



**CANNABIS ACTIVITY PERMIT
APPLICATION PACKET**



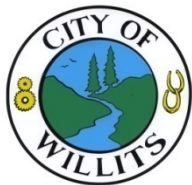
111 E. COMMERCIAL STREET
WILLITS, CALIFORNIA 95490
(707) 459-4601 TEL
(707) 459-1562 FAX

CANNABIS PERMIT APPLICATION

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CANNABIS ACTIVITY PERMIT APPLICATION CHECKLIST



111 E. COMMERCIAL STREET
WILLITS, CALIFORNIA 95490
(707) 459-4601 TEL
(707) 459-1562 FAX

Use this checklist to ensure that required information is included with your application.

Type of Cannabis Activity Permit Requested. Check One Box.

- | | |
|--|--|
| <input type="checkbox"/> Indoor Cannabis Cultivation | <input type="checkbox"/> Cannabis Distribution Facility |
| <input type="checkbox"/> Cannabis Manufacturing | <input type="checkbox"/> Cannabis Packing and Processing |
| <input type="checkbox"/> Cannabis Dispensary | <input type="checkbox"/> Cannabis Infusion |
| <input type="checkbox"/> Cannabis Laboratory or Research | |

Applicant City

- OBTAIN A ZONING VERIFICATION LETTER** – (all applications) Prospective applicants are required to obtain a zoning verification letter from the Community Development Department prior to submitting a Cannabis Activity Permit application to ensure that the proposed project meets zoning and location requirements.
- DOCUMENTATION OF BUSINESS ORGANIZATION** – (all applications)
Sole Proprietor – Provide Fictitious Business Name Statement (if different than owner’s name)
Corporation – Provide Articles of Incorporation and Corporate Bylaws
LLC – Provide Articles of Organization and Operating Agreement
Partnership – Provide Partnership Agreement
- COPY OF STATE LICENSE** – If available, or statement of which license will be obtained. Include copy of state license application and any supporting documents when available.
- CANNABIS ACTIVITY PERMIT APPLICATION FORM** – (all applications)
- SITE PLAN** – (all applications) Provide a scaled site plan. A list of site plan requirements is provided in the application.
- FLOOR PLAN** – (all applications) Provide a professional, detailed and scaled floor plan for each level of each building that makes up the business and include the use of each area. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all walls, partitions, counters, windows, areas of ingress and egress, and limited access areas. Your plan may be for a proposed operation, provided the information is accurate and reflects the intended final, complete plan for the operation once licensed. If your physical premises are under construction at the time of application, you must communicate any changes from the submitted plan prior to scheduling a site visit and inspection. Part of the site visit and inspection will be verification that the submitted floor plan actually matches the completed construction, and unapproved deviations could result in delay of issuance or denial of the Cannabis Activity Permit.
- PRE-LICENSE OPERATIONAL PLAN** – (all applications) The Operational Plan must contain as much detail as possible on the day-to-day operations of the business and how it will operate in accordance with City Code, state law, and other applicable regulations. The plan must include a detailed description of how the business will handle cash, track inventory and sales of cannabis and cannabis products, and a plan for transporting cannabis and cannabis products to and from the site.

Applicant City

- ODOR PLAN** – (all applications) Provide a detailed Odor Plan describing the air treatment and ventilation system and other methods that will be implemented to prevent cannabis related odors generated by the project from being detected outside the building(s). The odor mitigation system must prevent all cannabis odors generated from the business from being detected by a reasonable person of normal sensitivity outside the building.
- SECURITY PLAN** – (all applications) In an attached document provide a detailed preliminary Security Plan for the proposed business consistent with City Code Section 17.85.050(16). All security plans require approval from the Willits Police Department. As the Security Plan may contain sensitive information pertaining to the proposed business it will be sent directly to the Police Department for their review, and it will not be made available to the public. For Dispensary applications, please see additional information required for Dispensary security plans.
- WASTE MANAGEMENT PLAN** – (all applications) Provide a Waste Management Plan that addresses how hazardous waste as defined in Section 40141 of Public Resources Code, and solid waste, as defined in Section 40191 of Public Resources Code, including any cannabis waste will be disposed of. Applicant shall make cannabis into cannabis waste by rendering the cannabis unusable and unrecognizable by grinding and incorporating the cannabis with other ground material so that the resulting mixture is at least 50 percent non-cannabis material by volume.
- WASTEWATER DISCHARGE CHARACTERISTIC SURVEY** – (all applications) Complete the attached Wastewater Discharge Characteristic Survey. Pretreatment of wastewater may be required prior to discharge into City sewer system.
- WATER MANAGEMENT PLAN** – (Cultivation Permits only) Provide plan demonstrating how irrigation water will be recycled to the maximum extent feasible using best management practices.
- ENGINEERING TECHNICAL REPORT** – (Manufacturing Permits only) All processing and analytical testing devices used for Cannabis Manufacturing Facilities must be UL listed, or otherwise approved for the intended use by the City's Building Official and the Little Lake Fire Department. The applicant is required to hire a City-approved third-party company to prepare a technical report that reviews all extraction rooms and equipment used in the manufacturing process for safety purposes. It is the responsibility of the engineer to justify how the system meets the local and state Fire Code and any other national standards as a basis of design, including an analysis/description of every component of the system. Please contact the Community Development Department for a list of pre-qualified third-party companies.
- BACKGROUND INFORMATION FORMS** – (all applications) completed for all business owners, managers and employees. Must be submitted with Live Scan.
- LIVE SCANS** – (all applications) Required for all business owners, applicants, potential employees and any person who may be a facility manager or otherwise responsible for the activities of the cannabis business. Contact the Willits Police Department to schedule an appointment, 125 E. Commercial Street, Suite 150 Willits, CA 95490, telephone (707) 459-6122. A separate fee is required for Live Scan services. Only use the Live Scan form provided by the City of Willits. The form is available on the City website or by contacting the Community Development Department.
- LIABILITY INSURANCE** – (all applications) The applicant must provide proof of commercial general liability insurance in the amounts and types prescribed by the City and name the City as an additional insured on all such insurance policies. The applicant must also submit copies of endorsements and certificates of all other insurance related to the operation of the Cannabis Activity business.
- TITLE REPORT** for the property issued within the last 60 days – (all applications)

