



City of Arvin

200 Campus Drive, P.O. Box 548

Arvin, CA 93203

Telephone: (661) 854-3134; www.arvin.org

OFFICE USE ONLY	
Case No.	
Application Submittal Date	
Fee	
Accepted By	

COMMERCIAL CANNABIS PERMIT APPLICATION Pursuant to Chapter 17.64 of the City of Arvin Municipal Code

DIRECTIONS: Complete the below application in its entirety, attaching additional documents and sheets as required or necessary. When application is complete, submit completed application with all supplemental documentation to the City of Arvin City Manager or his or her designee.

Check one only:

Check here if **NEW** Commercial Cannabis Permit

Check here if **RENEWAL** of a Commercial Cannabis Permit

STREET ADDRESS OF PROPERTY SUBJECT TO COMMERCIAL CANNABIS BUSINESS: _____

LEGAL DESCRIPTION OF PROPERTY (INCLUDING A.P.N.): _____

APPLICATION FEE

Attach a check or other acceptable form of payment for the full amount of the application filing fee established by resolution of the Arvin City Council pursuant to Arvin Municipal Code Sections 17.64.040 and/or 17.64.070.

A. APPLICANT AND OWNER INFORMATION:

APPLICANT: _____

Mailing Address: _____ Phone No. _____

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

BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

Mailing Address: _____ Phone No. _____

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

LEGAL REPRESENTATIVE (IF APPLICABLE): _____

Mailing Address: _____ Phone No. _____

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

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT): _____

Mailing Address: _____ Phone No. _____

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

PROPERTY SUB-LESSOR (IF APPLICABLE): _____

Mailing Address: _____ Phone No. _____

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

(Attach additional sheets as necessary)

B. PROPERTY OWNER CONSENT:

In the event that the applicant is not the legal owner of the subject property contemplated by this application, the application must be accompanied by a signed and notarized statement from the owner of the property to demonstrate that the property owner has acknowledged and has consented to the operation of a commercial cannabis business on the property.

If 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 that is satisfactory to the City Manager.

(Attach notarized acknowledgment form or other evidence of legal ownership, as applicable)

C. OFFICER AND EMPLOYEE INFORMATION

1. Provide the printed full name, signature, date of birth, social security number, present address, and telephone number of all persons and entities responsible for the operation of the commercial cannabis business, including managers, corporate officers, investors, any individual with an ownership interest, any member of a board of directors, any general or limited partner, and/or any member of a decision-making body for the commercial cannabis business:

NAME: _____
Mailing Address: _____ Phone No. _____
City, State, Zip: _____ E-Mail: _____
Date of Birth: _____ Social Security Number: ____-__-____
Signature: _____

NAME: _____
Mailing Address: _____ Phone No. _____
City, State, Zip: _____ E-Mail: _____
Date of Birth: _____ Social Security Number: ____-__-____
Signature: _____

NAME: _____
Mailing Address: _____ Phone No. _____
City, State, Zip: _____ E-Mail: _____
Date of Birth: _____ Social Security Number: ____-__-____
Signature: _____

(Attach additional sheets as necessary)

2. List the full names and telephone numbers of all persons to be regularly engaged in the operation of the commercial cannabis business, whether as an employee, volunteer or contractor, including those with management or supervisory responsibilities, to the extent such persons are not named above:

NAME: _____	Phone No: _____
NAME: _____	Phone No.: _____
NAME: _____	Phone No.: _____
NAME: _____	Phone No.: _____
NAME: _____	Phone No.: _____

(Attach additional sheets as necessary)

3. List the full name, e-mail address, and phone number of a liaison who shall be reasonably available to meet and discuss compliance with the requirements of the Arvin Municipal Code, state law and/or any other regulations relating to the commercial cannabis activity.

NAME: _____

Phone No.: _____ E-Mail: _____

4. List the full name and phone number (mobile phone preferred, if available) of an on-site employee or owner to serve as an emergency contact for the City.

NAME: _____ Phone No.: _____

5. List the name, telephone number and email address of a community relations contact to whom notice of problems associated with the commercial cannabis business can be provided.

NAME: _____

Phone No.: _____ E-Mail: _____

6. All employees and independent contractors of the commercial cannabis permit holder must apply for and obtain an employee work permit pursuant to Arvin Municipal Code Section 17.64.090 prior to performing any services for or on behalf of the permit holder. Provide completed and signed employee work permit application forms to the City Manager for all individuals who will be employees or independent contractors of the proposed commercial cannabis business upon commencement of business activities, if and when a commercial cannabis business permit is granted.

