<b>OWNER ATTACHMENTS</b>	
<input type="checkbox"/>	Copy of government issued identification.

<b>OWNER DECLARATIONS</b>	
1.	I understand that I am responsible for knowing and complying with all California state and local laws and regulations applicable to commercial cannabis.
2.	I understand I am responsible for compliance with subsequent updates to cannabis laws and regulations.
3.	I hereby declare the information contained within and attached to this application is complete, true, and accurate.
4.	I understand a misrepresentation of fact is cause for rejection of this application, denial of the license, or revocation of an issued license

<b>OWNER SIGNATURE:</b>	<b>DATE:</b>
<b>PRINT NAME:</b>	

<b>SR ID:</b>	<b>FACILITY ID:</b>
<b>PE CODE:</b>	<b>PROGRAM RECORD ID:</b>

**COMMERCIAL CANNABIS LICENSE APPLICATION  
PART C – CHECK LIST**

Use this checklist to prepare the required documents and information needed to apply for a commercial cannabis license.

<b>All Commercial Cannabis License Types:</b>	
	Complete and submit the Commercial Cannabis License Application Part A for the Business Information.
	Complete and submit the Commercial Cannabis License Application Part B for the Owner Information. <b>Complete one form for each owner.</b>
	Property Owner's Statement of Consent*
	Site Plan*
	Floor Plan*
	Waste Management Plan/Waste Destruction Plan*
	Odor Control Plan*
	Security Plan* <b>(Signed off by the Sheriff's Office)</b>
	Background Check* <b>(Signed off by the Sheriff's Office)</b>
<b>Cultivation/Nursery License Types:</b>	
	Pesticide Plan* <b>(Signed off by the Agriculture Commissioner's Office)</b>
	Property Diagram (CDFA required attachment) <b>TO SCALE</b>
	Lighting Diagram (CDFA required attachment) <b>TO SCALE</b>
	Premises Diagram (CDFA required attachment) <b>TO SCALE</b>
<b>Processor License Types:</b>	
	Premises Diagram (CDFA required attachment) <b>TO SCALE</b>
	Property Diagram (CDFA required attachment) <b>TO SCALE</b>
<b>Distributor License Types:</b>	
	Premises Diagram (BCC required attachment) <b>TO SCALE</b>
	Transportation Procedures Form (BCC required attachment)
	Inventory Procedures Form (BCC required attachment)
	Non-Laboratory Quality Control Procedure Form (BCC required attachment)
<b>Manufacturing License Types:</b>	
	Premises Diagram (CDPH required attachment) <b>TO SCALE</b>
	Fire Mitigation Plan* <b>(Signed off by the Deputy Fire Warden)</b>
	Standard Operational Procedures (SOPs) (including equipment spec sheets)*
<b>Delivery Retailer License Types:</b>	
	Premises Diagram (BCC required attachment) <b>TO SCALE</b>
	Transportation Procedures Form (BCC required attachment)
	Inventory Procedures Form (BCC required attachment)
	Non-Laboratory Quality Control Procedure Form (BCC required attachment)
	Delivery Procedures (BCC required attachment)
<b>Testing Laboratory License Types:</b>	
	Premises Diagram (BCC required attachment) <b>TO SCALE</b>
	Transportation Procedures Form (BCC required attachment)
	Inventory Procedures Form (BCC required attachment)
	ISO/IEC 17025 Accreditation (BCC required attachment)
<b>Microbusiness License Types: Minimum of 3 Different License Types (REFER TO ABOVE FOR APPLICABLE TYPES)</b>	

\*Refer to the *Attachment Summary* for more information on these requirements.

**CDFA**-California Department of Food and Agriculture    **CDPH**-California Department of Public Health    **BCC**-Bureau of Cannabis Control

## **COMMERCIAL CANNABIS LICENSE APPLICATION Attachment Summary**

### **The following is required for ALL License Types:**

#### **Property Owner's Statement of Consent**

Provide a notarized written statement from the property owner granting permission to use the property for each commercial cannabis license type under application, specifying the business name, street address and parcel number.