Applicant City

- CALIFORNIA SELLER'S PERMIT** – (Dispensary Permits only) NOTE: The Seller's Permit must be issued to the proposed business site.
- INDEMNIFICATION AGREEMENT** – (all applications)
- AFFIDAVIT** – (all applications) To be signed by the applicant in the presence of Community Development Department staff.
- INFORMATION RELEASE FORM** – (all applications) Authorization for the City Manager or his/her designee to seek verification of the information contained within the application.
- PROPERTY OWNER AUTHORIZATION FORM** – (if applicable)
- AGENT AUTHORIZATION FORM** – (if applicable)
- APPLICATION FEES** – (see attached Cannabis Activity Permit Fee Schedule)

THE FOLLOWING INFORMATION IS REQUIRED FOR DISPENSARY PERMITS ONLY

NOTE: Pursuant to City Code Section 17.85.110 (A)(3) no more than three (3) cannabis dispensaries shall be permitted to obtain a Dispensary Permit and operate within the City at any given time. The Dispensary selection procedures are provided in City Code Section 17.85.120. See the attached Cannabis Dispensary Addendum for more information.

The Cannabis Dispensary Selection Committee will rank all qualified applications in order of those that satisfy the requirements of Chapter 17.85 and provide the highest level of service and opportunities for residents of the City based on the following criteria ("merit list"):

- DISPENSARY OPERATIONAL PLAN** – (Dispensary Permits only) See Pre-License Operational Plan on page one of this application checklist.
- DISPENSARY SECURITY PLAN** – (Dispensary Permits only) The security plan must include a description and detailed schematic of the overall facility security. It must have details on operational security, including but not limited to general security policies for the dispensary, employee specific policies, training, sample written policies, transactional security, visitor security, third party contractor security, and delivery security. In particular, applications must address ingress and egress access, perimeter security, product security (at all hours), internal security measures for access (area specific), types of security systems (alarms and cameras), and security personnel to be employed. Security plans will not be made available to the public.
- NEIGHBORHOOD COMPATIBILITY PLAN** – (Dispensary Permits only) The application must describe how the Dispensary, including its exterior areas and surrounding public areas, will be managed so as to avoid becoming a nuisance or negatively impacting its neighbors and the surrounding community.
- BUSINESS PLAN** – (Dispensary Permits only) The Business Plan must include a budget for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operation costs. The business plan must also include a schedule for beginning operation, including a narrative outlining any proposed construction and improvements and a timeline for completion. The business plan must include a financial plan for at least three years of operation.

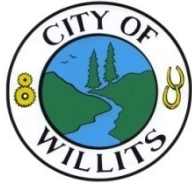
Applicant City

- EXPERIENCE AND KNOWLEDGE OF THE OPERATORS OF THE FACILITY** – (Dispensary Permits only) The applicant must provide information concerning any special business or professional experience, qualifications or licenses that would add to the number or quality of services that the business would provide, especially in areas related to medical cannabis, such as scientific or healthcare fields.

- ADEQUACY OF CAPITALIZATION FOR THE FACILITY AND ITS OPERATORS** – (Dispensary Permits only) The applicant must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs as identified in the business plan, as well as a description of the sources and uses of funds. Proof of capitalization must be in the form of documentation of liquid assets on hand, Letters of Credit, or other equivalent assets.

- FINAL LOCATION, Proof of ownership or lease agreement** – (Dispensary Permits only) The applicant must describe the proposed location of the Dispensary, all confronting and abutting uses, accessibility, and nearby sensitive uses.

- ENHANCED PRODUCT SAFETY** – (Dispensary Permits only) The applicant must state how the Dispensary will provide enhanced consumer safety of cannabis products.



