



450 Civic Center Plaza, 2nd Floor | Community Development Department | Code Enforcement Division
 510-621-1279 | ce_cannabis@ci.richmond.ca.us

CANNABIS BUSINESS PERMIT APPLICATION

New Renewal Modification Relocation
Please fill out a separate application for each business type

A LICENSE		RETAILER	M LICENSE	
Storefront		Delivery Only		
Add Delivery		Up to \$500,000 in gross receipts	Over \$500,000 in gross receipts	

CULTIVATION			
Class A Up to 5,000 sq. ft. of canopy	Class B Up to 10,000 sq. ft. of canopy	Class C Up to 22,000 sq. ft. of canopy	Nursery For seeds, clones and immature plants only

MANUFACTURING			
Select ONE from manufacturing types below:			
Type 1 All aspects of manufacturing. May engage in Type N and Type P activities.	Type N Infusing extracts or concentrates into edibles and topicals. May engage in Type P activities	Type P Packaging and labeling only	
Select manufacturing class by gross receipts			
Class A Up to \$500,000	Class B Up to \$1 million	Class C Up to \$3 million	Class D Over \$3 million

DISTRIBUTION		
Tier 1 Up to \$5 million in gross receipts	Tier 2 Up to \$20 million in gross receipts	Tier 3 Over 20 million in gross receipts
Self-distribution: Available only to manufacturers holding a small manufacturing permit		Transport-only: transports cannabis and cannabis products without the other functions of a distributor

TESTING LABORATORY

MICROBUSINESS		
Business activities (must be at least 3):		
Cultivation (max. 10,000 sq. ft.)	Manufacturing Type:	Distribution
Dispensary (Type: *Storefront w/ Delivery Non-Store Front-Delivery Only)		
<i>This option is available to permitted storefront dispensaries only.</i>		

I. PRIMARY CONTACT FOR APPLICATION

Name: _____

24-Hour Contact: Email: _____ Phone: _____

II. APPLICANT/PERMIT HOLDER

Please note that Business Operating Permit will be issued to the Business Entity or DBA

Business Entity Name: _____

Doing Business As (DBA Name): _____

Legal Structure: Sole Proprietorship General Partnership
 Limited Partnership Limited Liability Partnership C Corp S Corp
 Limited Liability Company

II. INTERESTED PARTIES

**Owner or Ownership Interest, as defined under section 15.04.610.270 of the Richmond Municipal Code, are all persons with at least 5% interest in the cannabis business, which includes partners, officers, directors, and stockholders of every corporation, limited liability company, or general limited partnership that owns at least 5% of the stock, capital, profits, voting rights, or Membership interest of the cannabis business or that is one of the partners in the cannabis business; the managers of the cannabis business.*

A. Owner(s): Please list all owners with at least 5% ownership

Name: _____

Title: _____ %: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ DOB: _____ Fingerprinted: ___ Yes ___ No

Name: _____

Title: _____ %: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ DOB: _____ Fingerprinted: ___ Yes ___ No

Attach additional sheets if necessary

B. Officers, Directors, Board Members, Managers and Other Interested Parties

Name: _____ Title: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ DOB: _____ Fingerprinted: ___ Yes ___ No

Name: _____ Title: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ DOB: _____ Fingerprinted: ___ Yes ___ No

Attach additional sheets if necessary

C. Management Company (if business is managed by persons/entities other than owner(s))

Company Name: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

IV. INFORMATION ON PROPERTY

Property Address: _____

Suite/Unit # _____ Zip Code: _____

Assessor Parcel Number: _____

Zoning: _____

Property Owner/Landlord: _____

Please list all CUP file numbers including modifications associated with this application:

1. _____ Record of Decision Received: ___ Y ___ N

If yes, please state date on ROD: _____

2. _____ Record of Decision Received: ___ Y ___ N

If yes, please state date on ROD: _____

Attach additional sheets if necessary

Property Condition:

Has a Certificate of Occupancy (Please attach copy)

Other. Please state below:

V. APPROVAL BY DEPARTMENT

Sign Off Received by Departments: (Provide Evidence-Stamp & Signature Required)

Planning:

Date: _____

Stamp

Code Enforcement:

Date: _____

Stamp

Fire:

Date: _____

Stamp

Building:

Date: _____

Stamp

Water Resource Recovery:

Date: _____

Stamp

Engineering:

Date: _____

Stamp

Finance _____ Date: _____

VI. INFORMATION ON PROPERTY OWNER OR LANDLORD

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

*If the applicant is **not** the legal owner of the property, the application must be accompanied by a notarized Owner's Statement of Consent to operate a cannabis business on the property.*

