

COMMERCIAL CANNABIS ADMINISTRATIVE PERMIT TESTING FACILITY

City of Salinas • Community Development Department • 65 West Alisal Street • Salinas, CA 93901 • (831) 758-7206

Name of Business: _____

Name of Business Owner/Primary Contact: _____

Business Location: _____

Phone: _____ Email: _____

The City of Salinas hereby issues this Administrative Permit to the business listed above for the establishment and operation of a testing facility, subject to the following conditions:

1. *Upon availability, the Testing Laboratory shall obtain and maintain in good standing a Type 8 License from the State of California. A copy of this license shall be submitted to the Community Development Department once it is obtained, and whenever it is updated or renewed.*
2. *Business Identification Signage shall be limited to that needed for identification only and shall not contain any logos or information that identifies, advertises, or lists the services or products offered.*
3. *Any persons transporting cannabis, cannabis product, or cash shall be a direct employee of the testing laboratory. Vehicles used for the transport of cannabis, cannabis product, or cash shall not have any markings which would indicate the vehicle's affiliation with the business.*
4. *Neither the business owners nor any employees or contractors shall have any ownership interest in nor be employed or contracted by any other commercial cannabis business other than testing laboratories.*
5. *Any cash, cannabis, or cannabis product with a value of over \$1,000 shall be stored in a permanently installed safe or vault when not actively being transported.*
6. *The Testing Laboratory shall provide quarterly reports to the Community Development Department providing information on the number of employees, the average and median wages of these employees, and the ZIP Code of residence for each employee on the date of hire.*

Approved By:

Planning Staff

Date

I declare under penalty of perjury that I am the owner and/or the authorized representative of the business listed above. I further declare under penalty of perjury that the information contained in or attached to this Permit, including any plans and documents submitted herewith, are true and correct to the best of my knowledge. I further declare that I agree to comply with the requirements of the State of California and the City of Salinas, and will conduct my business in such a manner so as not to be a nuisance.

Applicant (Sign and Print Name)

Date

Office Use Only

PERMIT NUMBER: TS-_____-_____