D. APPLICANT BACKGROUND INFORMATION

1. List the names and addresses of all businesses operated by, and the employment of, the undersigned applicant, currently and for the five (5) years immediately preceding the date of this application:

BUSINESS NAME: _____ JOB TITLE: _____

STREET ADDRESS: _____ Unit #: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____ JOB TITLE: _____

STREET ADDRESS: _____ Unit #: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____ JOB TITLE: _____

STREET ADDRESS: _____ Unit #: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____ JOB TITLE: _____

STREET ADDRESS: _____ Unit #: _____

CITY: _____ STATE: _____ ZIP: _____

(Attach additional sheets as necessary)

2. Disclose any litigation in which the applicant has been involved within the five (5) years immediately preceding the date of this application.

ADJUDICATING COURT(S): _____

CASE TITLE: _____

CASE NO.: _____

TYPE/DESCRIPTION OF LAWSUIT: _____

ADJUDICATING COURT(S): _____

CASE TITLE: _____

CASE NO.: _____

TYPE/DESCRIPTION OF LAWSUIT: _____

ADJUDICATING COURT(S): _____

CASE TITLE: _____

CASE NO.: _____

TYPE/DESCRIPTION OF LAWSUIT: _____

(Attach additional sheets as necessary)

3. Has any business currently operated by the applicant or operated by the applicant within the five (5) years immediately preceding the date of this application been investigated by any government agency for suspected unlawful activity?

YES NO

If yes, explain: _____

(Attach additional sheets as necessary)

4. Has the permit or license authorizing the operation of any business operated by the applicant been revoked or suspended within the five (5) years immediately preceding the date of this application?

YES NO

If yes, explain: _____

(Attach additional sheets as necessary)

E. BUSINESS INFORMATION: Type of commercial cannabis business (check one):

CULTIVATION TESTING WHOLESALE DISTRIBUTION MANUFACTURING

1. Proposed days and Hours of Operation: _____

2. Legal Form of Business Entity/Ownership structure as filed with California Secretary of State, including state of organization: _____

3. Is the applicant qualified to do business in the State of California according to the California Secretary of State?

YES NO

4. Will the applicant be engaging in any other type of commercial cannabis activity at the subject property other than the type indicated above?

YES NO

If yes, explain: _____

Note: Pursuant to Arvin Municipal Code Section 17.64.060(c)(6), a separate City issued permit is required for each type of commercial cannabis activity. Identify all City-issued commercial cannabis permits pursuant to "Required Submissions" Item 2, below.

5. Does the applicant possess a valid and current City of Arvin business license?

YES NO

(If yes, identify the City-issued business license pursuant to "Required Submissions" Item 2, below.)

6. Does the applicant possess a valid and current State of California cannabis license?

YES NO

(If yes, identify the State-issued cannabis license pursuant to "Required Submissions" Item 2, below.)

REQUIRED SUBMISSIONS

Please attach the following documents to your application.

1. **STANDARD OPERATING PROCEDURES.** Provide the standard operating procedures for proposed commercial cannabis business detailing how operations will comply with state and local regulations, how safety and quality of products will be ensured, and product recall procedures, in accordance with the requirements of Arvin Municipal Code Section 17.64.190(c).
2. **OTHER LICENSES OR PERMITS.** Identify all other licenses or permits for commercial cannabis businesses (including

non-profit organizations), whether for the City of Arvin or for any other licensing or permitting authority: (a) held currently by the applicant; (b) pending approval for the applicant; or (c) denied to, revoked from or suspended for the applicant. If a license or permit has been denied, revoked, or suspended, provide a detailed explanation of the circumstances.