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CANNABIS ACTIVITY PERMIT APPLICATION FORM

Type of Cannabis Activity Permit Requested. Check One Box.

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Adult Use | <input type="checkbox"/> Medical Use | <input type="checkbox"/> Both |
| <input type="checkbox"/> Cannabis Manufacturing | <input type="checkbox"/> Cannabis Distribution Facility | |
| <input type="checkbox"/> Cannabis Dispensary | <input type="checkbox"/> Cannabis Packing and Processing | |
| <input type="checkbox"/> Cannabis Laboratory or Research | <input type="checkbox"/> Cannabis Infusion | |
| <input type="checkbox"/> Indoor Cannabis Cultivation | <input type="checkbox"/> Industrial Hemp | |
| <input type="checkbox"/> Indoor Cannabis Nursery | | |

For Cannabis Manufacturing Permit Only: Type of Solvents to be Used

Volatile Solvents – Limited to the use of solvents that have been approved by the State Department of Public Health for type 7 level 2 cannabis manufacturing. For purposes of this section "volatile solvents" shall include solvents described in paragraph (3) of subdivision (b) of Section 11362.3 of the Health and Safety Code.

Nonvolatile Solvents – Limited to the use of only nonvolatile solvents that have been approved by the State Department of Public Health for type 6 cannabis manufacturing.

For Cannabis Cultivation Permit Only: Canopy Size of Indoor Cultivation Site

No more than 5,000 sq. ft. Up to 10,000 sq. ft. Up to 22,000 sq. ft.

Nursery – indoor up to one acre.

Business Organization

Sole Proprietor Partnership LLC Corporation

Business Name and Business Owner(s)

Business Name _____

Business Owner(s) _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____

Email _____

Applicant Information

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____
Telephone _____ Mobile _____
Email _____

Property Owner Information

Property Owner(s) _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ Mobile _____
Email _____

Authorized Agent/Representative

Name _____
Mailing Address _____
City: _____ State _____ Zip: _____
Telephone _____ Mobile _____
Email _____

Community Relations Representative

Name _____ Position or Title _____
Mailing Address _____
Telephone _____ Mobile _____
Email _____

Quality Control Officer

Name _____ Position or Title _____
Mailing Address _____
Telephone _____ Mobile _____
Email _____

Property Information

Site Address _____
Assessor's Parcel NO(s) _____
Zoning _____ Total Property Size in Acres _____

Current and Proposed Use of Existing Buildings

Are there any structures or buildings on the project site? YES [] NO []

If yes, how many? _____

Building square footage _____

Current Use of Existing Structure(s)? _____

Proposed building square footage (if addition/renovation is proposed) _____
Proposed Use of Existing Structure(s)?

Proposed New Construction

Number of new buildings proposed _____ Total proposed new building square footage _____
Proposed building height (Measured from ground to highest point) _____ ft. _____ # of floors
Proposed Use of New Structure(s)?

Property Characteristics

Does your site contain any natural **drainage** ways? YES [] NO []
Does your site contain any **wetland** areas or areas where water pools during rainy season? YES [] NO []
Are there any **easements** crossing the site? (i.e. access, utilities, drainage, etc.) YES [] NO []
If yes, describe the easement(s) below and also identify them on the Site Plan _____

Project Information

Proposed Hours of Operation

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Number of Shifts _____ Estimated number of employees per shift _____
Will there be a business representative onsite during all facility operating hours? YES [] NO []

Signage: The location, type and size of any proposed signs are indicated on the submitted plans. YES [] NO []

Parking

Is there parking onsite? YES [] NO []
If yes, how many spaces are provided? _____
How many proposed onsite spaces will be provided? _____
Are you proposing any offsite parking? YES [] NO []
If yes, provide plan showing location, size and number of spaces.

Will Edible Cannabis Products be prepared at the proposed business site? YES [] NO []
If yes, describe the type of products in the attached Operations Plan.

Estimated Annual Gross Sales \$ _____

NOTE: Please see additional Cannabis Activity Permit submittal requirements listed in the **Cannabis Activity Permit Application Checklist**.

Reminder to All Applicants

All cannabis business license applications, except financial and proprietary information, become a matter of public record and shall be regarded by the City as public records. The City shall not in any way be liable or responsible for the disclosure of any such records or portions thereof if the disclosure is made pursuant to a request under the Public Records Act.

Signatures

Under penalty of perjury, I declare that this application and all attachments are true, correct, and complete to the best of my knowledge. I have read, understand, and will ensure compliance with the provisions of the Willits Municipal Code and all laws, rules, and regulations which govern my cannabis business license application and business operation. I consent to entry and inspection of the premises by the City of Willits Community Development Official, and I acknowledge that a Cannabis Activity Permit does not authorize, or provide immunity or defense to, any activity prohibited under federal law, statute, rule or regulation.

