



100 Civic Center Plaza
 Lompoc, CA 93436
 (805) 736-1261 www.cityoflompoc.com

OFFICE USE ONLY	
CCU No.	
Application Submittal Date	
Deposit	\$ _____
Accepted By	

COMMERCIAL CANNABIS USE LICENSE APPLICATION

Pursuant to Lompoc Municipal Code Chapter 9.36

Upon receipt of a completed application and payment of the application fee, the City Manager or his/her designee shall investigate the information contained in the application to determine whether the applicant shall be issued the requested permit. The purpose of the review is to ensure the commercial cannabis activity will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing commercial cannabis activities, including, without limitation, the Compassionate Use Act as set forth in California Health & Safety Code section 11362.5, the Medical Marijuana Regulation and Safety Act of 2015, the Adult Use of Marijuana Act and the Medical Marijuana Program Act, as set forth in the California Health and Safety Code section 11362.7 *et seq.* and Lompoc Municipal Code Chapter 9.36 and Lompoc City Council Resolutions No. 6147(17) and 6148(17). This application is in addition to any other application or other process for a business tax certificate, waste discharge permit or other City or State requirement needed to conduct business within the City. **The City will accept payment for deposit in a cashier's check or credit card (3.75% service charge will be assessed for all credit card transactions). Cash will not be accepted for payment.**

Certain information submitted with this application is not required to be disclosed pursuant to the Public Records Act.

A SEPARATE COMPLETE APPLICATION IS REQUIRED FOR EACH COMMERCIAL CANNABIS ACTIVITY TO BE CONDUCTED
 (When completed, please return 1 original, 3 copies and 1 flash drive in .pdf format to the City Clerk.)

PROPOSED LOCATION: _____

LEGAL DESCRIPTION (A.P.N.): _____

EXISTING LAND USE OF PROPOSED LOCATION: _____

EXISTING ZONING OF PROPERTY: _____

Is the property located within 1,000 hundred feet of an existing K-12 school, day care center or youth center?

Yes ___ No ___

Is the property located within 600 hundred feet of an existing K-12 school, day care center or youth center?

Yes ___ No ___

A. APPLICANT INFORMATION (must be the individual who will own and operate/control the subject commercial cannabis business):

APPLICANT: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

Date of Birth: _____ SSN# _____

PERSON(S) WITH FINANCIAL INTEREST IN BUSINESS

NAME: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

Date of Birth: _____ SSN# _____

(Attach additional sheets as necessary)

If State license issued for the commercial cannabis use related to this application is to be held by other than the Applicant, then provide the name of that entity to whom that State license will be issued and what position of control the Applicant has of that entity:

NAME OF ENTITY: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

Title of position of control over that entity held by the Applicant: _____

Proof of that position: _____

(Attach additional sheets as necessary)

B. PROPERTY OWNER CONSENT:

In the event the applicant is not the legal owner of the subject property contemplated by this application, the application must be accompanied with a "COMMERCIAL CANNABIS USE LICENSE APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT" stating and acknowledging a commercial cannabis activity will be operated on the subject property contemplated by this application and containing the notarized signature from the legal owner of the property.

If the applicant is the legal owner of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form satisfactory to the City Manager or Economic Development Director/Assistant City Manager.

PROPERTY OWNER: (If not applicant) _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

(Attach additional sheets as necessary)

C. ANY OTHER CANNABIS BUSINESS CURRENTLY OPERATED BY THE APPLICANT (if none, then mark N/A)

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(Attach additional sheets as necessary)

D. ANY OTHER CANNABIS BUSINESS IN WHICH A PERSON WITH A FINANCIAL INTEREST IN THE PROPOSED CANNABIS BUSINESS ALSO HAS A FINANCIAL INTEREST OR OPERATED WITHIN THE LAST FIVE YEARS (if none, then mark N/A)

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(Attach additional sheets as necessary)

E. ANY OTHER BUSINESSES OPERATED BY APPLICANT WITHIN THE LAST FIVE YEARS (if none, then mark N/A)

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

EMAIL ADDRESS: _____

(Attach additional sheets as necessary)

F. APPLICANT'S EMPLOYMENT/SELF-EMPLOYMENT WITHIN THE LAST FIVE YEARS (if none, then mark N/A)

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(Attach additional sheets as necessary)

