



City of Nevada City

Planning Department
317 Broad Street, Nevada City CA 95959

Phone: 530-265-2496

Email: Amy.Wolfson@NevadaCityCA.gov

Staff Use

Fee: \$ _____

Date Paid: _____

MEDICAL CANNABIS BUSINESS PERMIT APPLICATION FORM (dispensary applicants, use other specific application form)

Please submit a minimum of **five (5) bound hard copies** and **one (1) digital copy** (usb drive or CD) of all application material.

Check business type being proposed. If multiple types are proposed, each type will need to be distinctly addressed in the supplemental documentation and on this form. A separate form may be submitted if it will help provide clarity.

___ Manufacturing

___ Testing

___ Cultivation

___ Transportation

___ Testing Laboratory

___ N/A Dispensary (use separate form)

Business Name: _____

Business Primary Contact: _____

Contact Title: _____

Contact's Mailing Address: _____

Phone#: _____ E-mail: _____

24-Hour Contact Information: _____

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Medical Cannabis Business in Nevada City, Ordinance No. 2017-06 and additional requirements in order to complete the application process. All these documents can be found on the Nevada City webpage: www.NevadaCityCA.gov

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

(Add more pages as necessary to accommodate signatures of all Medical Cannabis Business 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:

___ If business will operate as a collective/cooperative provide 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 2X2)

___ Copy of Social Security Card

___ Copy of Driver's License, OMV 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:

___ If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

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___ Picture of applicant (two passport quality photographs 2X2)

___ Copy of Social Security Card

___ Copy of Driver's License, OMV 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/Partner History:

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 Cannabis 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 Cannabis Business Description and Location

1. Statement of Purpose of Medical Cannabis Business (a separate sheet may be attached, labeled Section C.1):

2. Proposed Location of Business: _____

3. Name and address of property owner: _____

4. Name and address of school(s) and/or public park(s) closest to Proposed Location: _____

5. Have you received a Zoning Verification Letter? (Please check the appropriate response)
Yes _____ (If yes, include documentation with this section of the application) No _____

6. Description of neighborhood around the proposed location surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or residents), transit access to site, etc. A separate sheet may be attached and labeled Section C.6.

7. Site plan must be dimensioned and show the entire parcel including parking and additional structures [recommended scale of **1"= 20'**]. In addition, please attach elevations and photos of proposed location. If any exterior alterations are proposed for the existing building, also attach a proposed site plan that is accurate, dimensioned and to-scale for each potential location and include elevation details. The scale should accommodate an accurate site plan on a sheet of paper no larger than 11X17.

8. Floor Plans shall be attached and shall be accurate, dimensioned and to-scale [recommended scale of **1/4"= 1'**] for each potential location. If any interior alterations are proposed for the existing building, also attach proposed floor plans. The scale should accommodate an accurate floor plan on a sheet of paper no larger than 11X17.

9. Signage Plan.

10. Vicinity Map.

11. 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.

- Business and Parking Plan**
- Neighborhood Compatibility Plan**
- Safety and Security Plan**
- Environmental Benefits (Water/Energy Efficiency Measures)**
- Community Benefits**
- Labor and Employment**
- Local Enterprise**
- Qualifications of Principals**

STAFF USE ONLY:

Date of initial application: _____

File Number assigned to application:

Date fee received _____

Date application reviewed for completeness:

Complete

Incomplete

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

Date application reviewed by Planning Commission: _____

Approved

Denied