#### **Site Plan**

Provide a copy of the Site Plan that will be submitted for the Use Permit Application, at the Community Development Department. A site plan should be a detailed scaled plan that includes any cultivation sites, all buildings, structures, driveways, parking lots, landscape areas, wells, septic systems and boundaries. The site plan must be professionally prepared by a licensed civil engineer or architect.

#### **Floor Plan**

Provide a scaled floor plan for each level of each building that makes up the cultivation site, including dimensions, entrances and exits, interior partitions, walls, rooms, windows, and doorways.

All applicable cannabis activities must include the following on the plan: storage, batch sampling, loading/unloading of shipments, packaging and labeling, extraction, cultivation, or processing.

If the premises is on a property that will contain two or more licensed premises, it shall clearly show the designated entrances and walls under the exclusive control of the applicant for the premises, as well as the entrances and walls for each additional premises. All common areas must be labeled on the plan, such as lobbies, bathrooms, hallways and breakrooms, if applicable.

#### **Waste Destruction/Management Plan**

Provide a waste management plan that includes how cannabis will be stored onsite, destroyed (rendering it unrecognizable and unusable), and disposed of or composted. Include any waste hauler (solid waste and hazardous waste) and permitted solid waste and hazardous waste facilities. All waste disposal must comply with all local and state laws.

#### **Odor Control Plan**

Provide a detailed plan describing how the applicant will prevent all odors generated from escaping the buildings. Show the location on a floor plan of where the equipment will be installed and include equipment specification sheets.

### **Security Plan**

***The San Joaquin County Sheriff's Department will be approving the following security plan and all requests for supplemental information may come directly from them.***

Provide a security plan that includes the following:

- A sample of the Employee Identification cards including each employee's name and picture that the business will create and provide to all employees to be worn by employees at all times they are on site
- The size, type and location of a perimeter fence (chain link with privacy slats or netting/solid construction)
- Surveillance equipment (1080p quality with DVR or cloud based back-up)
- Alarm system (comprehensive & professionally monitored)
- Onsite armed security guards (licensed)
- Lighting plan (exterior & perimeter)
- After hours emergency contacts

The security plan will be evaluated from a public safety perspective intended to address the safety of the public, deputies, and employees alike.

### **Background Check**

*A background check application will be given to the applicant at time of submission. It must be completed for each owner and submitted to San Joaquin County Sheriff's office. The application will run an initial criminal history report to start the background check (which may take several months). If the initial criminal history report is approved you must return the sign off to the Environmental Health Department within 10 days to complete this portion of the application.*

All owners will undergo a background check and the application may be denied based on the totality of circumstances in which ANY owner has been convicted within the last 5 years of any felony involving trafficking, manufacturing, or cultivation a federally controlled substance or crime(s) of violence, weapon violation(s), and/or criminal conviction(s) which indicate a propensity to abuse positions of trust within an organization and the community such as theft, embezzlement and/or fraud.

## **The Following plans are only required for specific License Types:**

### **Cultivation License-Additional Plan Requirements**

#### **Pesticide Plan**

*The San Joaquin County Agricultural Commissioner's Office will be approving the following pesticide plan and all requests for supplemental information may come directly from them.*

Provide a pesticide plan that includes details of all planned pesticide use for ALL agricultural activities conducted on this parcel. Identify which pesticides are to be used on cannabis crops. **Also, include the Cal Cannabis Cultivation Licensing Pest Management Plan.**

Any changes to the pesticide plan must notify the county and submit a revised Pesticide Plan prior to implementing changes. A Cultivator Licensee must store all pesticides in an enclosed area with proper warning signs.

### **Manufacturing License-Additional Plan Requirements**

#### **Fire Mitigation Plan**

*The Deputy Fire Warden, of the Community Development Department will be approving the following Fire Mitigation Plan and all requests for supplemental information may come directly from them.*

Provide a Fire Mitigation Plan that identify the following:

- Total amount and storage location of combustible and/or flammable liquids.
- The system or equipment used for the extraction.
- Information on gas detection system components.
- Information of emergency shutoff system.
- Location and types of hazard identification labels and signs.

#### **Standard Operating Procedures (SOP)s**

Provide SOPs for all manufacturing methods and the equipment's specification sheets. Also include cleaning details within the SOPs.