3. **SIGNAGE.** Provide a description of the size, height, colors and design of any signage to be used at the site of the proposed commercial cannabis business, in accordance with applicable state and local laws, including but not limited to Arvin Municipal Code Section 17.64.240(g) [Note: a City of Arvin sign permit issued pursuant to the Arvin Municipal Code is required for signage].
4. **SECURITY PLAN.** Provide a security plan detailing the security measures to be taken, sufficient to comply with all applicable security-related requirements under state and local law, including but not limited to the requirements of Sections 17.64.080 and 17.64.240(x) of the Arvin Municipal Code.
5. **SUPPLY SOURCES.** Provide an overview of the supply sources for all cannabis or cannabis products of the proposed commercial cannabis business. Include the full product supply chain, including the site(s) where cultivation, processing, manufacturing, testing, transportation, packaging and labelling occur.
6. **ODOR CONTROL PLAN.** Provide an odor control plan detailing the odor control devices and techniques to be utilized by the proposed commercial cannabis business to prevent cannabis odors from being detectable off-site, in accordance with the requirements of the Arvin Municipal Code.
7. **RECYCLING AND WASTE DISPOSAL PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for recycling and waste disposal, including procedures for identifying, managing and disposing of contaminated, adulterated, deteriorated or excess medical cannabis product, in accordance with the requirements of the Arvin Municipal Code.
8. **INVENTORY CONTROL PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for inventory control to prevent diversion of cannabis and cannabis product, in accordance with the requirements of the Arvin Municipal Code.
9. **STORAGE PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for storage of cannabis and cannabis product, in accordance with the requirements of the Arvin Municipal Code.
10. **EMPLOYEE SCREENING PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for employee screening to ensure compliance with applicable state and city laws and regulations, in accordance with the requirements of the Arvin Municipal Code.
11. **PERSONNEL POLICIES.** Provide the personnel policies to be used by the proposed commercial cannabis business, in accordance with the requirements of the Arvin Municipal Code.
12. **RECORDKEEPING PROCEDURES.** Provide the recordkeeping procedures to be used by the proposed commercial cannabis business, including procedures for financing, testing and adverse event recording, in accordance with the requirements of the Arvin Municipal Code.
13. **CHEMICAL AND FERTILIZER HANDLING PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for how chemicals and fertilizers will be stored, handled, used and disposed of, in accordance with the requirements of the Arvin Municipal Code.
14. **SITE PLAN AND FLOOR PLAN.** Provide a site plan and floor plan of the commercial cannabis business denoting the property lines and the layout of all areas of the commercial cannabis business including storage, cultivation, manufacturing, testing, distributing, reception or waiting area, and all ancillary support spaces, and the relationship of the facility to adjacent properties and land uses, in accordance with the requirements of the Arvin Municipal Code.
15. **YOUTH ACCESS RESTRICTION PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for restricting youth access to the site in accordance with applicable state and local laws and regulations, in accordance with the requirements of the Arvin Municipal Code.
16. **ENERGY AND WATER USAGE PLAN.** Provide a detailed description of the energy and water usage plan for the

proposed commercial cannabis business, enumerating best practices and leading industry practices in efficient utilization of energy and water, in accordance with the requirements of the Arvin Municipal Code.

- 17. **INSURANCE AND BONDING.** Provide evidence of compliance with all applicable insurance and bonding requirements as required by the Arvin Municipal Code, other applicable local law, and applicable state law.
- 18. **CULTIVATION OR NURSERY OPERATIONS - REQUIRED INFORMATION.** If the proposed commercial cannabis business is a cultivation or nursery business, provide the following information, in accordance with the Arvin Municipal Code:
 - (1) the total square footage of proposed canopy space.
 - (2) an operations plan that meets or exceeds minimum legal standards for water usage, conservation and use; drainage, runoff, and erosion control; watershed and habitat protection; and proper storage of fertilizers, pesticides, and other regulated products to be used on the parcel;
 - (3) a description of the cultivation or nursery business' activities and a schedule of activities during each month of growing and harvesting, or an explanation of the growth cycles and anticipated harvesting schedules for all-season harvesting;
 - (4) a description of a legal water source, irrigation plan, and projected water use for the proposed operation;
 - (5) identification of the source of electrical power for the proposed operation;
 - (6) a compliance plan for the proposed operation with respect applicable building codes and related codes; and
 - (7) a plan for addressing odor and other public nuisances which may arise from the proposed operation.

F. AUTHORIZATION FOR CITY VERIFICATION OF INFORMATION

I hereby authorize and consent to the Chief of Police of the City of Arvin, including his or her designee(s), seeking verification of the information contained in this application and any attachments.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF BUSINESS OWNER(S): _____ DATE: _____

G. TERMS AND CONDITIONS

I hereby affirm and certify that I have reviewed the contents of Chapter 17.64 of the Arvin Municipal Code, and I acknowledge, understand, and agree to be bound by its terms and conditions. I further affirm and certify that I will adhere to all approved plans, procedures and specifications as provided for by Section (D) above.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF BUSINESS OWNER(S): _____ DATE: _____

H. FURTHER INFORMATION

I agree to submit any additional and further information as deemed necessary by the City Manager, including his or her designee(s), in order to process this application.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF BUSINESS OWNER(S): _____ DATE: _____

I. AUTHORIZATION FOR CITY INSPECTIONS

I agree to permit the City Manager and his or her designee to conduct reasonable inspections of the location of the commercial cannabis business, at the discretion of the City, for the purpose of ensuring compliance with local and state cannabis laws and regulations, including but not limited to inspection of security, inventory, and written records and files pertaining to the commercial cannabis business. Further, I hereby agree to pay all reasonable costs, as established within Chapter 17.64 of the Arvin Municipal Code, incurred by the City to obtain judicial authority to enter the commercial cannabis business to conduct an inspection of its operations.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF BUSINESS OWNER(S): _____ DATE: _____