Applicant Name _____

Applicant Signature _____ Date _____

OFFICE USE ONLY

Date Application Submitted _____ Application Number _____

Received by _____

Application Fee amount paid \$ _____ Date Received _____ Form of Payment _____

SITE PLAN REQUIREMENTS

Your application for a Cannabis Activity Permit must include a detailed 11" x 17" (or larger) Site Plan for the proposed project showing the entire parcel and denoting the use of all areas on the parcel. If the proposed project consists of only a portion of the property, the plans must be labeled indicating which part of the property is for the proposed business and what the remaining property is used for. The information shown on the Site Plan must be legible and drawn to scale.

The Site Plan(s) must show the following:

1. Property owner's name, property address and Assessor's Parcel Number(s) (APNs)
2. Applicant(s) name(s)
3. Property site address
4. Legal parcel configuration clearly shown with all property boundaries, dimensions and acreage
5. Map Scale
6. North Arrow
7. Locations and types of lighting that will be used to illuminate any outdoor areas
8. Locations of any outdoor storage areas such as storage areas for fuel, raw materials, solid waste recycling, hazardous waste, or cannabis waste
9. Existing and proposed buildings, parking spaces, delivery areas, loading/unloading areas, and other features
10. Location of any proposed landscaping including any appurtenant irrigation systems
11. Location, type, and size of any proposed signage

Structures

12. All existing and proposed structures clearly labeled with use and distance from property lines
13. Square footage for all existing and proposed buildings, including any proposed additions
14. Fences and retaining walls (indicate height and materials of construction)

Utilities

15. Utility lines and public utility easements (power, water, sewer, etc)

Roadways

16. Show location, size and number of parking spaces.
17. Adjacent streets, both public and private, and any access easements
18. Access to the site from the nearest public road

Water Sources

19. Water wells with distances to any structures, septic systems and property lines
20. Water storage tanks (include size) and distance to property lines

Site/Habitat Conditions

21. Location and identification of drainage courses, creeks, etc.
22. Flood Plain/Flood Way
23. Wetland/Riparian Area

Note: Upon submission and review staff may request more information before processing the application. Failure to include any of the required information may result in the rejection of your application, the delay of processing your permit application, or invalidate your approved permit.

WASTEWATER DISCHARGE CHARACTERISTIC SURVEY

This survey is used by the City of Willits as a tool for determining the activities occurring at a Cannabis Facility that is discharging wastewater to the City of Willits collection system. The information collected is used to determine if the characteristics of the wastewater discharge may interfere with operations in the City wastewater treatment plant and decide whether pretreatment is required.

SECTION A – GENERAL INFORMATION

1. Company Name _____ Date _____
2. Site Address _____ Telephone _____
City, State, Zip Code _____
3. Mailing Address _____
City, State, Zip Code _____
4. Responsible Party _____ Telephone _____
5. Emergency Contact _____ Telephone _____

SECTION B – CANNABIS ACTIVITY

Place a check beside the category of cannabis activity being conducted at the facility

- | | |
|--|---|
| <input type="checkbox"/> Indoor Cannabis Cultivation | <input type="checkbox"/> Cannabis Laboratories and Research |
| <input type="checkbox"/> Cannabis Manufacturing | <input type="checkbox"/> Cannabis Packaging and Processing |
| <input type="checkbox"/> Cannabis Dispensary | <input type="checkbox"/> Cannabis Infusion |
| <input type="checkbox"/> Cannabis Distribution | |

Provide a description of the commercial processes, manufacturing, or business activities to be performed at the site _____

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is any water discharged to the sewer other than from restrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are floor drains installed in any other area other than restrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any sinks other than hand sinks installed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any solvents or hazardous materials used or stored at your facility? |

SECTION C – FACILITY OPERATIONS & WASTEWATER DISCHARGE INFORMATION

Use additional sheets if necessary to answer questions in Section C.

Inputs/Product List: List all nutrients, pesticides, chemicals, and products used and the application rate for each product (attach a separate sheet if necessary):

<u>Name</u>	<u>Reason for Use</u>	<u>Application Rate</u>	<u>Quantity</u>	<u>Gal/lbs/day</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

On a separate sheet, list the ingredients for each product listed above, or provide a legible image of the ingredient list from each product used and its Material Safety Data Sheet (MSDS).

INDUSTRIAL FLOWS to sewer (wastewater producing operations except from restrooms)

<u>Process Description</u>	<u>Discharge (GPD)</u>
_____	_____
_____	_____
_____	_____

Pretreatment Methodology (e.g. interceptor, pH adjustment, silver recovery, etc.)

Hazardous Material Stored (include oils, transmission fluids, solvents)

<u>Hazardous Material</u>	<u>Quantity</u>	<u>Gal/lbs/day</u>	<u>Spill Contained</u>
_____	_____	_____	[] No [] Yes
_____	_____	_____	[] No [] Yes
_____	_____	_____	[] No [] Yes
_____	_____	_____	[] No [] Yes
_____	_____	_____	[] No [] Yes

What by-products go to hazardous waste storage? (stored on-site or hauled off-site)

_____	Transportation Co _____
_____	EPA Generator No _____
_____	Schedule of Waste Hauling _____
_____	Quantity of Waste Hauled _____

Describe spill containment program. Include measures taken to prevent accidental spills to the sewer system.