G. LITIGATION IN WHICH THE APPLICANT OR ANY PERSON WITH A FINANCIAL INTEREST IN THE CANNABIS BUSINESS HAS BEEN INVOLVED WITHIN THE LAST FIVE YEARS (if none, then mark N/A)

Case Name, Number and Court it was Filed _____

Case Name, Number and Court it was Filed _____

Case Name, Number and Court it was Filed _____

(Attach additional sheets as necessary)

H. WITHIN THE LAST FIVE YEARS, HAS ANY OTHER BUSINESS OPERATED BY THE APPLICANT OR ANY PERSON WITH A FINANCIAL INTEREST IN THE PROPOSED CANNABIS BUSINESS BEEN INVESTIGATED BY A GOVERNMENTAL ENTITY OR THE PERMIT/LICENSE FOR THAT BUSINESS BEEN REVOKED OR SUSPENDED

Yes ___ No ___

If yes, then please give details:

(Attach additional sheets if necessary)

I. BUSINESS OPERATIONS:

Type of Commercial Cannabis Business to be conducted _____

(If a dispensary, then will cannabis smoking be permitted on-site ____ Yes ____ No)

Days/Hours of Operation: _____

Delivery Service to be provided: ____ Yes ____ No

Hours of Delivery Service: _____

Names of all persons to be regularly engaged in the operation of the proposed commercial cannabis business (*i.e.*, supervisors, managers, employees, volunteers and contractors)

1. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

2. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

3. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

4. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

5. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

6. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

(Attach additional sheets if necessary)

J. AN ODOR ABATEMENT PLAN DEPICTING ODOR CONTROL DEVICES AND TECHNIQUES TO PREVENT ODORS FROM BEING DETECTABLE OFF-SITE MUST BE SUBMITTED WITH THIS APPLICATION AND SHALL MEET THE REQUIREMENTS SET FORTH IN THE CITY'S GENERAL PLAN.

(Attach additional sheets as necessary)

K. PROCEDURES FOR IDENTIFYING, MANAGING AND DISPOSING OF CONTAMINATED, ADULTERATED, DETERIORATED OR EXCESS CANNABIS PRODUCT

(Attach additional sheets as necessary)

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- L. PROCEDURES FOR (i) INVENTORY CONTROL TO PREVENT DIVERSION OF CANNABIS AND CANNABIS PRODUCT, (ii) QUALITY CONTROL PROCEDURES, (iii) EMPLOYEE SCREENING, (iv) STORAGE OF CANNABIS AND CANNABIS PRODUCT, (v) PERSONNEL POLICIES, (vi) RECORD KEEPING PROCEDURES FOR FINANCE, TESTING, AND ADVERSE EVENT RECORDING. (NOTE: The City considers these not disclosable public records.)

(Attach additional sheets as necessary)

M. PROPOSED SOURCES OF CANNABIS AND CANNABIS PRODUCTS TO BE SOLD OR USED AT THE PROPOSED COMMERCIAL CANNABIS BUSINESS

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

(Attach additional sheets as necessary)

N. PROPOSED SUPPLY CHAIN (LOCATIONS WHERE CULTIVATION, PROCESSING AND MANUFACTURING) OF CANNABIS AND CANNABIS PRODUCT TO BE SOLD OR USED AT THE PROPOSED COMMERCIAL CANNABIS BUSINESS

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

NAME: _____ **PHONE NO.:** _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(if different from above)

STATE LICENSE #: _____

(Attach additional sheets as necessary)

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- O. PROCEDURES TO BE UTILIZED AT THE FACILITY INCLUDING (i) A DESCRIPTION OF HOW CHEMICALS AND FERTILIZERS WILL BE STORED, HANDLED, USED AND DISPOSED OF, (ii) MANUFACTURING METHODS AND (iii) THE TRANSPORTATION PROCESS INCLUDING THE NUMBER/TYPE OF VEHICLES TO BE USED IN THE CANNABIS BUSINESS. (NOTE: The City considers these not disclosable public records.)