J. CERTIFICATION

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

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF BUSINESS OWNER(S): _____ DATE: _____

CHECKLIST OF SUBMITTAL REQUIREMENTS

(Must be submitted at time of application submittal)

INCOMPLETE APPLICATION SUBMITTALS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION IN ACCORDANCE WITH ARVIN MUNICIPAL CODE SECTION 17.62.170(b)

SUBMITTED		
YES	NO	
1.	_____	_____ <u>Application Fee</u>
2.	_____	_____ <u>Statement of New vs. Renewed Permit</u>
3.	_____	_____ <u>Street Address of Property</u>
4.	_____	_____ <u>Legal Description of Property</u>
5.	_____	_____ <u>Name and Contact Information of Applicant</u>
6.	_____	_____ <u>Name and Contact Information of Business Owner(s), if applicable</u>
7.	_____	_____ <u>Name and Contact Information of Property Owner(s), if applicable</u>
8.	_____	_____ <u>Name and Contact Information of Property Lessor, if applicable</u>
9.	_____	_____ <u>Property Owner's Statement of Consent, if applicable</u>
10.	_____	_____ <u>Required Information of Managers and Responsible Persons</u>
11.	_____	_____ <u>Required Information of Employees</u>
12.	_____	_____ <u>Required Information of Designated Liaison</u>
13.	_____	_____ <u>Required Information of Emergency Contact</u>
14.	_____	_____ <u>Required Information of Community Relations Contact</u>
15.	_____	_____ <u>Employee Work Permit Applications for All Initial Employees/Independent Contractors</u>
16.	_____	_____ <u>Applicant Employment and Business History Information</u>
17.	_____	_____ <u>Applicant Litigation Information</u>
18.	_____	_____ <u>Applicant Business Investigation Information</u>
19.	_____	_____ <u>Applicant Permit/License Revocation/Suspension Information</u>
20.	_____	_____ <u>Statement of Type of Commercial Cannabis Business</u>
21.	_____	_____ <u>Days and Hours of Operation</u>
22.	_____	_____ <u>Statement of Form of Business Entity</u>
23.	_____	_____ <u>Statement of Qualification to do Business in California</u>
24.	_____	_____ <u>Statement of Other Types of Commercial Cannabis Activity to be Engaged in</u>
25.	_____	_____ <u>City Business License Information</u>
26.	_____	_____ <u>State Cannabis License Information</u>
27.	_____	_____ <u>Standard Operating Procedures</u>
28.	_____	_____ <u>Identification of Other Licenses or Permits</u>
29.	_____	_____ <u>Description of Signage</u>
30.	_____	_____ <u>Security Plan</u>
31.	_____	_____ <u>Overview of Supply Sources</u>

- 32. _____ Odor Control Plan
- 33. _____ Recycling and Waste Disposal Procedures
- 34. _____ Inventory Control Procedures
- 35. _____ Storage Procedures
- 36. _____ Employee Screening Procedures
- 37. _____ Personnel Policies
- 38. _____ Recordkeeping Procedures
- 39. _____ Chemical and Fertilizer Handling Procedures
- 40. _____ Floor Plan
- 41. _____ Site Plan
- 42. _____ Youth Access Restriction Procedures
- 43. _____ Energy and Water Usage Plan
- 44. _____ Insurance and Bonding
- 45. _____ Required Information for Cultivation and Nursery Operations (if applicable)
- 46. _____ Applicant Consent to Verification of Information
- 47. _____ Applicant Certification to Review of Municipal Code Terms and Conditions
- 48. _____ Applicant Consent to Further Information
- 49. _____ Applicant Consent to Inspections
- 50. _____ Applicant Indemnification
- 51. _____ Applicant Certification

**COMMERCIAL CANNABIS PERMIT APPLICATION
PROPERTY OWNER'S STATEMENT OF CONSENT**

If the applicant/owner is not the property owner of record of the subject site, the following Statement of Consent must be completed by the property owner of record or the property owner's authorized representative, granting the applicant permission to apply for a commercial cannabis permit. This form must be notarized.

To: City of Arvin
City Manager
200 Campus Drive, P.O. Box 548
Arvin, CA 93203

I, the undersigned legal owner of record, hereby grant permission to:

APPLICANT: _____ **PHONE** _____
:

Mailing Address: _____

to operate a commercial cannabis business on the property described below:

**THE SUBJECT PROPERTY IS
LOCATED AT:** _____

Assessor's Parcel Number: _____

Printed Name of Owner of Record: _____

Address of Owner of Record: _____

Phone: _____ **Email address:** _____

Signature of Owner of Record: _____ **Date:** _____