The remaining questions pertain ONLY to process wastewater generated from cannabis activities. DO NOT include information on sanitary wastewater (e.g. restrooms).

Provide wastewater discharge flows for the facility. Indicate whether the flow type from the process is continuous (C), batch (B) or if there is no wastewater discharge for the process (NA) with the appropriate letter:

<u>Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Flow Type</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the raw materials used or planned for use in the processes.

_____	_____
_____	_____
_____	_____
_____	_____

SECTION D – CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name _____ Signature _____

Title _____ Date _____

RETURN THE COMPLETED FORM TO:

City of Willits Community Development Department
111 E. Commercial Street
Willits, CA 95490

For City Use Only: Application # _____

CANNABIS ACTIVITY PERMIT APPLICATION
EMPLOYEE/MANAGER/OWNER BACKGROUND INFORMATION FORM

Applicant Information

Name as Shown on Application _____
Last Name First Name Middle Name

Employer Information

Name of Business: _____

Business Address: _____

Business Email: _____

Business Telephone: _____

Applicant Information

Last 4 of Social Security Number _____

Last Name on Social Security Card _____

First Name on Social Security Card _____

Middle Name on Social Security Card _____

California Driver's License

Last Name on CA Driver's License _____

First Name on CA Driver's License _____

Middle Name on CA Driver's License _____

Date of Birth _____ Sex _____ Race _____ Height _____

Weight _____ Hair Color _____ Eye Color _____

Home address (No P.O. Boxes) _____

List any other names you have ever used _____

Country of Birth _____ State or Province of Birth _____

Languages Spoken _____

Previous Residences – List all previous home addresses in the past 5 years. Attach additional sheets if needed.

Address City State Zip Code

Address City State Zip Code

Address _____ City _____ State _____ Zip Code _____

Address _____ City _____ State _____ Zip Code _____

Previous Employment

Name of Business _____

Business Address _____

Business Telephone _____ Business Email _____

Name of Business _____

Business Address _____

Business Telephone _____ Business Email _____

Name of Business _____

Business Address _____

Business Telephone _____ Business Email _____

Unfair Business Practices

For any Applicant or Managing Member, please list any and all unlawful, fraudulent, unfair, or deceptive business acts or practices. Attach a separate document if necessary.

1. _____

2. _____

3. _____

4. _____

Criminal History – List all arrests or convictions other than infractions for traffic violations. If additional space is needed, attach additional sheets to the application. **Note:** Any false statements, misleading statements or omissions on this application or the Cannabis Permit shall be grounds for disqualification.

Arrest Date _____

Arresting Agency / Location / Court Name

Charge / Reason for Arrest

Disposition (What was the outcome of the case: Were you sentenced? Did you have to pay a fine?
Probation? Parole? etc.)

Arrest Date _____

Arresting Agency / Location / Court Name

Charge / Reason for Arrest

Disposition (What was the outcome of the case: Were you sentenced? Did you have to pay a fine?
Probation? Parole? etc.)

Arrest Date _____

Arresting Agency / Location / Court Name

Charge / Reason for Arrest

Disposition (What was the outcome of the case: Were you sentenced? Did you have to pay a fine?
Probation? Parole? etc.)

Arrest Date _____

Arresting Agency / Location / Court Name

Charge / Reason for Arrest

Disposition (What was the outcome of the case: Were you sentenced? Did you have to pay a fine?
Probation? Parole? etc.)

Has the applicant previously operated in any other city, county, or state under a similar license or permit? YES [] NO [] If yes, give details below or in an attached document.

I declare under the penalty of perjury, under the laws of the State of California and the City of Willits, that the foregoing is true and correct to the best of my knowledge.

Applicant's Signature

Job Title (Position on the Application)

Date

City Staff Use Only

Date/Time _____ \$ Fee Amount Paid _____ \$ Receipt # _____

City Staff's Name and Department _____

Live Scan Form

See the fillable PDF Live Scan Form for the Willits Police Department on the City of Willits Cannabis Activity Program Website:

<http://cityofwillits.org/240/Cannabis-Activity-Program>

AGREEMENT TO INDEMNIFY, DEFEND AND RELEASE THE CITY OF WILLITS

_____ (Applicant), hereby agrees to release, indemnify, defend and hold harmless the City of Willits, its agents, officers, elected officials, and employees to the maximum extent permitted by law from any and all actions or other legal proceeding, claims, injuries, damages, or liabilities of any kind arising from or related to (a) the denial, issuance, revocation, or renewal of the subject permit application; (b) applicant’s permitted or unpermitted commercial cannabis activities within the City of Willits; (c) any repeal or amendment of chapter 17.85 of the Willits Municipal Code; (d) the adoption, amendment or repeal of any regulation adopted by the City in furtherance of chapter 17.85 of the Willits Municipal Code; and (e) any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws. The Applicant understands and agrees that the use, possession, cultivation, manufacture, transportation, distribution and sale of cannabis and cannabis products is illegal under federal law and that those who engage in commercial cannabis activities do so at their own risk of criminal prosecution.