VII. REQUIRED SUBMISSIONS FOR ALL BUSINESS TYPES

A. Copy of Conditional Use Permit:

1. A copy of its CUP, containing a statement dated and signed by each business owner, under penalty of perjury, that they have read, understand and shall ensure compliance with the conditions of the CUP.
2. **A copy of its State license.**
3. **City of Richmond Code Enforcement Division approval.**
4. **A copy of its Certificate of Occupancy Permit, if applicable.**
5. **A copy of its Permit to Operate from the Richmond Fire Department Prevention Service Division.**
6. **A copy of its City of Richmond Business License.**
7. **A copy of the cannabis business operating conditions**, containing a statement dated and signed by each owner and manager, under penalty of perjury, that they have read, understand and shall ensure compliance with all operating standards set forth in this article.
8. **Authorization to Apply:** A statement dated and signed by each owner and manager, under penalty and perjury, that the information regarding each business owner and manager submitted with the CUP application is current and accurate, or proof that Zoning Administrator approval has been obtained for any changes in management or ownership.
9. **A valid seller's permit** from the California Department of Tax and Fee Administration or successor agency.
10. **Proof that payment of all City of Richmond fees and taxes is current.** For example, Application fee, Business License fee and Commercial Cannabis Regulatory fee.
11. **All required taxes** including sales and use taxes, business, payroll etc.
12. **Additional cannabis-specific taxes** approved by the voters of the City of Richmond.

VIII. CBP ANNUAL RENEWAL REQUIRED SUBMISSIONS FOR ALL BUSINESS TYPES

A. Information About Applicant(s):

- 1. Authorization to Apply:** If applicant is not majority owner, a board resolution or letter from partners authorizing applicant to submit an application on behalf of the entity.
- 2. Business Structure:** A description of the statutory entity or business form that will serve as the legal structure for the applicant and a copy of its formation and organizing documents, including, but not limited to, articles of incorporation, certificate of amendment, statement of information, articles of association, bylaws, partnership agreement, operating agreement, and fictitious business name statement.
- 3. Neighborhood Responsibility Plan (NRP):** A copy of the Neighborhood Responsibility Plan signed by property owner submitted as part of CUP application. Testing lab, small manufacturers as defined in Richmond Municipal Code section 15.04.610.270 (H)(V).
- 4. Background Check:** Completion of Live Scan (fingerprinting) is required for all interested parties and drivers for distribution and storefront and delivery-only dispensary applicants. Live Scan forms are available and are to be completed at City of Richmond Police department. Live Scans are strictly by appointment only. Fees are \$95.00 per person and are non-refundable. To make an appointment or questions about fingerprinting, please contact Richmond Police Records Division at 510-620-6675.

B. Information About Business Site (Premises):

- 1. Owner's Statement of Consent:** Written consent of the owner or landlord of the proposed site to operate a cannabis business, specifying the street address and parcel number.
- 2. Floor Plan:** A scaled floor plan for each level of each building that makes up the cannabis business site, including the entrances, exits, walls, and operating areas. The floor plan must be professionally prepared by a licensed civil engineer or architect. Please limit submission to one page per floor that comprising the specific business type.
- 3. Security Plan:** A detailed security plan outlining the measures that will be taken to ensure the safety of persons and property on the business site. The security plans must be prepared by qualified professional.
 - If business has a delivery activity, the security plan must include security measures for drivers and vehicles.
- 4. Lighting Plan:** A detailed lighting plan showing existing and proposed exterior and interior lights that will provide adequate security lighting for the use.
- 5. Odor Control Plan:** A detailed plan describing the air treatment system, or other methods that will be implemented to prevent cannabis odors from being detected outside the buildings on the business site.

Energy Efficiency Plan: Documentation that the applicant has contacted MCE (Marin Clean Energy) at info@mceCleanEnergy.org or 1 (888) 632-3674 for help finding the best way to provide reliable and efficient energy solutions for their business. The applicant must provide the date they met with MCE and the name of the MCE representative.

C. Information About Business Operations:

- 1. Business Plan:** A plan describing how the cannabis business will operate in accordance with the Richmond Municipal Code, state law, and other applicable regulations. The Procedures including cash handling and transporting cannabis and cannabis products to and from the site.

