

City of Merced Commercial Cannabis Business Application Package - Retail Sales

Your initial application packet must include five (5) hardcopies of everything required below plus any attachments required. You must also have all documents in PDF format on a CD-drive or DVD.



Included

Section 1

- ☐ A signed copy of the Merit Based Selection Criteria form along with supporting documentation.
- ☐ Confirmation of License Type Requested (one per application).

Section 2

- ☐ Site Plan, including all requested attachments.

Section 3

- ☐ Business 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.
- ☐ 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.
- ☐ The mailing address of the applicant.
- ☐ The physical address of the premises.
- ☐ The phone number of the premises (if available).
- ☐ 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.

Section 5

- ☐ Evidence of Legal Right to Occupy.

Section 6

- ☐ Signed Affidavit(s)
- ☐ A complete list of every person with over 5% 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.
- ☐ Signed indemnification agreement.

Section 7

- ☐ Applicant Certification Letter saying all information contained on all application documents is true and accurate and agreeing to participate in paying a pro-rata share of the cost for a ballot measure to create a specific tax for commercial cannabis businesses (Section 7)

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 Merced Development Services Department.



Cannabis Business Application

DEVELOPMENT SERVICES DEPARTMENT

678 West 18th Street

Merced, CA 95340

Phone: (209) 385-6858

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

Section 1- Specific Activity Requested

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

- ☐ Commercial Retail Medical Cannabis Sales with Delivery
- ☐ Commercial Retail Medical Cannabis Sales without Delivery
- ☐ Commercial Retail Adult Use Cannabis Sales with Delivery
- ☐ Commercial Retail Adult Use Cannabis Sales without Delivery
- ☐ Commercial Retail Combined Medical/Adult Use Cannabis Sales with Delivery
- ☐ Commercial Retail Combined Medical/Adult Use Cannabis Sales without Delivery

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. If the proposed premises 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:
 - ☐ 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 refuse areas
 - ☐ Designated area(s) for harvested cannabis storage
 - ☐ Designated parking spaces, including disabled parking
 - ☐ Location/Distance from public transportation stops or facilities
 - ☐ Photographs of the exterior of the building including the entrance(s), exit(s), street frontage(s), signage, and parking area.
 - ☐ Zoning Verification from the City of Merced Planning Department – either a Zoning Verification Letter (ZVL) or a receipt showing payment for Use Permit.
 - ☐ Evidence of appropriate buffer from sensitive uses (per City of Merced Regulatory Ordinance).

Section 3 – Business Operations and Security Plan

General Description

☐ A description of the operating hours of the facility.

☐ Estimated number of employees.

Records and Inventory

☐ A description of how and where inventory will be kept, including the specific manner of securing the inventory, and how records will be maintained.

☐ Check if additional documentation is attached

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

☐ Check if additional documentation is attached

☐ A description of the auditing methods for product and financial transactions.

☐ Check if additional documentation is attached

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

☐ Check if additional documentation is attached

Records and Inventory (Cont.)

- ☐ A description of applicant's practices for ensuring all cannabis goods are properly packaged and labeled prior to retail sale.

☐ Check if additional documentation is attached

- ☐ A description of applicant's practices for ensuring a licensed testing laboratory samples and analyzes cannabis goods held by the applicant.

☐ Check if additional documentation is attached

- ☐ A description of applicant's practices for preventing deterioration of any cannabis goods held by applicant, including any practices for responding to product recalls.

☐ Check if additional documentation is attached

- ☐ A description of applicant's practices for transfer/transport of cannabis products to and from premises.

☐ Check if additional documentation is attached

- ☐ A description of method(s) that will be used to dispose of unused cannabis.

☐ Check if additional documentation is attached

- ☐ A description of any "green" business practices relating to energy and climate, water conservation, and materials/waste storage.

☐ Check if additional documentation is attached

DRAFT FOR DISCUSSION ONLY—WILL BE FURTHER REFINED

Security

- ☐ A description of all security practices including but not limited to any panic buttons, dyes, bulletproof windows, or other.
- ☐ Check if additional documentation is attached

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

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

- ☐ A description of applicant's practices for allowing individuals access to the licensed premises.
- ☐ Check if additional documentation is attached

DRAFT FOR DISCUSSION ONLY—WILL BE FURTHER REFINED

Security (Cont.)