Applicant further understands and agrees that its duty to indemnify, defend and hold harmless the City pursuant to this agreement extends to and includes any and all claims or actions: (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the site of the subject permitted activity, and (b) brought by any party for any problems, injuries, damages, claims of nuisance or other liabilities of any kind arising out of the use, possession, cultivation, manufacturing, testing or distribution of cannabis at the site of the permitted activities.

Applicant further agrees to reimburse the City for any court costs and attorney fees that the City may incur in connection with any action, claim or other legal proceeding subject to this agreement. The City may select any attorney it deems appropriate, to represent the City in the City’s exclusive discretion. Reimbursement of costs and fees, as set forth herein, shall be made payable to the “City of Willits” within thirty (30) days of written request for same. Failure of Applicant to make payment of reimbursement, as set forth herein, shall be grounds for revocation, or non-renewal in the City’s discretion, of the permit to operate a cannabis facility in the City.

This agreement may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

Declaration of Authorized Agents:

This form must be signed by each owner/shareholder or managing member of the Applicant.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that I am duly authorized to enter into this Indemnity on behalf of Applicant.

(Signature)

(Printed Name & Title)

(Date)

(Signature)

(Printed Name & Title)

(Date)



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WILLITS, CALIFORNIA 95490
(707) 459-4601 TEL
(707) 459-1562 FAX

CANNABIS PERMIT APPLICATION

AFFIDAVIT

By affixing my signature to this affidavit, I hereby declare that:

1. I have submitted an application to the City of Willits Community Development Department for a Cannabis Activity Permit pursuant to City of Willits Code Chapter 17.85.
2. I affirm that my application packet for a Cannabis Activity Permit pursuant to City of Willits Code Chapter 17.85 either meets the requirements to obtain such a permit or that I am actively in the process of fulfilling such requirements.
3. All Cannabis Activities conducted by me, my agents or employees shall be conducted in conformance with the requirements of City of Willits Code Chapter 17.85 and the Medicinal and Adult-use Cannabis Regulation and Safety Act (MAUCRSA).
4. All cannabis or cannabis products under my control or the control of my agents or employees, and created or cultivated pursuant to City of Willits Code Chapter 17.85 and MAUCRSA, will be distributed within the State of California.

I declare under penalty of perjury under the laws of the State of California, that the information provided on this affidavit is true and correct and that I am authorized to sign on behalf of the entity listed below.

Affiant Signature _____

Printed Name _____

Official Representative signing for all members of _____

Date _____

Department Use Only:

Parcel # _____

Application # _____

(Affix Seal Here)



Note: This document must be completed by the applicant at the Community Development Department.

INFORMATION RELEASE FORM

The undersigned, on behalf of _____, hereby authorize the City of
(Name of Applicant)

Willits, by and through its appropriate officers, agents and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Willits, its officers, agents and employees for the purpose of determining the capability, fitness and capacity of the above named Corporation to obtain a Cannabis Activity Permit.

The applicant by signing this Information Release Form consents to service of any notice required or provided for by the laws, rules, regulations, or ordinances of the City of Willits upon the person(s) at the address listed for applicant. Service of notice as provide herein will constitute sufficient and legal notice, unless said applicant listed an attorney of record and/or agent for service of process, with sufficient contact information.

The applicant consents and agrees that full compliance will be made with all applicable State laws and City ordinances governing the conduct of the particular type of activity for which the Cannabis Activity Permit is requested. The applicant by signing this Information Release Form understands that any incomplete or false information may constitute grounds for denial.

This form MUST be signed by each applicant Management Member.

(Signature of Management Member)	(Printed Name & Title)	(Date)
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(Signature of Management Member)	(Printed Name & Title)	(Date)
----------------------------------	------------------------	--------

(Signature of Management Member)	(Printed Name & Title)	(Date)
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This release may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____, 20____, at Willits California.

**PROPERTY OWNER AUTHORIZATION FOR INSPECTION
AND RIGHT TO OPERATE A CANNABIS BUSINESS**

I _____, am the legal owner of real property located at
(Name of Property Owner)

_____, in Willits, California,
(Physical Address of Property)

APN _____, or, the title owner is a trust or business entity named,

(Name of trust or business)

and I have been duly authorized to represent such trust or business entity for the purposes of executing this document.

I authorize the Cannabis Business entitled _____
(Applicant: Corporation/LLC/Partnership/Sole Owner)
to operate a cannabis business at the property, as that term is defined in state law and the City of Willits Municipal Code, for the specific use(s) of

(Land use(s) set forth in the Cannabis Activity Permit Application – i.e. manufacturing, infusion, etc.)
set forth in the Cannabis Activity Permit Application submitted to the City of Willits by
_____ and allow the City of Willits to enter the
(Applicant: Corporation/LLC/Partnership/Sole Owner)

property for inspection of the property. I further understand that as the legal owner of the property, I am responsible for any violation or nuisance activity which may occur at this property. I declare under penalty of perjury that the foregoing information is true and correct. Executed this

_____ day of _____, at Willits, California.
(day) (month) (year)

(Signature of legal owner) (Printed Name & Title) (Date)

(Signature of legal owner) (Printed Name & Title) (Date)

(Signature of legal owner) (Printed Name & Title) (Date)

AGENT AUTHORIZATION FORM

If you are a property owner and want to authorize a person or entity to act on your behalf, complete this form. All signatures must be completed.