(Attach additional sheets as necessary)

P. SITE PLAN DEPICTING PROPERTY LINES, BUILDING FOOTPRINTS (INCLUDING SQUARE FOOTAGE), SETBACKS, PARKING AREAS, PERIMETER FENCING AND A FLOOR PLAN OF THE COMMERCIAL CANNABIS BUSINESS DENOTING THE PROPERTY LINES AND THE LAYOUT OF ALL AREAS AND USES OF THE COMMERCIAL CANNABIS BUSINESS INCLUDING STORAGE, CULTIVATION, MANUFACTURING, TESTING, DISTRIBUTING, RECEPTION/WAITING, AND ALL ANCILLARY SUPPORT SPACES, AND THE RELATIONSHIP OF THE FACILITY TO ADJACENT PROPERTIES AND LAND USES

(Attach additional sheets as necessary)

Q. OPERATIONS AND SECURITY PLANS (NOTE: The City considers these not disclosable public records.)

(Attach additional sheets as necessary)

R. STANDARD OPERATING PROCEDURES DETAILING (i) HOW OPERATIONS WILL COMPLY WITH STATE LAWS AND LOCAL LAWS AND REGULATIONS, (ii) HOW SAFETY WILL BE ENSURED, (iii) PRODUCT RECALL PROCEDURES AND (IV) HOW CASH WILL BE HANDLED AND CASH PAYMENTS MADE TO CITY FOR FEES AND TAXES (NOTE: The City considers these not disclosable public records.)

(Attach additional sheets as necessary)

S. INFORMATION FOR RECYCLING AND WASTE DISPOSAL, INCLUDING PROCESS AND WASH WATER DISPOSAL

NOTE: NO WATER CONTAINING POTENTIAL POLLUTANTS OR OTHER MATERIAL SHALL BE DISCHARGED FROM THE PROPERTY ON WHICH THE BUSINESS IS LOCATED INTO THE STREET, GUTTER, OR STORM DRAIN INLET

(Attach additional sheets as necessary)

T. YOUTH ACCESS RESTRICTION PROCEDURES

(Attach additional sheets as necessary)

U. REQUIRED TESTING, TRANSPORTATION, PACKAGING AND LABELING CRITERIA FOR CANNABIS AND CANNABIS PRODUCTS TO BE SOLD OR USED AT THE PROPOSED COMMERCIAL CANNABIS BUSINESS

TESTING CRITERIA: _____

TRANSPORTATION CRITERIA: _____

PACKAGING CRITERIA: _____

LABELING CRITERIA: _____

(Attach additional sheets as necessary)

V. APPLICANT AUTHORIZATION

I hereby authorize and consent to the City Manager, and his/her designees, to seek verification of the information contained in this application and any attachments.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

W. TERMS AND CONDITIONS

I hereby certify I have reviewed the contents of applicable state law, Chapter 9.36 of the Lompoc Municipal Code and City Council Resolutions No. 6147(17) and 6148(17) and acknowledge, understand, and agree to be bound by each of their terms and conditions, and any amendments thereto, including, but not limited to, payment of all fees and taxes when due.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

X. FURTHER INFORMATION AND INSPECTIONS

I agree to submit any additional and further information as deemed necessary by the City Manager, or his/her designees, in order to process this application.

I further agree, for the purpose of ensuring compliance with local and State laws, to permit the Lompoc City Manager, Police Chief, Fire Chief, Planning Manager and Building Official and each of their designees to conduct reasonable inspections of the proposed commercial cannabis activity, including inspection of:

- Security recordings made by security cameras required by Chapter 9.36 of the Lompoc Municipal Code,
- Security records and files,
- Inventory records and files, and
- Other written records and files pertaining to the proposed commercial cannabis activity.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Y. INDEMNIFICATION AND RELEASE

I release the City of Lompoc, its officers, officials, employees and representatives from any and all claims, injuries, damages and liabilities of any kind, and costs, including reasonable attorneys' fees and court costs (collectively "Damages") arising from (a) any repeal or amendment of Chapter 9.36 of the Lompoc Municipal Code relating to commercial cannabis activity, and (b) any arrest or prosecution of me for violation of local, State or federal laws; and I will defend, indemnify, and hold harmless the City of Lompoc and its officers, officials, employees and representatives from and against any and all claims or actions: (a) brought by any adjacent or nearby property owner or any other party for any Damages arising, directly or indirectly, from operations at the subject property contemplated by this application, and (b) brought by any party for any problems or Damages arising, directly or indirectly, out of the distribution of cannabis produced, dispensed, grown, tested, manufactured or sold at the subject property contemplated by this application.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Z. APPLICANT CERTIFICATION

I certify under penalty of perjury, under the laws of the State of California, I have personal knowledge of the information contained in this application and its attachments, if any, and the information contained herein is true and correct.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____
