



City of Nevada City

Planning Department
317 Broad Street, Nevada City CA 95959

Phone: 530-265-2496

Email: Amy.Wolfson@NevadaCityCA.gov

MEDICAL CANNABIS DISPENSARY PERMIT 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.
Initial application deadline is **August 31, 2017 by 5 p.m. (P.S.T)**

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

STAFF USE ONLY:		
Fees	Date Paid	staff initials
Phase 1 \$2,461.33	_____	_____
Phase 2 \$1,773.40	_____	_____
Phase 3 \$2,091.27	_____	_____
Phase 4 \$4,140.30	_____	_____

Phase II

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 (OMV-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)

___ 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 (OMV-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. For explanation about the information required, see the Implementation Procedures handout.

- Business and Parking 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 (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 for Phase : _____

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