



Greenfield Community Services Department

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Greenfield Community Services Department
599 El Camino Real, Greenfield, CA 93937
Tel: 831-674-5591
Email: msteinmann@ci.greenfield.ca.us

DATE STAMP HERE

MEDICAL MARIJUANA FACILITIES REGULATORY PERMIT APPLICATION FORM

Business Name: _____

Business Primary Contact: _____

Contact Title: _____

Contact's Mailing Address: _____

Phone #: _____ **E-mail:** _____

24-Hour Contact Information: _____

Type of Permit Being Requested: _____

Please select from one of the following categories for which you are applying for a Medical Marijuana Facilities Regulatory Permit Application. A separate application must be completed for each category type in which you are submitting for consideration along with a separate fee (Cultivation, Dispensary, Manufacturing).

- Cultivation
- Dispensary
- Manufacturing
- Please check this box to indicate whether there are other related applications

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Medical Marijuana Facility in Greenfield, Ordinance No. 515 and additional requirements in order to complete the application process. All these documents can be found on the City of Greenfield webpage: www.ci.greenfield.ca.us

Phase II

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

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. 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:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or 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

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ **Date:** _____

Attachments:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or 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

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or 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 accommodate signatures of all Medical Marijuana Business Principals.

1. List whether, the applicant(s) has 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, such other licenses and or permits relating to similar business activities as in the permit application. If yes, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

2. List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, 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 explanation if necessary)

Section B: Business Organization Status

1. Describe the Medical Marijuana Business organizational status:

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: Medical Marijuana Business Description and Location

1. Statement of Purpose of Medical Marijuana Business (a separate sheet may be attached):

2. Proposed Location of Business: _____

3. Name and address of property owner: _____

4. Name and address of school closest to Proposed Location: _____

5. Name and address of existing alcohol related establishment closest to Proposed Location:

6. Have you received a Zoning Verification Letter? (Please check the appropriate response)

Yes _____ (If yes, include documentation with this section of the application) No _____

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

- 8. Site plan must be dimensioned and show the entire parcel including parking and additional structures. In addition, please, show elevations and photos of proposed location (Attach to application). If any exterior alterations are proposed for the existing building, also attach proposed site plans (accurate, dimensioned and to-scale [minimum scale of 1/4"] should be included for each potential location and elevations.
- 9. Floor Plans (Attach to application accurate, dimensioned and to-scale [minimum scale of 1/4"] should be included for each potential location). If any interior alterations are proposed for the existing building, also attach proposed floor plans.
- 10. Signage Plan.
- 11. Vicinity Map.
- 12. Photos of the site and building(s).

Section D: Required supplemental information

This information is required for this application to be considered complete. Attach the following reports to the application. For explanation about the information required, see the Implementation Procedures handout and/or Ordinance 515, GMC Chapter 5.28, Section 5.28.290 (Implementation Procedures).

- Business Plan
- Neighborhood Compatibility Plan
- Safety and Security Plan

PHASE III

Section E: Final Location Information

Only one site per application can be considered at this point. Attach proof of ownership of the site OR signed and notarized statement from the owner.

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 read the Description of Evaluation Criteria related to these specific categories in the Implementation Procedures and attach the relative report(s) to the application.

Enhanced Product Safety

Environmental Benefits

Community Benefits

Labor and Employment

Local Enterprise

Qualifications of Principals

Staff use only:

Date of initial application: _____

Number assigned to application: _____

Date fee received for Phase II: _____

Date application reviewed for Phase II: _____

Points Awarded in Phase II: _____

Continued to Phase III Denied

Date fee received for Phase III: _____

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

Date application reviewed for Phase III: _____

Approved Denied

Date fee received for Phase IV: _____

Date application reviewed for Phase IV: _____

Approved Denied