The plan must include the following:

 - Technology for product inventory controls
 - Financial Management
 - Point of Sale Systems
 - Track-and-trace software
 - Electronic Shipping Manifests
- 2. Community Relations Plan:** The name and contact information of the person designated as being responsible for outreach and communication with the surrounding community, including the neighborhood and businesses.
- 3. State Licenses:** Copies of the state licenses (or proof of application) specific to the business type applied for.
- 4. Financial Documents:** A copy of the following:

 - a. Most recent year's financial statement (Income and/or Profit and Loss statement)
 - b. Most recent year's signed and filed tax return.
- 5. Insurance Certificate:**

 - For Cultivation, Manufacturing, Testing, Storefront Dispensary, Delivery-Only Dispensary and Microbusinesses without a Distribution Activity:
 - Certificate of commercial general liability insurance with coverage of a minimum of \$1,000,000.
 - For Distribution or Microbusinesses with Distribution Activity:
 - Certificate of commercial general liability insurance with coverage of a minimum of \$2,000,000 plus \$1,000,000 for each loss.
- 6. Budget:** A copy of the applicant's most recent annual budget for operations.

IX. ADDITIONAL REQUIREMENTS SPECIFIC TO BUSINESS TYPE

A. DISTRIBUTION

- 1. **Motor carrier permit:** Copy of motor carrier permit issued by the California Department of Motor Vehicles (DMV) for each vehicle.
- 2. **Vehicle registration:** Copy of vehicle registration listing applicant as owner, or lessee.
- 3. **Vehicle insurance:** Proof of insurance coverage, if vehicle(s) is/are not covered under the business' general commercial liability insurance.

B. DELIVERY (includes storefront dispensaries with delivery, delivery-only dispensaries and microbusinesses with delivery activity:

- 1. **Vehicle information checklist:** A completed checklist providing information about each driver (driver's license and completion of Live Scan) and vehicles (VIN, vehicle registration and proof of insurance coverage).

X. LICENSE OR PERMIT REVOCATION, SUSPENSION OR SURRENDER

Has the applicant or any of its directors and managers been associated with a cannabis business whose State license or cannabis permit revoked, surrendered or suspended?

___ Y ___ N If yes, please provide the following information(s):

Licensing Agency or Jurisdiction: _____ Date: _____

Licensing Agency or Jurisdiction: _____ Date: _____

Licensing Agency or Jurisdiction: _____ Date: _____

Please attach additional sheets if necessary

XII. INDEMNIFICATION

I, the applicant:

- ___ 1. Release the City of Richmond, its agents, officers, elected officials, and employees from any and all claims, injuries, damages, or liabilities of any kind arising from:
 - (a) any repeal or amendment of chapter 15.04.610.270 of the Richmond Municipal Code or any provision of the Planning and Zoning Code relating to cannabis businesses, and;
 - (b) any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws;
- ___ 2. Will defend, indemnify, and hold harmless the city and its agents, officers, elected officials, and employees from and against 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 cannabis business site;
 - (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of marijuana produced or processed by the cannabis business site.

XIII. ACKNOWLEDGMENT & 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 that the information contained herein is true and correct.

_____ I acknowledge that this application is valid only for 180 days from the date it is signed, and failure to complete the requirements will render this application inactive.

_____ I acknowledge that as an applicant for a Cannabis Business Permit, I am subject to the provisions of the City of Richmond Municipal Code, including administrative penalties under Chapter 15.04.610.270 Marijuana/Cannabis commercial uses and 15.04.815 Enforcement Provisions of the Richmond Municipal Code.

_____ I acknowledge that until I have received my Cannabis Business Permit, I will not commence operations at the proposed site or at any other site.

Printed Name

Title/Relationship to Applicant

Signature

Date

The information contained in this document is subject to disclosure under the Public Records Act.

XI. CITY AUTHORIZATION

_____ I, the applicant, provide authorization and consent for the City Manager or his/her designee to seek verification, including conducting an in-person visit to confirm the validity of the information provided on this application.

FOR CITY USE ONLY

1st Level CE Approval

Date:

2nd Level CE Approval

Date:

Notes: _____

Disclosure Statement for Limited Liability Companies

Whenever the owner of a property or the applicant for a City permit or license is a limited liability company (“LLC”), the LLC shall provide the City with the names and business addresses of any and all shareholders, directors, officers, members, managers, other authorized persons, partners, and “Beneficial Owners” of the applying LLC. A Beneficial Owner is any person or entity who: (1) exercises substantial control over the applying LLC; (2) owns 25% or more of the interest in the applying LLC; or (3) receives substantial economic benefits from the assets of the applying LLC. If any LLC shareholder, director, officer, member, manager, other authorized person, partner, or Beneficial Owner is itself an LLC or other business entity, the names and business addresses must also be provided for any and all shareholders, directors, officers, members, managers, other authorized persons, partners, and Beneficial Owners of that LLC or other business entity all the way up through each entity in the organizational chart until ultimate ownership by individual people is disclosed.

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Check this box if additional ownership information is attached to this Disclosure Statement.

In signing this Disclosure Statement, I represent that the information submitted in this Disclosure Statement, and any attachments, is true and correct.

Signature: _____

Printed Name: _____

Title: _____

Date: _____