Project Description _____

Street Address _____

Assessor Parcel No. _____

Property Owner Name(s) _____

As the owner(s) of the property described below, I authorize the following person to act as my agent for the property identified on this form:

Signature of Property Owner

Date

Printed Full Legal Name of Property Owner

Attach additional property owner signatures, dates, and printed full legal names to this form.

Authorized Agent Name _____

Company _____

Street Address _____

City _____ State _____ Zip Code _____

CANNABIS DISPENSARY ADDENDUM

CANNABIS DISPENSARY STANDARDS

A Cannabis Dispensary within the City shall be in conformance with the following standards:

1. **No cannabis dispensary shall be established, developed, or operated within six hundred (600) feet of a school. All distances shall be measured in a straight line, without regard to intervening structures, from the nearest point of the building or structure in which the cannabis dispensary is, or will be located, to the nearest property line of a school.**
2. **A Cannabis Dispensary is a permitted use only on properties within the Limited Industrial (ML), Heavy Industrial (MH), Industrial Park (I-P) and Heavy Commercial (C2) zoning designations.**
3. No more than three Cannabis Dispensaries shall be permitted to obtain a Dispensary Permit and operate within the City at any given time. **Should the City receive more than three eligible Dispensary applications, a selection process pursuant to Willits Municipal Code Section 17.85.120 shall be initiated.**
4. **A Cannabis Dispensary shall be limited in size to no larger than three thousand, five hundred (3,500) square feet while at no time allowing the public dispensing area to exceed one thousand, five hundred (1,500) square feet.**
5. A Cannabis Dispensary shall only be allowed upon application and approval of a Dispensary Permit.
6. Only one Dispensary Permit may be possessed or used by the same person or entity, including the representatives, agents, parent entities, or subsidiary entities of that person or entity.
7. Only one Dispensary Permit will be issued per Legal Parcel.
8. All Cannabis Dispensary Facilities shall install odor control systems to ensure that odors from the Facility are not detectable from the outside of the Facility. Failure to control odors from being detectable from outside the Facility shall be grounds for revocation of the Dispensary Permit.
9. Public hours of operation of Cannabis Dispensary Facilities shall be restricted between the hours of 9:00 a.m. Pacific Time and 9:00 p.m. Pacific Time each day.
10. A Cannabis Dispensary shall only accept shipments of Cannabis goods between the hours of 6:00 a.m. Pacific Time and 9:00 p.m. Pacific Time each day. During public business hours, any shipment of Cannabis goods accepted by the Cannabis Dispensary shall not enter the Premises through an entrance that is available for use by the public to enter or exit the Premises.
11. A Cannabis Dispensary shall meet all the operating criteria for the dispensing of Cannabis as is required pursuant to Health and Safety Code Section 11362.5 and any other applicable State law, and as amended.
12. A Cannabis Dispensary shall maintain records of all medical cannabis patients and primary caregivers using only the identification card number issued pursuant to Health and Safety Code Section 11362.71 as a protection of the confidentiality of the cardholders, or a copy of the written recommendation from a physician stating the need for medical cannabis.
13. The original copy of the permit issued by the City of Willits pursuant to Chapter 17.85 and the business license issued by the City of Willits pursuant to the Willits Municipal Code shall be posted inside the Dispensary in a location readily-visible to the public.
14. The owner and/or operator of a Cannabis Dispensary shall prohibit loitering by persons outside the Dispensary both on the Premises and within fifty (50) feet of the Premises.

15. A mobile delivery service may operate within the City limits only as a part of and in conjunction with a Cannabis Dispensary permitted within the City limits and pursuant to State law and this section.
 - a. A list of the names and cellular telephone contact numbers for all employees of a Cannabis Dispensary mobile delivery service shall be provided to the Chief of Police or his/her designee. Such list shall at all times be kept current and up to date. All drivers must be at least 21 years of age at the time of Dispensary Permit application submittal.
 - b. Listing of all vehicles and devices to be used for delivery of cannabis or cannabis product within the City, which includes the vehicle's make, model, year, license plate number and vehicle identification number.
 - c. Delivery services must operate within the same hours as the associated Cannabis Dispensary public hours of operation.
16. Entrances into the Cannabis Dispensary shall be locked at all times with entry strictly controlled. A "buzz-in" electronic/mechanical entry system shall be utilized to limit access to and entry to the Dispensary to separate it from the reception/lobby area. Individuals must show identification in order to gain access into the Dispensary sales area.
17. Security personnel shall be employed to monitor site activity, control loitering and site access.
18. All products sold by a Cannabis Dispensary Facility must be labeled in compliance with the MAUCRSA, Business and Profession Code section 19347, and the labeling requirements outlined by the State Department of Public Health.
19. All finished products sold by a Cannabis Dispensary Facility must be packaged in child resistant containers prior to leaving the Facility or as otherwise required in accordance with the MAUCRSA, Business and Profession Code section 19347, the State Department of Public Health regulations, and other applicable State laws.
20. All cannabis products sold must be tested by a qualified third-party testing Facility prior to distribution to the public as required by the MAUCRSA, Business and Professions Code section 19342, and the State Department of Public Health regulations.

