



CITY OF PALM SPRINGS

Cannabis Related Business and Activities Permit Application

FOR CITY USE ONLY

Application No.:

Date Received (Clerk)

Instructions To The Applicant: The information you provide in this application will be used to determine your eligibility for a cannabis permit.

- It is your responsibility to complete this form, provide all required information, and cooperate with all required field investigations.
- If you are filling out a printed copy of this form, neatly print in blue or black ink. (PLEASE PRINT CLEARLY OR TYPE – ILLEGIBLE APPLICATIONS WILL BE REJECTED)
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, attach additional sheets and identify the additional information by the question number.
- The Certifications, Assurance and Warranties of this form requires notarized signatures.
- The City may ask for additional information in order to process your application.
- A physical site inspection by the Palm Springs Building and Safety Department, Police Department, Fire Department will be required as part of the process.

Submit The Following Documents In Support Of Your Application:

1. **Application Supporting Documents.** Proof of Organizational Status; Proof of Date of Birth (Driver's License, Passport, Birth Certificate, etc.); Applicant Real Estate Interest in Project Location (Grant Deed, Lease, Lease Amendments, etc.); Notarized Documentation of Property Owner's Authorization to Engage in Cannabis Related Business and Activities at Property; and, “To Scale” Diagram of the premises showing, without limitation, a site plan, building layout, all entryways and exits to the facility, loading zones and all areas in which cannabis goods will be stored, grown, or dispensed. Architectural renderings showing the design and appearance of the building, entryway, façade, landscaping, and any other public right-of-way facing features.
2. **Proposed Uses.** A full description of the proposed activities.
3. **Site Plan.** Submit a dimensioned/scaled site plan showing the square footage of all buildings on the site and all parking spaces. If there are multiple tenants or businesses on the site, show the use and square footage of each tenant/business on the site.
4. **Floor Plan.** Submit a dimensioned/scaled floor plan, showing the proposed use of each room and the square footage of each room.
5. **Separation Distance Map – Protected Uses.** Submit a map showing that the proposed cannabis location is not less than 600 feet from a school, public playground or park, day care/child care center, or youth center. All distances shall be measured in a straight line, from the nearest property line on which the cannabis use is located, to the nearest property line of the protected use.
6. **Separation Distance Map – Other Cannabis Facilities.** Submit a map showing that the proposed cannabis location is not less than 500 feet from another cannabis facility. All distances shall be measured in a straight line, from the nearest property line on which the cannabis use is located, to the nearest property line of the cannabis use.

7. **Parking Requirements.** Show on the site plan that the parking requirements are met as required by the Palm Springs Zoning Code.
8. **Odor Control Plan.** Each applicant shall submit an odor control and mitigation plan.
9. **Cannabis Waste Water Disposal Plan.**
10. **Security Plan.** Describe the applicant's procedures for allowing individuals access to the premises. Describe the video surveillance system, include camera placement and maintenance of equipment. Describe how all access points will be secure, including the use of security personnel and a description of the applicant's alarm system.
11. **Standing Operating Procedures.** Include transportation procedures, inventory procedures and quality control procedures.

Application Fee: Payment is due at the time of submission. Payment may be made by credit card, cash, certified check, cashier's check or money order for the application fee made payable to the City of Palm Springs. Application Fees are non-refundable.

• Application	\$ 10,984
• Background fee for each owner/ employee with a twenty percent (20%) or more financial interest	\$ 297(per person)
• Odor Control Plan Review	\$ 720
• Expedited Odor Control Plan Review	\$ 1,440
• Expedited Land-Use Review	\$ 453
• Site Inspection(s) (Building and Fire Departments)	At Cost
• Extra Services	At Cost
• Expedited processing fees for Planning, Building and Fire	At Cost.

Site Inspections and Extra Services will be billed directly by the Department incurring said charges.

Application Materials:

An original and one copy of all materials must be submitted at the time of filing. All applicants must submit, with the exception of site or building plans, as standard, single-sided, 3-hole punched, 8-1/2 x 11 sized pages, in a simple 3-ring binder.

No applications in a "Spiral" or "Comb" type of binding, or stapled documents will be accepted. For larger size materials such as site or buildings plans, submit sheets no greater than 30x42, folded, collated, unstapled, and secured together with rubber bands. A complete electronic copy (i.e. PDF's) of all submittal materials on a USB thumb drive must be submitted at the time of application submittal.

Application Materials: Deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

Background Investigation: After you have submitted your application contact Investigator Bruce Bower to schedule your background application. Applications are not processed until a completed background is received and reviewed. You may schedule your background by calling (760) 574-2734.

YOU ARE RESPONSIBLE FOR PROVIDING COMPLETE, ACCURATE, AND TRUTHFUL RESPONSES

DECLARATION

State of California)
County of Riverside) ss.
City of Palm Springs)

I solemnly state, under penalty of perjury, under the laws of the State of California, that all information I provide arising from and related to my application for a permit to engage in cannabis related businesses and activities in the City of Palm Springs shall be the truth, the whole truth, and nothing but the truth.