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

- ☐ A description of all employee training programs, including safety programs.
 - ☐ Check if additional documentation is attached

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Neighborhood/Community/Employee Relations

- ☐ A description of all public relations and neighborhood outreach/feedback programs.
☐ Check if additional documentation is attached
- ☐ Will a neighborhood liaison be designated within the business?
- ☐ A description of any community benefits, such as defined contributions to community organizations or charities?
☐ Check if additional documentation is attached
- ☐ Does the business propose to provide health benefits to all employees or is there a timetable for providing them in the future? If so, provide details.
☐ Check if additional documentation is attached
- ☐ A description of hiring practices, including incentives/preferences for City/County of Merced residents to be employed by the business.
☐ Check if additional documentation is attached

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Business Plan/Qualifications of Principals

- ☐ A description of the Business Plan, including an operating budget (including startup costs, labor, utility, equipment, construction, operating costs, etc.), documented sources of capital, and a pro forma.
- ☐ Check if additional documentation is attached

- ☐ A description of any documented agreements with distributors to supply cannabis products to the business.
- ☐ Check if additional documentation is attached

- ☐ A description of the prior experience that the business owners have in operating a verified legal retail cannabis facility.
- ☐ Check if additional documentation is attached

- ☐ A description of the prior experience that the business owners have in operating any legal retail facility (non-cannabis related).
- ☐ Check if additional documentation is attached

- ☐ Are any of the owners...(check if yes):.
- ☐ A military veteran? If so, what branch and how many years? _____
- ☐ A full-time resident of Merced; If so, for how many years _____
- ☐ Qualified as a Disadvantaged Business Enterprise (DBE) as defined by the U.S. Department of Transportation?
- ☐ Check if additional documentation is attached

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Additional Questions for Delivery Services

For applicants who choose to conduct retail delivery services, the following application requirements apply:

- ☐ The applicant's process to ensure driver and patient safety.
 - ☐ Check if additional documentation is attached

- ☐ The applicant's process to verify delivery is to a qualified purchaser and to a qualified location.
 - ☐ Check if additional documentation is attached

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- ☐ The applicant's process to track and maintain communication with the delivery person at all times.
 - ☐ Check if additional documentation is attached

- ☐ The applicant's process to verify deliveries and provide accurate manifests for audit purposes.
 - ☐ Check if additional documentation is attached

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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 Seller's Permit issued by appropriate State of California Agency.
- ☐ Proof of address (DMV –issued ID/driver's license, and/or recent utility bill under Primary's name).
- ☐ Proof of Bond (\$5,000) for destruction of product.
- ☐ 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

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 Merced Municipal Code, should this facility obtain the appropriate Permit. I further understand that I am responsible for, and subject to, enforcement actions regarding any violations and/or nuisance activity that may occur at this property.

Legal Property Owner: _____ **Date:** _____

Name (Please print)

Title:

Signature

Legal Building Owner: _____ **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 Affidavit

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 Merced Municipal Code, should this facility obtain a Permit. I further understand that I am responsible for, and subject to, enforcement actions regarding any violations and/or nuisance activity that may occur at this property.

Property Manager Affidavit (if applicable)

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 Merced Municipal Code, should this facility obtain a Permit. I further understand that I am responsible for, and subject to, enforcement actions regarding any violations and/or nuisance activity that may occur at this property.

Please complete the following information:

- ☐ A complete list of every person with over 5% 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, and 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 must be provided.

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

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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.

By signing and submitting this application, the Applicant agrees to participate in paying a pro-rata share of the cost for a ballot measure to create a specific tax for commercial cannabis businesses. Please check this box to acknowledge that the Applicant had read and understood this provision.

_____ I acknowledge that I have read and understood the above paragraph.

Signature of Applicant

Date _____

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

Staff use only: Application Complete

☐

Staff use only: Application Incomplete

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