INFORMATION ABOUT THE DISPENSARY PERMIT SELECTION PROCESS

Introduction

The Dispensary Permit Selection Process is adopted pursuant to Willits Municipal Code Chapter 17.85. The competitive process and criteria below will be used for determining which Dispensaries may fill any unoccupied slots under the City's 3-dispensary cap, adopted in 2017 and codified in Willits Municipal Code Section 17.85.110.

Summary of the Process

- A. Dispensary Permits shall be awarded by the City to eligible Dispensary Permit applicants in order of the Merit List as established by the Community Development Director or his/her designee. No more than three Cannabis Dispensaries shall be permitted to obtain a Dispensary Permit and operate within the City at any given time.
- B. Oversight Committee. The City shall create a Cannabis Dispensary Selection Committee to review Dispensary Permit applications. The Cannabis Dispensary Selection Committee shall be appointed by the City Council and shall consist of five total members including the Code Enforcement Officer, Community Development Director, Chief of Police, and two at-large appointments.

- C. The Cannabis Dispensary Selection Committee shall have full authority to review all proposed applications when deciding which entities will receive Dispensary Permits as outlined herein.
- D. The Cannabis Dispensary Selection Committee shall rank all qualified applications in order of those that best satisfy the requirements of Chapter 17.85 and provide the highest level of service and opportunities for residents of the City based on the requirements of Chapter 17.85 and the following criteria ("Merit List"):
 - 1. The Dispensary Operational Plan for the Facility.**
 - 2. The Security Plan for the Facility.**
 - 3. The Neighborhood Compatibility Plan for the Facility.**
 - 4. The Business Plan for the Facility.**
 - 5. The experience and knowledge of the operators of the Facility.**
 - 6. The adequacy of capitalization for the Facility and its operations.**
 - 7. Final location (proof of ownership or lease agreement).**
 - 8. Enhanced product safety.**
- E. Dispensary Permits shall be awarded by the City to eligible Dispensary Permit applicants as ranked by Cannabis Dispensary Selection Committee.

**CANNABIS ACTIVITY PERMIT APPLICATION
PERMIT FEES**

Initial Permit Fees. The following fees apply to Initial Permit Application:

Cultivation Permit : Class A (up to 5,000 sq. ft.)	\$3,943
Class B (up to 10,000 sq. ft.)	\$7,886
Class C (up to 22,000 sq. ft.)	\$17,350
Dispensary Permit:	\$14,459
Distribution Permit:	\$10,410
Infusion Permit:	\$2,429
Laboratory and Research Permit:	\$3,470
Manufacturing Permit:	\$17,530
Packaging and Processing Permit:	\$9,254

Renewal Permit Fees. The following fees apply to a Permit Renewal Application:

Cultivation Permit: Class A (up to 5,000 sq. ft.)	\$3,863
Class B (up to 10,000 sq. ft.)	\$7,727
Class C (up to 22,000 sq. ft.)	\$17,000
Dispensary Permit:	\$14,167
Distribution Permit:	\$10,200
Infusion Permit:	\$2,380
Laboratory and Research Permit:	\$3,400
Manufacturing Permit:	\$17,000
Packaging and Processing Permit:	\$9,067

At the discretion of the Community Development Director, a fee based on time and materials may be charged in lieu of the Initial Permit Fee or Application Renewal Fee for very small projects that do not require other permits and/or minimal staff review.

Cannabis Activity Land Use Table

Zone	Type												
	(A)	(RE)	(R1)	(R2)	(R3)	(CO)	(C1)	(C2)	(ML)	(MH)	(IP)	(PF)	(OS)
Indoor Cannabis Cultivation													
Cannabis Manufacturing													
Cannabis Dispensary (Limit of 3)													
Cannabis Laboratories and Research													
Cannabis Distribution													
Cannabis Packing and Processing													
Cannabis Infusion													

Legend:	Permitted	Not Allowed
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(A)	Agricultural
(C1)	Community Commercial
(C2)	Heavy Commercial

(CO)	Administrative Office
(IP)	Industrial Park
(MH)	Heavy Industrial

(ML)	Limited Industrial
(OS)	Open Space
(PF)	Public Facility

(RE)	Residential Estates
(R1)	Single-family residence
(R2)	Residential-medium Residence

(R3)	Multiple Residence
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