Print Name

Signature

STAFF WITNESS

The completeness of this application is subject to City review. The application is used for a variety of application processes and not all items may apply to your proposed project. If you feel a requirement is not applicable to your project, write "N/A". Incomplete applications will either be rejected or delay the completion of the City's review process. Each response and/or document attached to this application must clearly reference the numbered section(s) of this application to which it responds. Attached pages must be numbered and in order.

Section 1 – Identifying Information (to be completed by all applicants)

1. Corporate Name / Business Owner Name	
2. "Doing Business As" Name	
<p>3. Business Structure (check only one)</p> <p><input type="checkbox"/> Corporation (or foreign corporation) <input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><small>If the applicant is other than a natural person (including general partnerships of more than one individual natural person), the applicant must provide documentation regarding the nature of the entity and the names of the individual natural persons who manage, own or control the entity. The most common entities are corporations, limited liability companies (LLCs), limited partnerships (LPs), or trusts. These entities can be multi-layered and/or interlocking, e.g. a corporation can be owned by another corporation. If that is the case, documents for those other related entities are needed until the individual natural persons who manage, own or control the entities can be identified.</small></p>	<p>4. PERMIT TYPE: (Check all that apply):</p> <p><input type="checkbox"/> Dispensary <input type="checkbox"/> With Delivery</p> <p><input type="checkbox"/> Lounge</p> <p><input type="checkbox"/> Transportation and Distribution Type: _____</p> <p><input type="checkbox"/> Manufacturing, Type: _____</p> <p><input type="checkbox"/> Testing</p> <p><input type="checkbox"/> Cultivation, Type: _____ Canopy Size: _____</p>
5. State License(s) that you will be required for proposed project operations per CA Business and Professions Code Section 26000 <i>et seq.</i>	
<p>6. APPLICANT'S SELLER'S PERMIT NUMBER ISSUED PURSUANT TO CALIFORNIA'S SALES AND USE TAX LAW CODIFIED AT DIVISION 2, PART 1 OF THE CALIFORNIA REVENUE AND TAXATION CODE, STARTING AT SECTION 6001, OR INDICATE THAT THE APPLICANT IS CURRENTLY APPLYING FOR A SELLER'S PERMIT.</p> <p><input type="checkbox"/> PERMIT NUMBER PROVIDED _____ <input type="checkbox"/> CURRENT APPLICATION FOR "SELLER'S PERMIT" PENDING</p>	
7. Business Owner Name and Name of Business Entity is an entity is owner or partial owner	8. Business Owner Driver's License # or Birth Certificate or Passport if no Driver's License. (Attach Copy)
9. Business Physical Site Address (Street number and name, city, state, zip code)	
10. Business Mailing Address (if different than physical address -- Street number and name, city, state, zip code)	
11. Business Phone Number	12. Business Owner Contact Phone Number
13. Business Email	14. Business Owner Contact Email
15. Business Web Site address:	
<p>16. Does the owner also have any financial interest in any of the following cannabis businesses in any other jurisdictions (check all that apply):</p> <p><input type="checkbox"/> Manufacturing <input type="checkbox"/> Testing Lab <input type="checkbox"/> Microbusiness <input type="checkbox"/> Event Organizer</p> <p><input type="checkbox"/> Cultivation <input type="checkbox"/> Distribution <input type="checkbox"/> Another retail business</p>	
17. If you checked any boxes in line "16" please provide the business name, the business physical site address (incl. City, state, zip) and the State Cannabis Permit number. Attach additional sheets for all businesses as necessary.	

_____ Additional Applicant(s) Pages Attached

Section 2 – Location Information

18. Location of Project (Street Address)	19. Assessor's Parcel Number(s)	20. Current Zoning
21. Size of Parcel _____ Sq. Ft. _____ Acres	22. Gross Sq. Footage of Proposed Use	23. Prior Use <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (DESCRIBE)
24. Existing Uses and/or Structures on Site		
25. Applicant real estate interest in project location (please attach documentary evidence of interest, e.g., grant deed, quitclaim deed, lease, lease amendment(s), etc.) <input type="checkbox"/> OWN <input type="checkbox"/> LEASE		
26. Property owner name	27. Telephone <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	28. Alternate telephone <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
29. PROPERTY OWNER ADDRESS CITY STATE ZIP		30. EMAIL
31. ATTACHED <u>NOTARIZED</u> DOCUMENTATION OF PROPERTY OWNER'S AUTHORIZATION TO ENGAGE IN CANNABIS RELATED BUSINESSES AND ACTIVITIES AT PROPERTY (MUST SPECIFY COMMERCIAL MEDICAL, ADULT-USE OR BOTH) <input type="checkbox"/> YES <input type="checkbox"/> NO		32. TERM OF LEASE

33. APPLICANT DISCLOSURE.

Name of Entity:
Address of Entity:
Local or California Address (if different than #2):
State where Entity is Registered with Secretary of State: <div style="text-align: right; font-size: small;">If other than California, is the Entity registered in California <input type="checkbox"/> YES <input type="checkbox"/> NO</div>
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify):

34. LIST THE NAME OF EACH OWNER/INVESTOR AND ROLE (I.E. OFFICERS, DIRECTORS, BOARD MEMBERS, STOCKHOLDERS, LIMITED PARTNERS OR LLC MEMBERS OF THE BUSINESS) WHO HAVE A FINANCIAL INTEREST IN THIS CANNABIS BUSINESS, AND THEIR PERCENTAGE OF OWNERSHIP OR FINANCIAL INTEREST. (MUST TOTAL 100%. Attach additional sheets if necessary.)

Name of Person /Role:	Driver's License #/ State or Birth Certificate or Passport if no Driver's License:	Contact Email:	% Interest
TOTAL OF ALL PERCENTAGES:			% TOTAL

_____ Additional sheets attached.

35. FOR ANYONE WHO IS LISTED ABOVE THAT HAS A FINANCIAL INTEREST IN THIS CANNABIS BUSINESS, PLEASE IDENTIFY IF THEY HAVE A FINANCIAL INTEREST IN ANY OTHER CANNABIS BUSINESS. IDENTIFY THE PERSON, THE TYPE OF CANNABIS BUSINESS, THE NAME OF THE BUSINESS, THE PHYSICAL SITE ADDRESS OF THE BUSINESS AND THE STATE CANNABIS BUSINESS LICENSE NUMBER. (Attach additional sheets, if necessary)

Name of Person (1)	Type of Cannabis Business	State License Number
Name of Cannabis Business (1)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (2)	Type of Cannabis Business	State License Number
Name of Cannabis Business (2)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (3)	Type of Cannabis Business	State License Number
Name of Cannabis Business (3)	Cannabis Business Physical Site Address	City, State, Zip
Name of Person (4)	Type of Cannabis Business	State License Number

_____ Additional sheets attached.

Section 3 – Certifications/Assurances and Warranties (to be completed by all applicants)

a. **WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY CITY OF PALM SPRINGS**

The applicant and all owners and operators hereby waive and release the City of Palm Springs from any and all liability for monetary damages related to or arising from the application for a permit, any pre-licensure background investigation, the issuance of a permit, or the enforcement of the conditions of the permit. The undersigned certifies that under no circumstances shall the undersigned file any cause of action for monetary damages against the City of Palm Springs, the licensing official or any City employee as a result of this application to obtain a permit, or issuance of a renewal permit, or enforcement of the conditions of the permit.

b. **Release of City of Palm Springs from Liability to Permit Applicant and Permittee**

By applying, the applicant/permittee, owners and operators, and each of them, waive and release the City of Palm Springs, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/permittee for a violation of state or federal laws, rules or regulations relating to cannabis, including but not limited to any background investigation associated with licensing determinations.

c. **Agreement to Indemnify City of Palm Springs**

By applying for a renewal pursuant to the City of Palm Springs cannabis program and by accepting a permit from the City of Palm Springs, the applicant/permittee, owners and operators, and each of them, jointly and severally if more than one, agree to indemnify, defend and hold harmless the City of Palm Springs, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the cannabis business that is the subject of the permit.

d. The applicant represents and certifies that he/she/it continues to hold in good standing any permit required by the State of California for cannabis business operations.

e. The applicant understands that operators, employees and members of the cannabis business may be subject to prosecution under federal laws.

f. The person whose signature appears below is authorized to sign this application on behalf of the business and all owners and operators of the business, and has submitted this information and all attachments to renew a Palm Springs cannabis permit.

AFFIRMATION AND CONSENT

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a permit, or revocation of a permit issued.

APPLICANT SIGNATURE

PRINTED NAME AND TITLE

DATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____, before me, _____ (insert name and title of the officer),

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

(Seal)

Signature: _____

COPYRIGHT MATERIALS RELEASE

To the extent that this application submittal packet includes plans or drawings prepared by a licensed, registered or certified professional, as defined pursuant to the California Health and Safety Code Section 19851 or Business and Professions Code Section 5536.25, such as a licensed engineer, architect or other design professional, the City of Palm Springs must first obtain the signature release and permission of said professional prior to publication or reproduction of any such plans or drawings. Such drawings and plans may also be protected by copyright laws.

The City of Palm Springs hereby requests permission to reproduce and publish plans and drawings submitted with your application packet for purposes of more effectively and efficiently facilitating the entitlement review process, including making plans and drawings available on the City’s website for public review and providing electronic reproductions to the City’s review boards. The purpose of this request is limited solely to the purpose of facilitating the timely review of this application, and the plans and drawings will not be utilized by the City for other purposes. To assist the City in this process, please provide below the signatures of all of those who have prepared plans and drawings to be submitted with this application.

Engineer Name: _____

Phone: _____ Email Address: _____

ENGINEER/SURVEYOR’S SIGNATURE: _____

Architect Name: _____

Phone: _____ Email Address: _____

ARCHITECT/DESIGNER’S SIGNATURE: _____

LANDSCAPE ARCHITECT/DESIGNER SIGNATURE: _____